THE INFLUENCE OF LINDA MAMA PROGRAMME ON INTERPERSONAL COMMUNICATION BETWEEN THE MIDWIVES AND MATERNAL MOTHERS AT MAMA LUCY KIBAKI HOSPITAL

BY

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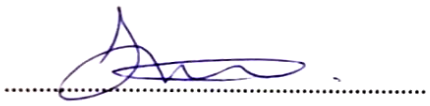
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DECLARATION

This project is my original work and to the best of my knowledge, it has not been presented for any academic award in any other University.

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This project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I dedicate this work to my sons Nick and Caleb for the support and love they gave me in the fulfillment for the achievement of this study.

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ABSTRACT

In Kenya, non-governmental organizations and the private sector plays a significant role in maternal health care. However, Linda Mama Programme (LMP) was established when the Ministry of Health transferred the Free Maternity Services (FMS) to National Hospital Insurance Fund. The LMP is free and seeks to ensure equity in the uptake of maternity services during pregnancy and delivery with the aim of lowering maternal morbidity and mortality. However, the uptake of LMP services is still low. This could be attributed to a lack of effective interpersonal communication between midwives and maternal mothers. The study used convergence theory and communication accommodation theory; to establish the influence of interpersonal communication in the LMP between midwives and maternal mothers at Mama Lucy Kibaki Hospital, Kenya. The specific questions were: how the information in regard to LMP was disseminated to the mothers; the factors that influenced satisfaction of the interpersonal communication between maternal mothers and midwives; factors that influenced the choice of forms of interpersonal communication used in promoting the Linda Mama Programme at Mama Lucy Kibaki Hospital. A mixed-method approach was used, fifty women filled questionnaires with both closed and open-ended questions and 12 were interviewed. Findings showed challenges in interpersonal communication. The relationship between midwives and maternal mothers lacked a holistic approach and ability to address the challenges that arose. Thus, the need for enhanced interpersonal communication between midwives and maternal mothers. The LMP is not well-publicized and the hospital should use multiple communications, and forums to sensitize the public. Research should be conducted on interpersonal communication strategies that guide the forms of communication which leads to creating a friendship between midwives and mothers.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

In recent years, there has been a greater focus on global efforts to enhance maternal healthcare and women's experiences during childbirth (World Health Organization, 2018). Women's perspectives on care have become increasingly important in attempts to improve maternal healthcare quality (Bhattacharyya Srivastava, Saxena,Gogoi, Dwivedi, Giessler, 2018).The importance of maternal health to the human way of life necessitates a great deal of planning and attention. World Health Organization (WHO) defines maternal health as women's health during pregnancy, childbirth, and the postpartum period. A woman's lifetime chance of miscarriage and childbirth in Europe is 1 in 3,300, compared to 1 in 40 in Africa. Africa is the most dangerous place to give birth, according to the World Health Organization. Quality prenatal and postnatal care is one of the five essentials for saving women's lives (Bhattacharyya et al., 2018).

Global leaders have made significant international commitments to women's health strategies in recent years (United Nations, 2019).The fifth Millennium Development Goal aims to lower maternal mortality and improve maternal health (United Nations, 2019). The goal of communication strategies is to create awareness and commitment in order to save the lives of mothers and children. Due to the anxiety and distress associated with pregnancy, a breakdown in communication may increase the vulnerability of pregnant women, and they may eventually refuse to use health-care services (UNFPA 2019).

For example, World Health Organization, World Bank Group and OECD, (2018) identified lack of involvement in decision-making as a barrier to seeking professional maternal care, as well as unfriendly attitudes among health-care providers. Maternal mortality (MMR) is increasing at an alarming rate around the world. Around the world, a significant number of women die as a result of pregnancy or childbirth complications(United Nations, 2019).

In Africa, one out of every forty women dies while giving birth. Sub-Saharan Africa accounts for roughly half of all deaths. Regardless of how far we've come in terms of creating, we still have a long way to go. Despite widespread awareness of the importance of improving maternal

healthcare access in most countries, the majority of women still lack full access to it. Upgraded maternal health and insufficient information are among the obstacles that prevent ministries from effectively implementing communication plans in these countries (Black et al., 2016).

Communication in healthcare, particularly between health-care providers and patients, has received a lot of official and professional attention in recent years. The Department of Health, the Royal Colleges and other statutory organizations have all taken part in projects aimed at improving communication and record-keeping(Royal College of Nursing, 2016). Communication skills training is included in the General Medical Council's undergraduate medical education recommendations. Although the degree to which these suggestions are followed varies, the Department of Health announced plans for new communication skills training for all National Health Service professions as part of the NHS Plan. These programs are in part a response to rising evidence from researchers that the quality of education in the United States is declining patient-career interaction has a major impact on a range of patient well-being outcomes (World Health Organization, 2018). Just a few of them include satisfaction, knowledge and understanding, adherence to advice or treatment, quality of life, and psychological and other health effects. In the realm of maternity care, the necessity of good communication has garnered considerable attention. Developing countries account for 99 percent of maternal deaths annually. While increasing service availability and maintaining acceptable quality standards, it is important to assess maternal satisfaction with care in order to make it more responsive and culturally acceptable, ultimately leading to enhanced utilization and improved outcomes(Beigbeder, 2020).

The Expert Maternity Group's study, Changing Childbirth, was the Department of Health commissioned this study in 1992 to evaluate maternity care in England and Wales. It emphasized the need of excellent communication and recognized that it is often lacking. Communication in maternity and perinatal care is further complicated by the fact that care is provided over a long period of time, which necessitates long-term communication. When it comes to delivering suitable and accessible information, communication was acknowledged as a key part of improving delivery (Erciş & Başar, 2020).

In the following volume, the significance of listening to women's choices and concerns was emphasized (Dahlen et al., 2021). Changing Childbirth was explicit in recognizing that "there is

no template for effective communication" and that "good communication" will always be difficult to define, even though studies of women's perspectives on maternity care support the idea that good communication is essentially a two-way process. Women value clear and accessible information, which is a good first step in communicating (Idarius, 2019).

In Africa, effective midwifery interaction with women is critical Particularly because good communication, connection, rapport, and professional behaviors can help midwives and women build trusting relationships that lead to improved service quality (World Health Organization, 2016). Midwives must have highly developed interpersonal skills in order to give specialized care and guarantee that the birthing woman's preferences are honored. Giving delivery at a hospital provides a critical window of opportunity for high-impact therapies like eclampsia and hemorrhage care, neonatal resuscitation, and aid with early breastfeeding initiation (Mivšek, 2019).The Partnership for Maternal, Newborn, and Child Health is a non-profit organization dedicated to promoting the health of mothers, babies, and children.

A variety of official documents reveal that Kenya government is concerned about maternal, neonatal, and child health. Two of them are "The Six Pillars of Kenya's MNCH Programme" and "Strategic Framework for the Engagement of the First Lady in HIV Control and Promotion of Maternal, Newborn, and Child Health in Kenya." As a result of the increased interest, all delivery services in public venues is now provided free of charge, lowering some of the financial hurdles to admission. Despite the fact that the policy of free maternity services has produced excellent outcomes, more targeted efforts are required to address the issues that have arisen as a result of its implementation (Black et al., 2016).

Kenya's maternal mortality rate is 362 deaths per 100,000 live births, according to the most recent data from the Kenya Demographic Health Survey (KDHS) (*Kenya Demographic and Health Survey, 2014*, 2015)greatly above the MDG target of 147 deaths per 100,000 by 2015.

Improved access to good health care throughout pregnancy and delivery can lower maternal morbidity and mortality (Alper et al., 2021).The notion that MNCH program mass implementation means that all communities in a specific intervention region have access to and benefit from services has become a key concern in the continuous execution of MNCH programs under various frameworks. Effective communication improves a health facility as a whole by

letting the community know about their exceptional offerings (Morales-Gonzalez & Nájera, 2018).

A good health communication strategy is important because it gives the public the tools and knowledge they need to respond correctly to health challenges that develop from time to time and cause maternal and child morbidity and mortality.

However, interpersonal communication is a process in which people exchange ideas, emotions, and world concepts through spoken and verbal signals, either face to face or through mediated channels (O'Toole, 2020). Interpersonal communication, in other words, entails a personal, direct, and intimate dialogue or conversation. It is a form of interaction between two people that takes place face to face or through a medium. It is referred to as mediated form when a mechanical device mediates an interpersonal exchange of messages between two or more people, where feedback is instantaneous and measured through responses (Lane, 2016).

The purpose of this study, which included quantitative and qualitative methods, was to establish how interpersonal contact influenced the Linda Mama Program at Mama Lucy Kibaki Hospital, which brought together midwives and pregnant mothers. Women use health facility delivery services at Mama Lucy Kibaki Hospital in Nairobi County, Kenya. The frequency of facility-based deliveries, delivery communication elements, and the extent to which services offered in this facility were all documented in a quantitative analysis. The qualitative component was designed to explain why women chose to deliver their babies in a health institution with trained birth attendants or not. The study was located in Embakasi constituency, Nairobi County. This area was targeted by President Kenyatta's "Linda mom" intervention.

Linda Mama programme is an expanded program that offers all pregnant Kenyan women a free maternity health package. The package includes antenatal care, birth, postnatal care, pregnancy problems and difficulties, as well as outpatient care services for the infant for a year (Mwaura, 2015).

In this study, the Communication Accommodation Theory (CAT) and Convergence Theory were used. These theories laid the groundwork for further research into the use of interpersonal

communication to support maternal health. The Linda Mama Program was the independent variable in this study, while interpersonal communication was the dependent variable.

1.2 Problem Statement

The health care that a mother receives during pregnancy, at childbirth and after delivery of a baby is important for the survival and wellbeing of the mother and the child. During pregnancy, antenatal care provides an opportunity for the identification and treatment of pregnancy complication and provides pieces of advice on places of deliveries and referral to the pregnant women, and this can only bear fruit through communication. At birth, proper communication received during childbirth has great implications to the health of the child and the mother.

Communication was identified as a crucial part of communication in Changing Childbirth by providing relevant and accessible information. The companion volume digs deeper into effective communication, highlighting the significance of listening to women's concerns and preferences. Changing Childbirth was specific in noting that "there is no pattern for effective communication," despite studies of women's perceptions on maternity care supporting the premise that excellent communication is primarily a two-way process. While it will always be difficult to define excellent communication, research on women's perspectives on maternity care support the assumption that it is primarily a two-way process. Women enjoy clear and readily available information, which is a wonderful start in communicating, but they also value employees who listen to them and respond to their specific requirements. Leap and Hunter (2016) found that a woman-midwife relationship should be founded on equality, shared responsibility, empowerment, continuity of care, individual negotiation, and informed choice and consent in her maternal health research.

Brown (2021) agreed that mother-midwife relationship is best described as a partnership ethos, involving the engagement of both the mother and her partner in decision-making and letting the mother to freely voice her needs, expectations, and desires. They also advise the midwife to work on developing a mutually trusted relationship and creating a climate in which expectations, needs, fears, and anxieties may be communicated through good communication and a two-way discussion between equals.

Face-to-face, verbal or nonverbal exchange of information and sentiments between two or more individuals is referred to as interpersonal communication. Communication occurs every time a service provider interacts with a client. In both normal and emergency situations, a solid, trust-based connection between the midwife and the pregnant woman is necessary for good care. Women's experiences with their infants, as well as their experiences with motherhood, may be influenced by caring and non-caring conduct (Centre for Epidemiology and Evidence, 2019).

Only a few studies have looked into the strategies used to improve communication between women and their health-care providers. There are few studies on the relationship between a midwife and a mother, despite the existence of many studies on the interaction between a physician and a patient. There is a concern about the lack of information about health communication behavior; looking into mothers' experiences in the delivery room and the effects of effective midwife-mother relationships (Cescutti-Butler, 2017)

After the government abolished user fees for maternal services, there has yet to be a significant increase in the utilization of these services (Ferrell et al et al., 2019). Due to access issues on both the supply and demand sides of the spectrum, the elimination has not resulted in a significant reduction in pregnancy-related mortality. Initial evaluations of the Linda Mama project's execution suggest that resource restrictions, shortage of competent labour, non-stakeholder involvement, a lack of employment commitment, and delayed cost reimbursement have all contributed to the project's underperformance in some way. As a result, the Linda Mama program, like any other kind of health care, remains a privilege reserved for the wealthy, given that most health care institutions face personnel shortages, prescription shortages, and inadequate hygiene (Mulaki & Muchiri, 2019). Many women have expressed concern that referrals and problems are not adequately paid. Healthcare providers are also unsure whether the initiative will be able to reach all women due to obstacles such as a lack of community awareness and a wait-and-see attitude. According to Ferrell et al. (2015), health practitioners' attitudes can potentially cause a conflict between users and the program itself, limiting its impact on interpersonal interactions between midwives and expectant mothers. They also suggest that many health-care programs place a heavy emphasis on technical abilities, leaving a deficit in workers' interpersonal skills, which would stimulate interpersonal communication as well. According to Addati et al. (2014), new government programs, as well as the availability of services, may

influence some women's use of maternal health care services. Low uptake could indicate a lack of interaction between midwives and maternal mothers, obstructing interpersonal communication. In light of the foregoing, this study investigated the influence of the Linda Mama Program on interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital.

1.3 Purpose of the Study

The study sought to carefully look into the influence the influence of Linda Mama Programme on the interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital.

1.4 Objectives of the Study

The main objective of this study was to establish the influence of Linda Mama Programme on the interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital.

. The study specifically sought to:

i. To evaluate the influence of information dissemination in the Linda Mama Programme on interpersonal communication between maternal mothers and midwives at Mama Lucy Kibaki Hospital.

ii. To determine the influence of interpersonal communication on maternal mothers' satisfaction in the Linda mama programme between mothers and midwives at Mama Lucy Kibaki Hospital.

iii. To determine the influence of forms of interpersonal communication in the Linda Mama Programme between midwives and maternal mothers at Mama Lucy Kibaki Hospital.

1.5 Research Questions of the Study

The study sought to answer the following questions**.**

i. How is information disseminated in the Linda Mama Programme on interpersonal communication between maternal mothers and midwives at Mama Lucy Kibaki Hospital?

ii. Which are the factors that influence of maternal mothers' satisfaction in the Linda mama programme on interpersonal communication between maternal mothers and midwives at Mama Lucy Kibaki Hospital?

iii. What factor that influence the choice of forms of interpersonal communication used in promoting the Linda Mama Programme at Mama Lucy Kibaki Hospital?

1.6 Justification of the Study

There has been limited data on maternal satisfaction with the usage of Free Maternity Services through communication in Kenya since it began in June 2013. The approach utilized to interview people from all walks of life in one of the world's major cosmopolitan counties suggests a unique example of public health hospitals in Nairobi City County. The number of maternity births in Nairobi County hospitals is the highest in the region. They also provide comprehensive maternal care and referrals from lower levels. Maternity wards are excellent study locations for this research because it is necessary to document mother experiences prior to delivery. As a result, the respondents are more useful.

In their research, McCormack et al. (2021) focused on only a few areas of communication between maternity professionals and women. They all concentrated on communication during the pregnancy period. Additional research is needed in other crucial areas of care. Communication between caregivers and women in labor has been found to be insufficient in observational research.

In Kenya, there was no research that aimed to improve interpersonal communication between women and their caregivers during labor. This is a time when the demands on both women and their careers are intense and urgent, posing particular communication issues that require more exploration. To be motivated to attend prenatal clinics and seek delivery and postnatal services, pregnant women must be educated and well-informed about health issues (Unesco, UN Women,UNICEF, UNFPA and Joint United Nations Programme on HIV/AIDS 2018). As a

result, it is recommended that maternity care providers and women in labor communicate effectively using simple, culturally appropriate methods.

1.7 The Study's Significance and Predicted Outcomes

The NHIF, as the Linda Mama Program falls under it, was the focus of this research. The findings of this study highlighted critical areas that programmers, administrators, and healthcare professionals ought to examine before pumping resources into providing maternity services in health facilities via interpersonal communication. Women seeking maternal services through the Linda Mama Program will benefit from public maternity hospitals, and the study sought to identify what needs to be done through research, as well as the areas of the program that needed strengthening and support to improve positive results through interpersonal communication.

The findings of the study will be useful for strategies to improve communication between health providers and pregnant women, for positive maternal health outcomes. The findings will also be relevant in efforts to improve communication between health practitioners and pregnant women, for improved maternal health outcomes, relevant stakeholders in health and women of procreative age who are beneficiaries of Free Maternity Services. It will also act as a resource for policymakers looking to improve maternal health communication. Similarly, the findings of the study would be useful to the researcher and other scholars since they would add to the current literature and provide a foundation for future research.

1.7 Scope of the Study

The study focused on the influence Linda Mama Programme on the interpersonal communication between midwives and maternal mothers at the Mama Lucy Kibaki Hospital. The study population was derived from women of reproductive age at Mama Lucy Kibaki Hospital in Embakasi constituency. The data was gathered within a month.

1.8 Delimitation of the Study

The research was conducted in the postnatal wards of a public hospital in Nairobi City County. The research was limited to postpartum women who used free maternity services and midwives at Mama Lucy Kibaki Hospital. This location was excellent because the county is the country's

capital, with high expectations for quality health care service provided under the National Health Insurance Fund.

1.9 Operational Definitions of Terms

Free Maternity Services refers to the provision of cost-free care in a health facility during, immediately before, and after childbirth.

Maternal death refers to death that occurs when a woman dies while pregnant or within 42 days after giving birth, regardless of the length or location of the pregnancy, from any cause connected to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Post-natal woman refers to a mother within the first six weeks after delivery.

Quality maternal care refers to provision of a minimum level of care to all pregnant women and their newborn babies, and higher level of care to those who need it; obtaining the best possible medical outcome of the mother and baby; providing care which satisfies users and providers and maintaining sound managerial and financial performance.

Skilled birth attendants refer to People, who have been adequately trained in necessary midwifery skills to manage regular deliveries and identify, manage, or refer obstetric problems,

Utilization of maternity services refers to the quantity of healthcare services used by women at health facilities during pregnancy and childbirth over a particular time period.

Interpersonal communication refers to a process by which people exchange ideas, express emotions and concepts of the world through spoken and verbal messages.

Linda Mama programme refers to an expanded program for free maternity health package benefits that target all pregnant women who are Kenyans.

1.10 Abbreviations and Acronyms

NHIF refers to National Hospital Insurance Fund.

TBAs refer to Traditional Birth Attendants

ANC refers to ante natal care

PNC refers to post natal care

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The section will review and discuss existing theoretical and empirical literature in the global and local scene in line with the objectives of the study as well as the conceptual framework.

2.1 Universal Developments on Maternal Health Care

There is a rising demand for universal health coverage (UHC) to be a main pillar of such efforts as national and international policymakers try to complete the unfinished Millennium Development Goals (MDG) agenda and create new goals and indicators to guide development. The World Health Organization (WHO) published a report in 2015 stated that they are disproportionately affected by health-care inequities, whereby women and children are among the groups that stand to profit the most from UHC. In most countries, the UHC package of care includes a set of fundamental preventative and curative child and reproductive health treatments, as well as pre-, during, and post-natal care for pregnant women. Countries take a range of measures to achieve UHC. Their approaches have a lot in common, aside from the objective of improving health care access and lowering financial hardship. There is a common transition from individual out-of-pocket spending to prepayment and risk pooling, which is generally accomplished through the use of a new mechanism such as a national health insurance program (Tulchinsky &Varavikova, 2014).

Maternal health care is an important part of service delivery in and of itself, but it can also be used as a gauge of overall health system performance. A continuum of care must be provided by an appropriately educated health care professional before, during, and after birth to ensure universal access to maternal health care. The percentage of women receiving prenatal care, skilled birth care, and postnatal care has increased in the majority of medium and lower-income countries since 1990, though universal coverage remains a long way off for many. Over the last three decades, countries that have increased maternal health coverage from low levels have followed a similar pattern, with coverage increasing first among the urban wealthy, then among

the rural wealthy, and finally among the urban poor, with access among the rural poor being the last to be achieved (Seddiky, 2016).

The inverse care law depicts how disparities in access to care have developed between socioeconomic groups, with those who require the most care being the least likely to receive it (United Nations, 2020). However, indicators that measure overall population coverage for an intervention obscure these inequities and the processes by which they change and develop over time, and health policymakers are concerned that maternal-health intervention programs are primarily supply-oriented, ignoring the social factors that limit demand for, access to, and effective use of these interventions. Furthermore, behavioral change communication, which is frequently cited as a successful method of raising awareness, should include two-way communication between service providers and users to ensure higher quality and usage (Soniia, 2018).

The importance of effective communication in healthcare has long been recognized, and there is a large amount of literature on the topic. People who are over-inclusive in their decision-making may appear hesitating, while those who are under-inclusive may appear self-absorbed. Recent examples include examinations of the function of communication in decision-making, which indicate the extent to which someone stands up and speaks out for their own positions when confronted by someone who does not want the same outcomes. According to Gluck (2019) on a review of how patient experiences may impact clinical safety and effectiveness of results, clear information, empathic, two-way communication, and respect for patients' beliefs and concerns may lead to patients being more informed and involved in decision-making, as well as create an environment in which patients are more willing to disclose information. Patients could have more "ownership" of treatment decisions if they create a "therapeutic alliance" with therapists.

This could help with better and more prompt diagnosis, clinical judgments, and guidance, as well as reduce the number of unneeded referrals or diagnostic tests. In the United States of America (USA), the United Kingdom (UK), and a few European countries, communication skills training and evaluation are included in medical, midwifery, and nursing programs (World Health Organization, 2016). In some countries, such as the United States, demonstrated competency in providing good communication, including verbal, nonverbal, and written communication, is

required for registration to practice as a clinician. Despite the importance of communication, no universally accepted definition of "effective communication" in general health or maternity care exists, necessitating interpersonal communication in maternal health.

Women have expressed a desire for consistent, high-quality information and better communication about their care from maternity staff they encounter all over the world) and expanding midwifery-led care has the potential to improve women-centered communication (Koutoukidis & Stainton, 2020). In 2016, the National Maternity Review published a report on the state of maternity care in the United States. Despite these efforts, women's perceptions of clinicians' continued failure to communicate effectively with them during labor and birth are widespread, with negative consequences such as women feeling powerless and unheard (Solnit, 2017). Poor or disrespectful care, including how women felt they were treated during labor, can lead to postpartum PTSD, have a negative impact on a woman's relationship with her infant and have a negative impact on a woman's birth experiences and satisfaction. Furthermore, if these challenges are not addressed, women and communities may be discouraged from using birthing facilities, particularly in low-resource areas where access to this care is critical for maternal and newborn health.

Similarly, Burgoon et al. (2016) discovered that women's communication demands differ. Pregnant women who took part in the study desired empathy, attentiveness, and respect from their healthcare professionals. They also urged doctors to use caution when transitioning to the local language and to avoid using medical jargon in their contacts with them. As a result, a care provider must be able to discern clinically meaningful indicators that are not directly conveyed, as well as intervene properly through interpersonal communication. The patient will not be satisfied with the treatment provided if the care provider fails to notice and understand these nonverbal signs. In the care provider-patient contact, being attentive and focused on a patient is critical, and in these studies, the relationship between midwives and pregnant mothers can result in a beneficial outcome.

Waddill-Goad (2016), found that burnout in medical staff can have a negative impact on communication quality and quantity. Furthermore, in a survey done by Waddill-Goad (2016), the majority of midwives described job challenges and a lack of incentives as other significant

hurdles. As a result, the majority of communication gaps between midwives and parturient women might be bridged by strengthening communication skills and changing midwives' attitudes toward their patients. Although advances in medicine and critical care innovation are the main focus in disease treatment, non-technological abilities are usually disregarded. Appropriate communicative skills aid in disease recovery, psychological restoration, and family satisfaction while increasing service delivery (Alper et al., 2021). One of the most fundamental talents that should not be overlooked is communication. Appropriate communications skills can be considered one of the most effective preventive methods against malpractice and this will highlight the advantages of interpersonal communication between midwives and pregnant mothers.

2.2 Linda Mama Programme

Linda Mama provides a package of essential health services to all members of the target population based on need rather than financial ability, putting Kenya on the path to achieving Universal Health Coverage (UHC). A government-funded health-care program that ensures high-quality, low-cost care for pregnant women and newborns. "Achieve universal cases to maternity and child health services and contribute to the country's development toward UHC," Linda Mama's goal is aimed at addressing challenges of high maternal mortality an increase access to skilled delivery services thereby improving maternal and child health.

The Linda Mama program aims to increase accountability, efficiency, and eliminate complaints about delays in the distribution of funding for free maternity services. During pregnancy, birth, and postpartum, women who use public facilities should be entitled to free health care. For three years, it was operated by the Ministry of Health before being handed to the National Hospital. Insurance Fund (NHIF). The scheme is open to all pregnant women and does not require client membership in NHIF. Phase one implementation of the scheme includes private and faith-based providers. Providers must be accredited to be eligible.

2.3. Factors Affecting Communication

Interpersonal communication is defined as a process in which people exchange information, feelings, and meaning through spoken and nonverbal messages, either face-to-face or via

mediated forms. (In other words, interpersonal communication refers to a conversation that is personal, direct, and intimate (Lane, 2016). It is a two-person contact that can take place face to face or through a medium (Pedersen et al., 2016).

Reduced symptoms, pain, anxiety, sense of guilt, increased peace of mind, acceptance and adjustment to their disease, cooperation with the medical team, improved blood pressure and glucose, increased training effectiveness, and the prevention of medical errors are just a few of the benefits that patients experience when health professionals have good communication skills.

World Health Organization, World Bank Group and OECD (2018) state that good communication is essential for achieving better health outcomes and preventing the need for additional care, as well as cutting hospital costs, reducing litigation, and encouraging patient-centered care and satisfaction. The patient's ability to freely express his thoughts, feelings, and concerns, as well as his participation in the decision-making process and his own treatment, leads to better outcomes. By empowering women to make decisions about their own health care, a communicative approach empowers them. According to Alper et al. (2021), the interaction between the midwife and the mother, is often a spiritual trigger, emotional growth, and transformation for the mother. Low-risk women who give birth with the assistance of a midwife have a variety of advantages, including increased self-esteem, a shorter hospital stay, and labor interventions.

When a mechanical device mediates an interpersonal exchange of communications between two or more people, feedback is instantaneous and monitored by reactions, this is known as mediated form (Mediated Identities in the Futures of Place, n.d.). Many academics think that interpersonal communication is essential in life, and that without it, no human activity can succeed. As a result, skilled communicators are always mindful of the messages they communicate. Interpersonal communication encompasses not just what is said - the language employed - but also how it is delivered, as well as the nonverbal cues conveyed through tone of voice, facial expressions, gestures, and body language. Messages to target populations are clearly communicated in maternal and child survival campaigns, and the audience is expected to respond by taking appropriate action. It is advised that maternity care practitioners and women in labor communicate effectively utilizing basic and culturally acceptable techniques (Black et al., 2016).

When it came to obtaining information, previous research indicated that women favored direct information transmission over mediated communication. Pregnant women prefer to receive one-on-one information from healthcare experts. These gatherings also bring in professionals who can respond to questions right away. Two-way communication is also advised since it allows for immediate reply when a question is asked, allowing the pregnant mother to be to be satisfied or dissatisfied with the response given (Valkenburg & Piotrowski, 2017).

Empirical data was contributed by Fisher et al.(2018) indicated that in health-care settings, successful interactions between healthcare providers and patients are crucial for a shared understanding of the patients' thoughts and symptoms, as well as the provider's goals. Failures in communication can result in health concerns, inability to access health facilities for maternity treatments, and, in the worst-case scenario, maternal death, because labor and birth are vulnerable and stressful times.

While the importance of excellent communication in maternity care has been highlighted, the relationship between the midwife and the mother remains unfavorable. The lack of communication results in poor care quality, deterioration of health outcomes, and possibly patient-discontent with the services provided. According to prior studies, the most prevalent source of complaint is relationship issues between pregnant women and their caregivers, and the majority of women are dissatisfied with the quality and quantity of information they receive. One of the most common reasons of medical negligence is patient dissatisfaction with health-care providers' relationships (Alper et al., 2021).

To obtain communicative skills, preparatory practice, and professional development, ideal midwifery care is required. The relationship between the midwife and the patient is made easier with good communication. Midwives are primarily expected to communicate with parturient women, answer their inquiries, and have the confidence to reassure patients. Given these considerations, it is reasonable to assume that communication is critical to midwifery care. Despite the critical need for efficient communication with patients during labor and delivery, healthcare providers, particularly midwives, lack awareness, attitudes, and abilities (Chestnut et al., 2019).

According to the article by Chestnut et al. (2019),"UK policy advocates continuity of midwifery care throughout the prenatal, intrapartum, and postpartum periods to improve outcomes." We looked into the kind of working patterns that midwives are willing and able to embrace, as well as the impediments to change and what might make it easier for midwives to work in continuous care models." "Every woman should have access to a midwife who can provide continuity throughout her pregnancy, delivery, and postpartum period. According to the above statement, there is considerable evidence in the literature that a bad relationship can lead to negative outcomes for women, hence interpersonal communication is crucial.

Despite this, there are few studies on midwife-woman relationships. This is surprising, given how much emphasis both women and midwives have placed on the quality of the relationship in prior studies (Bowyer's, 2008). Saving Mothers' Lives: A Review of Maternal Deaths in Order to Make Motherhood Safer, 2003–2005,the Confidential Enquiries into Maternal Deaths in the United Kingdom's Seventh Report suggests a link between midwives' and maternal mothers' relationships and pregnancy outcomes, which has an impact not only on antenatal care uptake, but also on the quality of care received once services have been accessed (Gliva-McConvey et al., 2020).

The provision of suitable and accessible information is acknowledged as a crucial part of communication in changing births. The accompanying volume delves deeper into good communication, emphasizing the need of listening to women's preferences and concerns.

According to Gatti et al. (2015), reviews of doctor-patient communication reveal that communication entails much more than simply giving or receiving information. An evaluation of the effect of doctor-patient communication on patient outcomes found that interventions that encouraged clinicians to share decision-making or strengthened patients' information-seeking abilities and involvement in the consultation resulted in improved psychological and other health outcomes. Another assessment of literature on doctor-patient communication identified information exchange as one of the goals of medical communication, along with two other goals of building a good interpersonal relationship and making medical decisions (Alper et al., 2021).

Midwives are expected to communicate with a varied set of people, highlighting the importance of this profession among healthcare practitioners. Not only do midwives offer advice and

training to pregnant women, but also to their entire family. They are also in charge of preserving and improving the health of mothers and their infants, as well as providing patients with information. In order to fulfill the aforementioned goals, experienced (United Nations, 2018). This will aid in the delivery of services and the satisfaction of women seeking maternal care.

Mivšek (2019) looked at the consequence of the midwife-mother connection in the delivery room. The purpose of this study was to examine mothers' experiences in the delivery room as well as the consequences of excellent midwife-mother relationships. To achieve maximum diversity, the researcher utilized a qualitative approach, gathering 16 mothers and midwives using purpose sampling. More research into the evaluation of such teaching programs and their outcomes in labor and delivery rooms, according to the researcher, is needed. According to one study, the promise of relational continuity permits midwives to provide high-quality holistic care to women and aids in the promotion of good labor outcomes (Leap & Hunter, 2016).

2.4. Influencing Factors in the Program

The program's ultimate goal is for every pregnant woman in the country to be registered. Currently, the effort is aimed at the poorest and most vulnerable women who cannot pay the necessary ANC, PNC, and delivery (Cotlear et al., 2015).

The Linda Mama program was founded as a result of the transfer of the Ministry of Health's Free Maternity Services (FMS) to the National Hospital Insurance Fund. Linda Mama is a Kenyan initiative that strives to improve the equity of access to maternal health delivery services. In nature, these variables could be beneficial or harmful. The study's specific goals were to see how demographic characteristics influence uptake of the Linda Mama maternal health care delivery program, how program awareness influences uptake of the Linda Mama maternal health care delivery program, and the factors that influence of maternal mothers satisfaction in the Linda mama programme (World Health Organization & United Nations Children’s Fund (UNICEF), 2020).

2.5. Information Dissemination

Since the implementation of the Linda Mama Free Maternity Program, the number of pregnant mothers seeking maternal and neonatal health services has increased significantly. The goal of

the program was to address the high maternal death rate by increasing access to competent delivery services and thereby improve mother and child health. This has resulted in a significant improvement in maternal and neonatal indices, as well as a decrease in mother and infant mortality (World Health Organization & United Nations Children's Fund (UNICEF), 2020).

The Linda Mama program's purpose is to "provide universal access to maternity and child health services while also contributing to the country's progress toward universal health coverage." The scheme is run by the Ministry of Health (MOH) and provides a package of antenatal, delivery, and post-natal health care services to women based on their need rather than their capacity to pay, putting Kenya on the road to Universal Health Care. As a result, the scheme is for women who are not insured by the National Hospital Insurance Fund (NHIF) or any other type of insurance.

2.5.1 The Program's Eligibility

To participate in the Linda Mama program, a customer must be a pregnant woman above the age of 18. Women can enroll in the program using their national identification card and pregnancy records, as well as contracted healthcare practitioners, NHIF service centers, Huduma centers across the country, and the NHIF registration website. With the help of their guardians' national identification cards and their antenatal care records, all pregnant women under the age of 18 are enrolled as clients. During their medical visits, women are registered for ANC, chief's meetings, and church festivities. The benefits of the program include a one-year package that includes antenatal care, birth, neonatal care, inpatient services, and outpatient services.

Dependent Variable

2.6. Programme Awareness

It is often assumed that women's awareness of such programs has a good or negative impact on their decision to use healthcare delivery services. The program's ultimate goal is for every pregnant woman in the country to be registered. Currently, the effort is aimed at the poorest and most vulnerable women who cannot pay the necessary ANC, PNC, and delivery. As a result, anyone covered by the NHIF or private health insurance cannot take advantage of the Linda Mama initiative's current setup (Omokri, 2018).

According to the health workers, this will have an impact on uptake in the future. Healthcare providers are also unsure if the program will be able to reach all women, particularly those with low incomes. Low levels of awareness about the program, according to some healthcare providers, will affect uptake of the program without adequate community sensitization. Some healthcare providers believe that while many women will eagerly enroll, others will take a wait-and-see approach.

All factors to consider in the Linda Mama program's awareness include the demographic background of the beneficiaries, the attitude of healthcare providers, and the quality of healthcare services in the health facilities. It is often assumed that women's awareness of such programs has a good or negative impact on their decision to use healthcare delivery services. Women's uptake of healthcare delivery programs may be influenced by their lack of awareness of the importance of, or even the existence of, such programs (Mutugi, 2020).

Other factors include awareness and knowledge about ANC services, accessibility of ANC services and the perception of the quality of services provided. Practices such as routine monitoring and focused ANC, among others have raised the level of utilization. Consequently, to maximize the utilization of health delivery services, the government as well as other stakeholders are ought to provide support for mothers who are less privileged. Moreover, facilities should ensure that delivery services are easily available at public health facilities even if they are provided at a cost. Moreover, it is necessary to reorient ANC services and ensure that clinical psychologists are placed at all health centers, and thus empower health personnel on the best attitude that they ought to show towards patients. Furthermore, it is beneficial to mainstream interventions into the national maternal health policy.

2.6.1. Forms of Interpersonal Communication

Health workers should be using combination of many methods to present health messages like using testimonials. For example, a mother bleeds to death on her way to health facility after a delivery at home. Another one is referred to a sub-county Referral Health Facility, because it is detected that she had less blood but fortunately she delivers 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.

The study showed that face to face is ranked the highest used form of interpersonal communication that have been used to the benefit of the target group with majority agreeing that this form has been used to their benefit, while mobile phones was rated the least used form of interpersonal communication.

In Kenya, for example, the health management information systems have been incorporated in various electronic health records and software programmes, web-based platform such as mobile phones. Mobile phone technology resources have improved availability and quality health information systems needed for prevention, management and monitoring and evaluation of programmes through an alert system known as rapid short messages services-SMS.

On the sources of information on Antenatal Care (ANC), majority of the respondents indicated that their first source of information on ANC services were hospital followed by friends while others reported getting their first information from school and finally community meeting among other sources.

2.6.2. Nature of interpersonal Communication

TBAs (Traditional Birth Attendants) play an important role in shaping women's pregnancy journeys, especially in terms of interpersonal relationships between pregnant women and TBAs. The program investigates how women's feelings and understanding of situations influence their decisions about where to seek services during pregnancy and delivery, as well as how health workers' poor treatment of women can deter them from giving birth in health facilities.

Continued training for health care providers on the importance of respectful maternal care and effective interpersonal communication, including:

- Advocating for the importance of skill development in relation to providing services with empathy and compassion in medical schools and nurse training programs.
- Culturally sensitive care and support during pregnancy and delivery, as well as training and tools for health facility staff.

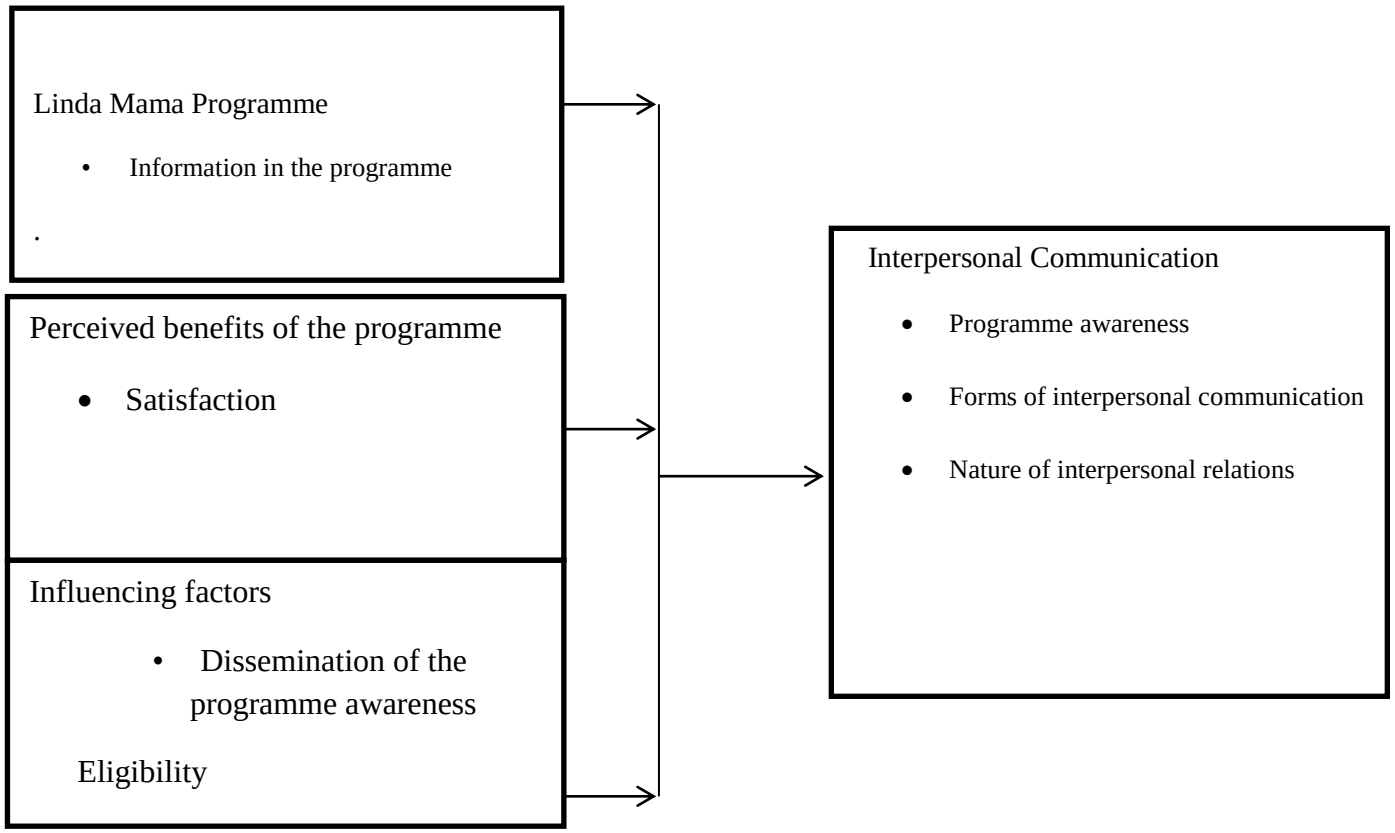
- Collaborating with TBAs to develop procedures and best practices for respectful maternal care, as well as to implement awareness and behavior change programs.

- Paying attention to the practice of quality audits in order to encourage the adoption of desired behaviors and attitudes among health-care workers.

2.7. Conceptual Framework.

Individual satisfaction with healthcare is determined by a personal evaluation of healthcare services as well as contacts with healthcare professionals. This represents the individual's personal preferences, as well as his or her expectations and experiences with the treatment (Information Resources Management Association, 2017). Individual expectations are met by the health system and providers through interpersonal communication, ensuring that care is given efficiently. Facility infrastructure, appropriate competent birth attendants, resulting in reduced client waiting time, availability of medications and other critical supplies, readily available equipment, and overall facility cleanliness are all factors that influence use. Clients are satisfied with the service when the quality is seen to be high, which influences the service use rate. A mother's obstetric experience during childbirth also influences where she delivers her subsequent pregnancies. Because this is their ultimate goal, a successful birth improves a mother's degree of satisfaction. In this scenario, though, the projected pregnant status is more important.

Dissatisfaction has been linked to poor postnatal mental adjustment, a preference for caesarean section over normal delivery, a higher risk of future abortions, more unfavorable attitudes toward the new-born and breast-feeding difficulties. Individual patient characteristics have been found to have an inconsistent relationship with levels of satisfaction with maternity treatments in previous studies. Women in their forties and fifties had higher levels of fulfillment than women in other reproductive age groups (Bryan & Bird, 2017). As you progress through your schooling, the value of giving birth under the supervision of a trained birth attendant becomes more apparent, resulting in higher rates of utilization. Education boosts women's employability and hence their financial standing. They have better access to high-quality maternal healthcare, resulting in improved maternal satisfaction with Free Maternity Services.



Independent variable Dependent variable

Figure 1:1 Conceptual framework

2.8. Theoretical Framework

2.8.1Communication Accommodation Theory (CAT)

Communication Accommodation Theory (CAT) is a broad paradigm that predicts and explains many of the changes people make in their interactions in order to increase, maintain, or decrease social distance. It investigates the various methods in which we alter our communication, as well as the reasons for doing so and the consequences. CAT tackles interpersonal communication challenges while also connecting them to the larger context of intergroup stakes in a conversation. In other words, our words, nonverbal signs, and manner are almost wholly controlled by our social identities as members of groups; in other words, an individual no longer

speaks as another individual, but as someone who represents communication scholars to groups (Zlatko & Maciej, 2017).

“CAT is a framework for analyzing the interpersonal and intergroup dynamics of narrators and communicators fine-tuning their language and nonverbal patterns to one other,” according to the researchers “A speaker modifies his or her speech for the listener”. According to the research by Zandvliet et al., (2015),depending on how communication is carried out, a person will engage with another. As a result, a speaker may raise his or her tone or switch to a different language to ensure that the message is successfully conveyed to the audience.

Expectations for the upcoming birth, information provided by healthcare providers through interpersonal (midwife-client) communication, and CAT all suggest that people use communication to express their attitudes toward one another and, as a result, it can be used as a barometer of social distance (Törnblom & Kazemi, 2015). Accommodation is defined as a consistent movement toward or away from others through the adjustment of one's communication behavior.

In the patient-provider relationship, societal stereotypes may lead to erroneous assumptions about the other's competence (Daiute, 2016). For example, a physician can presume that a patient does not understand what is being stated and adjust his or her communication style accordingly. While this might be beneficial in cases where the patient is really bewildered, it can also be perceived as dismissive.

Communication is influenced by the situation's qualities as well as the socio-historical context in which the issue is situated (Hargie, 2018). Patients may perceive their relationship with their provider is paternalistic since previous provider practices centered on the paternalistic model of care (patients have little input in care decisions) and the physician making all of the patient's health care decisions. According to studies, doctors who use CAT strategies, such as accommodating behaviors (patients who feel listened to, patients who feel able to ask questions, and patients who believe their provider took the time to ensure they understood their health information), give a better health care experience to their patients.

CAT can help predict and explain both verbal and nonverbal changes that occur during provider-patient contact, according to World Health Organization & United Nations Children's Fund (UNICEF), (2020). Adapting verbal and nonverbal communication aligns the patient and the health care provider in a number of ways, including shared comprehension and decision-making participation. A basic defining aspect of patient-centered communication is the ability of the health professional to recognize and purposefully change communication to meet the requirements of the patient.

Individuals engaging in interpersonal contact are typically unaware of their tones or usage of language (Alper et al., 2021). Due of their social power, positions, and status, they are frequently resistant to adapt. If an expectant mother talks with her healthcare professional in a language other than medical jargon, for example, the provider should respond in the same manner. Patients can be informed and included in the decision-making process through a range of strategies, including decision aids, which providers can use.

The theory's strengths are that convergence and divergence are simple concepts that apply to virtually all communicative contexts, but its flaws include the fact that communication can be complicated, with signals given not only through words but also through body language such as gestures and eye contact, making it impossible to decipher by words alone, or factors like Convergence. The researcher was able to grasp provider-patient communication in maternity healthcare after applying the theory to this study since it takes into account the target audience's perceptions and requirements. It may be useful to understand why some pregnant women are motivated to seek maternal care while others are not.

2.9. Convergence Theory

Convergence Theory is important for explaining how information is transferred and perceived in a social system. It emphasizes the importance of information exchange, mutual understanding, and consensus on any group activity that may result in societal change (Chestnut et al., 2019). Lawrence Kancaid developed the theory in 1979 to establish a general model of communication that would overcome Shannon and Weaver's Mathematical Theory of Communication's criticisms and inadequacies. Communication, rather of being considered as a one-way broadcast, according to the theory, should be understood as a sharing or exchange of knowledge.

This theory is based on the notion that society's views and actions influence an individual's perceptions and behaviors (participatory). It is linked toa re-definition of communication as a process in which all parties must respect and consider each other's thoughts, emotions, and beliefs. It also emphasized the role of social networks and important influencers in determining the course of social change. According to Valkenburg and Piotrowski (2017), researched that all societies would develop towards the same end point. As a result, communication in support of these goals should be expected to vary by country, rather than attempting to replicate the role of communication in developed countries.

It emphasizes information sharing, a process in which no one sends or receives information, but everyone creates and shares it, resulting in group participation. Horizontal dialogue is encouraged in this process, and all participants are treated equally with the goal of reaching mutual agreement. Convergence is fueled by the urge to acquire favor from one another. The concept is that the more similar we are to our conversation partner, the more like or respect he or she will have for us, and the more social benefits we will gain.

Converging on a common linguistic style promotes communication effectiveness, which has been connected to an increase in the other's predictability and, as a result, a reduction in ambiguity, interpersonal anxiety, and mutual comprehension. Convergence, on the other hand, is not always advantageous; it can also have negative consequences, such as the loss of personal or social identity (McCormack et al., 2021).

The way in which listeners assign motives for convergence is critical in determining whether it elicits favorable or negative reactions. When developing inferences and final judgments, addressees consider at least three variables: the other's verbal proficiency, the effort he or she elicited, and the external constraints impelling the speaker to act in a certain way (Craft & Dodd, 2017). In this case, communication between midwives and maternal mothers is critical for positive outcomes.

The researcher used this theory to figure out how information about maternal services is shared for service delivery through interpersonal communication.

2.10 Research Gap

Despite indications from observational studies indicating communication between careers and women in labor may be lacking, few studies seeking to increase communication between women and their careers while in labor have been identified. Other research has looked into how to increase communication between women and their health-care providers. There are few studies on the relationship between a midwife and a mother, despite the fact that there have been many studies on the contact between a physician and a patient. Concerning a dearth of information on health communication behavior; looking at mothers' experiences in the delivery room and the effects of effective midwife-mother relationships. The Linda Mama Program's impact on interpersonal communication between midwives and expectant mothers at Mama Lucy Kibaki Hospital occurs at a time when both women and their caregivers face unique communication obstacles due to acute and emergent demands.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The procedures and techniques that were used in the gathering, processing, and analysis of data are presented in this chapter. Research design, target population, sample size, and sampling processes, data collection methods, data analysis methodologies, and ethical considerations are all subsections that must be included.

3.2 Research Design

According to Fern and Fern (2001), a research design is a conceptual framework or blueprint for data collection, measurement, and analysis. It assists the researcher in developing a research framework. A descriptive survey research design was used in this study, which recounts occurrences in their natural setting with no outside effects. According to Mukerji (2013), a descriptive survey design tries to acquire information that explains real occurrences by asking questions about individual views and attitudes. It entails gathering information about what's going on, then categorizing, representing, and summarizing the information. A descriptive study elicits responses to questions concerning what, how, and why variables exist who responds (McGregor, 2017). The influence of Linda Mama Programme on interpersonal communication between the midwives and the maternal mothers at Mama Lucy Kibaki Hospital was investigated using a descriptive research approach to successfully fulfill the study objectives

3.3 Target Populations

Population is defined by Mugenda and Mugenda (1999) as "the complete group of humans, events, or things with some shared observable qualities." This study focused on proactive women who were aged between 15 to 49 years and attend Mama Lucy Kibaki Hospital for maternal services that have delivered in the health facility and are waiting to return home and the midwives on duty at the time of the study. The hospital was chosen since it is one of the few public hospitals in the area that offers the Linda Mama program.

3.4 Sampling Procedure and Sample Size

Sampling is the process of selecting a few (sample) from a bigger group (the sampling population) to become the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the bigger group. The study used a stratified random sampling; which involves the process of stratification or segregation, followed by random selection of subjects from each stratum (Council et al., 2013). Here, strata were created based on common qualities or characteristics among the population, such as income or level of education, among others. This study used two groups, which involved the Midwives and Maternal Mothers at Mama Lucy Kibaki Hospital. Whereby, the 12 Midwives were interviewed, while 50 maternal mothers filled the questionnaires.

3.5 Data Collection Instruments

The study relied on primary data, which was gathered through a questionnaire. The responses to interpersonal communication questions were ranked on a 5-point Likert scale in the questionnaires. Structured questionnaires for the mothers and key informant interviews for the midwives were used to collect data for the study. Structured (closed ended) and unstructured (open ended) questions were included in each item of the questionnaire. The women who were interviewed were postpartum before being discharged from the hospital, as well as the midwives on duty. Look at appendix (3) for interviews.

3.6 Pilot Test

The research was carried out at Mama Lucy Kibaki Hospital, located in Embakasi West Constituency, Nairobi County. Experienced research assistants helped in data collection process. The simplest approaches for estimating the sample size for the pilot experiment is based on sample size guidelines. Browne recommends a minimum sample size of 12 participants per treatment arm, although Julious recommends a general flat rule of "at least 30 people or greater to estimate a parameter." Twelve persons were employed in the pilot testing. The sample size for the pilot experiment is based on sample size guidelines. Browne recommends a minimum sample size of 12 participants per treatment arm, although Julious recommends a general flat rule of "at

least 30 people or greater to estimate a parameter." Twelve persons were employed in the pilot testing.

3.6.1. Validity of Research Instruments

Validity, according to Cochran (1961), assesses if the research accurately measures what it was supposed to test or whether the research instrument results are accurate. Pilot testing was utilized by the researcher to ensure the study instruments' content and construct validity. The content validity of an instrument refers to how well it examines the connections between globalization and project management. On the other hand, construct validity refers to how much the instrument truly tapped into the theoretical concept it was designed to examine.

3.6.2 Research Instrument Reliability

The ability of specific items to consistently measure the same difference is referred to as reliability. As a result, there is less random sampling bias. The suitable selection of research assistants will validate the reliability of research tools. Prior to data collection, they were thoroughly taught and familiarized with the study region and research topic. Prior to the actual study, the research instruments were field-tested to ensure that they were well-understood by the research participants and that any necessary revisions were made (Ruel et al., 2015). The researcher also double-checked that the questions were asked correctly and that the respondents fully comprehended them. The interviewer repeated the respondent's answers as needed to ensure that the researcher understood the response to each question.

3.7 Data Collection Procedures

To assist with the collection of primary data, research assistants were hired. They are familiar in various data collection techniques, such as maintaining appropriate interpersonal relationships with clients; the data was gathered within a month.

3.8 Data Analysis Plan/Methods of Data Analysis

Data analysis is the process of examining of what had been collected, making deductions and inferences (McGregor, 2017). The study adopted a mixed method. The qualitative data was

collected through in-depth interview of the selected key informants and a content analysis was done thereafter.

For the quantitative data, the questionnaire responses were coded, summarized, and double-checked for accuracy. The completed questionnaires were entered into an SPSS version 23 database (Statistical Package for Social Sciences). The findings of the study were presented using figures, graphs and tables.

3.9 Ethical Considerations

The Mama Lucy Kibaki hospital management, through the research committee, as well as the Daystar University Ethical Research Committee, gave their approval to the study. A research permit was given by the National Council for Science, Technology, and Innovation (NACOSTI). The participants were asked to sign a consent form that stated that they had been given full disclosure. The study's risks were explained to the participants, allowing them to make informed decisions.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

Chapter four presents the survey findings carried out to assess the influence of the Linda Mama programme on interpersonal communication between midwives (Md) and maternal mothers (MM). In consideration of the study's objectives, an analytical report containing the analysis and discussion of the major survey findings was delivered. To acquire data, the researcher used both quantitative and qualitative methodologies. The conclusions of the analysis are also presented in the form of tables and graphs in this chapter.

4.2 Response Rate

The target population was made up of women of proactive age who are between 15-49 years visiting Mama Lucy Kibaki Hospital for maternal services and midwives in Embakasi West Constituency who have delivered in the health facility and have been discharged, waiting to go home. A sample size of 41 out of 50 women was obtained. There were 41 valid questionnaires, resulting in 82 percent response rate. According to Mugenda & Mugenda (2010), a 50 percent - 60 percent answer rate is sufficient, 61%-70 % good, and over 70 % exceptional, hence the 82 percent response rate was sufficient to do analysis.

4.3 Demographic Information

The demographics characteristics were presented in terms of the age, education level, and marital status of the respondents. The findings are discussed below.

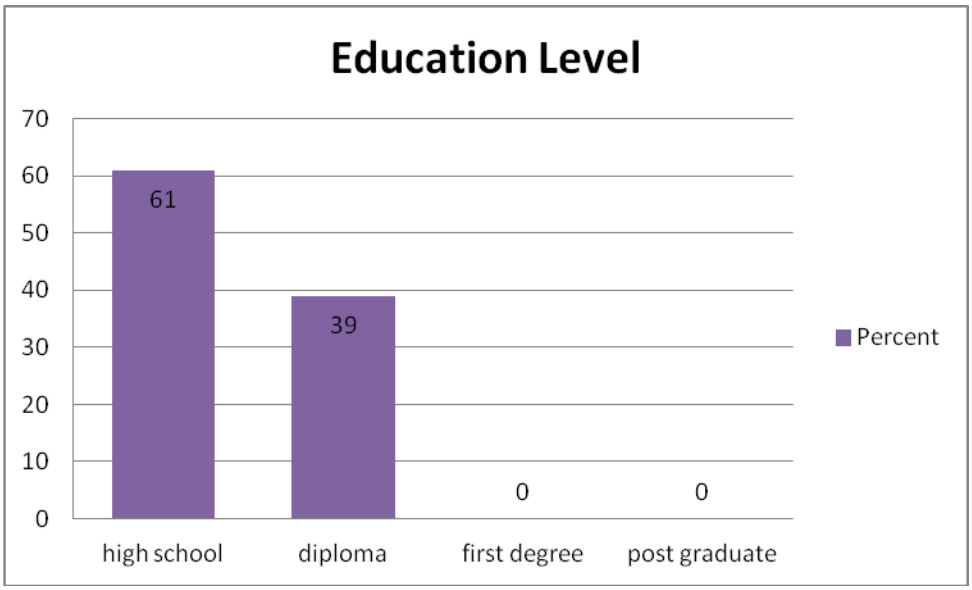
Table 4.3.1 age of the respondents

Age bracket	Frequency	Per cent
19-23 years	3	7.3
24-28 years	10	24.4
29-33 years	13	31.7
34-38 years	15	36.6
Total	41	100

Source: Research Data (2021)

The respondents were asked about their age in years which was later grouped into age brackets, 7.3% (3) of the respondents were between 19-23 years while 24.4% (10) were aged between 24 to 28 years. 31.7% were aged between 29 to 33 years while 36.6% were aged between 34 to 38 years. The findings show that the sampling procedure used in the study reached the targeted population. The spread also indicates that the sample was homogeneous and represented women of productive age. According to Nixon (2012), the reproductive age of women is between the ages of 12 to 45, while women above 45 years have reached menopause and chances of conceiving is minimal.

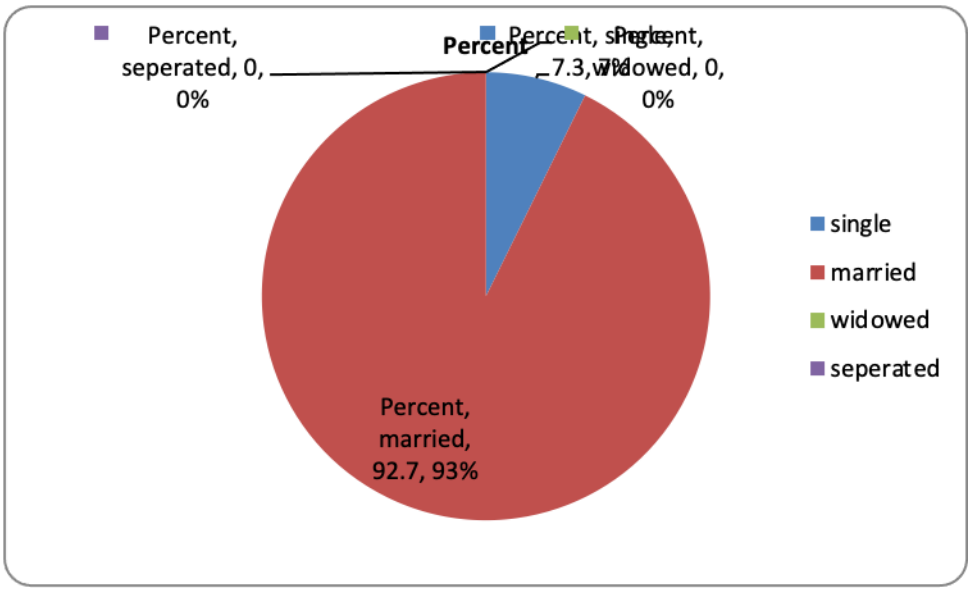
Figure 4.3.1 Education level of respondents



Source: Research Data (2021)

The study purported to find out the education level of the respondents, Figure 4.3.1 above represents the findings from the study. The majority of the respondents, 61% had up to high school level of education while 39% had a diploma level. None of the respondents had the First-degree level and posts graduate level of education.

Figure 4.3.2 marital status



Source: Research Data (2021)

The study sought to establish the marital status of the respondents, majority 93% stated that they were married while 7% of the total respondents were single. None of the respondents was the windowed or separated type of marriage.

Table 4.3.2 delivery in the public hospital

Birth in the public hospital	Frequency	Per cent
No	7	17.1
Yes	34	82.9
Total	41	100

Source: Research Data (2021)

The respondents were asked if they had given birth in a public hospital before. More than half 82.9% (34) stated they had given birth in a public hospital before while 17.1% (7) stated they had never given birth in a public hospital before. These findings indicate that most people prefer delivering in the hospital.

4.4 Experiences in the Public Hospital

The study sought to know the experience of those respondents that had delivered in the public hospital. To establish this researcher asked the respondents to give their views on how they were treated. According to the analysis, the respondents were of different views according to how they experienced the services. The respondents that stated that the services were poor, stated so because of; long queue hence making one wait longer to get services, the facility was congested, doctors and nurses' laxity.

(MM8)"The experience at the public hospital was worse as doctors and nurses take time to respond to anyone need, since there is no one is supervising them unlike

private hospital where doctors are paid according to the patient they attend to, in public hospital their salary still count, this makes them relax in their job.

(MM9)" The doctors did not care whether you are in pain or not, what they cared was their shift I was left with pain as the doctors shift lapsed."

4.5 Information Dissemination in the Linda Mama Programme

The first objective of the study was to evaluate the influence of information dissemination in the Linda Mama Programme on interpersonal communication between maternal mothers and midwives at Mama Lucy Kibaki Hospital. This study objective mainly focused on Linda mama information dissemination, creation of awareness, awareness indicators, approach to awareness and alternative approach to making the Linda Mama program more effective. The analysis of this objective is as below.

Table 4.3.3 Programme Awareness

The researcher wanted to know if the respondents were aware of Linda mama program. The findings are presented in table 4.5.1 below

Aware of Linda mama	Frequency	Per cent
Yes	41	100
No	0	0
Total	41	100

Source: Research Data (2021)

According to the analysis, it was interesting to see that all respondents (100%) were aware of Linda mama program. These findings imply that Mama Lucy Kibaki hospital is making the program known to maternal mothers.

The study went further to sought how respondent knows about programme concern, majority of the respondents know Linda Mama as a programme that helps expectant mothers to deliver free of charge in any hospitals.

(MM1)"This is a government-initiated programme that helps expectant mothers to deliver free of charge and give free food to the malnourished newborns"

Linda Mama offers a comprehensive set of basic health care to all members of the targeted demographic, regardless of their capacity to pay. Putting Kenya on the road to achieving universal health coverage (UHC). It is a publicly sponsored health program that assures pregnant women and newborns have access to high-quality, affordable health care, as well as the achievement of the Vision 2030 health goals (Micah & Luketero, 2017).

Table 4.4.1 Expectant mothers on knowledge about Linda Mama

Knowledge about Linda mama	Frequency	Per cent
Yes	41	100
No	0	0
Total	41	100

Source: Research Data (2021)

The findings also indicated that all expectant mothers who were interviewed at Mama Lucy hospital knew about the Linda Mama program. This implies that Mama Lucy hospital is educating women about the benefit of the program.

Know about the programme

According to the expectant mothers' interviews, it is evident that most respondents came to know about the Linda Mama programme in different ways. As from midwives' respondents, the information is given to expectant mothers during their first time to the clinics. Other ways in which respondents came to know about the programme is by; friends, through social media when people post about it, through stories in the newspapers and being told to register by the doctors and nurses.

Dissemination

The study purported to find out from midwives how Linda Mama programme information is disseminated. From the response of five midwives who were interviewed they all agreed that the information is given to mothers first when they make their first visit during the antenatal clinic.

> (Md4) “The programme is highly welcomed and received by a large number of women. It has been embraced and every mother who visits the clinic and is informed about it."

The midwives agree that the programme awareness is done on a very low note and no much information is given unless the expectant women ask for more information. The reason low note awareness could be to make expectant women who can pay for services and those unable are enrolled on the programme. On the other hand, the respondents agree that not many women know about it unless they get second-hand information from the friends who were enrolled or had an experience with it since the information about the programme is given during the antenatal clinics.

> (Md5) “Mothers receive programme information when they start visiting antenatal clinics as from the age of five months and above. The hospital educates mothers about the programme and its benefits."

Awareness indicator

The researcher wanted to know some of the indicators to confirm that the expectant mother who visits Mama Lucy Hospital was aware of the programme. From midwives interviews, every expectant mother is enrolled on the programme when she is registered in any public hospital.

> (Md1) “The expectant mother visiting hospital must produce a registration card on every visit and those who are not aware of the programme are encouraged to register and are given a card.”

Approach effectiveness

The study sought to find out whether the approach used in creating awareness about the Linda Mama programme was effective. The findings are presented in table 4.5.3 below.

Table 4.5.1 Awareness Effectiveness

Approach effective	Frequency	Per cent
No	17	41.5
Yes	24	58.5
Total	41	100

Source: Research Data (2021)

Based on the analysis, 58.5 % (24) said that the approach which was used to disseminate Linda Mama information was effective while 41.5 %(17) said it was not effective. Thus, the hospitals should find other ways most appropriate ways of disseminating the programme information so as every expectant woman has the correct information about the programme.

Alternatives ways of creating awareness

The development of health communication for promoting health has mainly taken place outside the health care services (Frankish, Moulton & Gray, 2006). When health communication does occur within the health care services, it lacks a broad socio-ecological health promotion approach, needed to tackle lifestyle-related ill-health and health inequalities. The study sought to find the views of alternatives approach in creating Linda Mama programme awareness. From the response, there are many ways that the hospitals are not using such as seminars, social media, TV and radio, newspapers, use of trained experts and workshops to sensitize the public about the programme.

4.6 Customer Satisfaction in The Linda Mama Program

The second objective of the study was to determine the influence of maternal mothers/customer satisfaction in the Linda mama programme on interpersonal communication between maternal mothers and midwives at Mama Lucy Kibaki Hospital. This is looked at through the benefit of the programme in minimizing the danger of home delivery, the influence of the programme on the relationship between expectant mothers and midwives, embrace of the programme and satisfaction from the programme

The benefit of the programme

The study sought to find the benefit of the Linda Mama programme that is brought up good interpersonal communication between maternal mothers and midwives at Mama Lucy Kibaki Hospital.

Table 4.6.1 Benefit of the Programme

The benefit of Linda Mama	Frequency	Per cent
No	7	17.1
Yes	34	82.9
Total	41	100

Source: Research Data (2021)

From table 4.6.1 above, the majority of the respondent 82.9 % (21) believed that the Linda Mama programme was more beneficial rather than minimizing the danger of home delivery. Some of the perceived benefits are free delivery services for financially unstable mothers, which help cut the cost of delivery and help save the life of both mother and the newborn. According to one of the respondents,

> (MM2) "the programme help reduces the cost of delivery as all the hospital bills are paid for by the government hence mothers can utilize the little finance

they had by catering other cost associated with the newborn such as buying clothes and food."

(MM4) “the programme has helped many women who cannot afford the private hospitals and the midwives are sometimes friendly given that in a public hospital the mothers are many.”

On the other hand, midwives agree that the programme benefits the maternal mother and the newborn and their family since there is zero cost on delivery.

Influence of the programme on the relationship

The researcher wanted to know the extent of influence of the Linda Mama programme. The response is shown in Table 4.6.1 below.

Influence on relationship	Frequency	Per cent
No	7	17.1
Yes	34	82.9
Total	41	100

Source: Research Data (2021)

82.9% of the total respondents stated that the programme influenced the relationship between midwives and maternal mothers while 17.1% stated that the programme did not influence the relationship. The findings show that majority of respondent believe the Linda Mama program create a good relationship between mothers and midwives.

The study went further to ask respondents to state the nature of the relationship between maternal mothers and midwives that are brought by the programme. Based on the response the programme has created a positive relationship while other respondent feels that the programme has led to the negative relationship as there is the use of abusive language to maternal mothers by midwives since the services are free.

(MM7) “The midwives are not proud of the programme as they are free services and they do not part with cash hence they talk harshly to the mothers since the mothers do not feel the cost of the programme as it is free.”

(MM3)” As a mother without money you have no choice but to seek services in a public hospital where Linda Mama comes in handy even if the midwives are harsh or you are given services by medical students ‘.

According to midwives, there are few cases of manipulation either by the mother or the midwives. While sometimes mothers have been relieved from paying delivery services, the relationship has worsened since the services are done poorly.

(Md3) “The services are done poorly and with low motivation on midwives since there is no expectation of cash for them from the maternal mothers.”

(Md2) The rate of maternal services is high and therefore the government should employ and equip more staff with relevant skills”

Embrace

The midwives’ respondents were asked to state some of the reasons that make the maternal mother embrace the Linda Mama programme. Based on the response the programme is embraced by a large number of mothers since there are an assurance of free delivery service, free food products to the newborn, the free services relieve most families that are mostly financial constrains while food is given to malnourished and underweight newborns until they are discharged. Poverty, financial instability, early pregnancies are some of the drivers that have to lead the Linda Mama programme to be embraced by many.

Satisfaction

The expectant mothers’ respondents were asked to what extent were they satisfied with the benefit offered under the Linda Mama programme. Based on the response there was a mixed-up reaction as some were satisfied, while others felt low satisfied.

(MM11) “The satisfaction is high as the mothers and newborns are safe and treated with care.”

Some of the negative results are such as abusive language, mistreatment, and being served with a bad attitude.

(MM15) “not satisfied as most mothers suffer in the hands of midwives who attends to them.”

To what extent were respondents satisfied with the forms of communication used in creating awareness about the programme? Most respondents believed that forms of communication used by the hospital were not effective.

(MM19) “Doctors take longer time to explain on how the programme works, how it is accessed, and it benefits as the information is only available in hospitals and unless one is guided by a friend or a doctor the process is tiresome.”

While there is a suggestion to use other means of communication to sensitize the public about the Linda Mama programme, the respondents feel that the form of communication used to disseminate the programme information is not effective.

(MM24)"The availability of information should be extended to public conferences, workshops, seminars and use of social media to sensitize the public about the programme.”

From the findings, the hospitals should create awareness that will result in customer satisfaction in the Linda mama programme, they should use interpersonal communication that is accessible and that will help sensitize the public about the Linda Mama programme.

4.7 Forms of Interpersonal Communication in the Linda Mama Programme

The third objective of the study was to determine the influence of forms of interpersonal communication in the Linda Mama Programme on interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital. The focus on this objective is on different forms of communication used, how forms of communication influence the relationship

between midwives and maternal mothers, and how programmes create a favorable environment for communication

Forms of communication used

The respondents were asked to indicate forms of communication used in promoting the Linda mama programme. According to the response, there are various ways in which hospitals promote their programmes most forms of communication used are direct communication to women, verbal and written forms, through SMSs radio and TV programmes. According to Tufte and Hemer (2005), various communication strategy that adopts a participatory approach whose main aim is empowerment through dialogue and mutual learning should be used in programme promotion; the process is as important as the outcome.

Table 4.7.1 effectiveness of the form of communications

Communication effectiveness	Frequency	Per cent
No	14	34.1
Yes	27	65.9
Total	41	100

Source: Research Data (2021)

The findings indicate that 65.9% stated that the choices of communication used to promote the Linda Mama programme were effective while 34.1% indicated that the forms of communication were not effective. This shows that the Linda Mama programme should employ a form of communication that will be appreciated by all.

The study also sought to find out how their forms of communication help to shape the relationship between midwives and maternal mothers. According to the respondents, the form of communication has led to the creation of friendship between midwives and mothers as depending on midwives on delivery services hence the communication should bring better services. The form of communication has brought transparency to the programme. On the other

side, the respondents who felt that form of communication were not effective to have stated that it has led to laxity of midwives,

> (MM12) “The midwives have become relaxed and abusive as they don't have the freedom to service performance, the midwives should be trained to possess more skills and knowledge to serve.”

> (MM11) “They don’t care about you; once you get there its business as usual they assume you know everything about the programme requirements.”

As a concept, health programme communication encompasses more than transmitting health information and developing skills. It entails improving people’s access to health information and support capacity to use it effectively; for them to make informed choices, reduce health risks and increase the quality of life hence bring good relationships among the parties.

Communication environment

Many respondents feel that the Linda Mama programme has created a hatred environment between midwives and expectant mothers. This has been one of the challenges in health facilities as midwives have been criticized for how they talk to pregnant women. The relationship lacks a holistic approach and ability to address it that why the Linda Mama programme come in to create unity. Pyone and Smith (2017) state that the attitude of health care service providers can be the source of conflict that can lead to misaligned incentives leading to a hostility environment

4.8 Conclusion

This chapter presented and interpreted the results with regards to the influence of the Linda Mama programme on interpersonal communication between midwives and maternal mothers. Data was presented in frequency tables, graphs and pie charts.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter describes the summary of the study including research objectives, the research methodology, and its major findings. It also discusses the results of each objective in this study with comparison to empirical studies reviewed. Conclusions are then provided from the study, recommendations for improvement and further studies are also clearly stated on the relationship to the influence of Linda Mama programme on interpersonal communication between the midwives and maternal mothers

5.2 Overview of the Result

This section presents the key findings of this study. The study aimed to establish the influence of the Linda Mama programme on interpersonal communication between the midwives and maternal mothers at Mama Lucy Kibaki Hospital. The study was guided by three specific objectives; to evaluate the influence of information dissemination in the Linda Mama Programme on interpersonal communication between maternal mothers and midwives, to determine the influence of maternal mothers/customer satisfaction in the Linda mama programme on interpersonal communication between maternal mothers and midwives and to determine the influence of forms of interpersonal communication in the Linda Mama Programme on interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital.

The study was guided by two theories: Communication Accommodation Theory (CAT) and the convergence theory. The study adopted a descriptive survey research design. The data collection was done using questionnaires to gather data from the respondents. The target population comprised of women of proactive age who are between 15-49 years visiting Mama Lucy Kibaki Hospital for maternal services and midwives in Embakasi West Constituency who have delivered in the health facility and have been discharged, waiting to go home. A census of all 50 respondents was conducted and questionnaires were presented to the sampled population. All the questionnaires were duly filled and returned making a response rate of 82%. The data was then

entered into SPSS (version 23) which was then employed for analysis and summarization of both descriptive and content analysis. The findings were then presented using graphs, tables and content analysis.

The study sought to determine the age bracket of the respondents. The findings were presented in Table 4.1. The majority of the respondents depicted by 36.6% were aged between 34years to 38 years old. The majority of respondents 61 % had a high school level of education while the majority 93% recorded married as in their marital. Likewise, the majority represented by 82.9% stated that they had ever delivered in a public hospital.

The first objective was to evaluate the influence of information dissemination in the Linda Mama Programme on interpersonal communication between maternal mothers and midwives. The study focused on 5 aspects: information dissemination, creation of awareness, awareness indicators, approach to awareness and alternative approach to making the Linda Mama program more effective. The study revealed that 100% of respondents were aware of the Linda Mama programme. This implies that Linda Mama information is disseminated well to expectant mothers who visit the hospital during clinics. With respect to awareness indicator, majority of respondent knows Linda Mama programme as majority of the respondents knows Linda Mama as a programme that helps expectant mothers to deliver free of charge in any hospitals. The respondents have information that they only need to register and be given a card that confirms they are enrolled in the programme hence when they visit the clinic, they just need to produce a card and they are exempted from clinic charges.

The study revealed that information about the Linda Mama programme is only given when expectant mothers visit the hospital. Unless the expectant mothers get more information from their friends or ask questions about themselves, it is evidence that they are given shallow information. Therefore, they tend to enquire more information about the programme from friends who had enrolled and had experience or ask the doctors and midwives for more details. From midwives' interviews, the study revealed that the information is given on a low note to make those who are financial ability to pay for the delivery services and also to make sure that the programme only benefits those who are struggling financially and are not able to pay for delivery services. The aim of the programme is to benefit all expectant mothers without any financial

discrimination. The programme also discourages women from the danger of delivering at home hence being more beneficial to those who are struggling financially.

Regarding the effectiveness of the approach on the method of programme information dissemination, 58.5% (24) said that the approach which was used to disseminate Linda Mama information was effective while 41.5 % (17) said it was not effective. This leaves a gap in information dissemination and hence the hospital should strive to achieve 100% effectiveness of information dissemination.

The respondent recommended other ways of information dissemination which the hospitals are not using such as seminar, social media, TV and radio, newspapers, use of trained experts and workshops to sensitize public about the programme and achieve 100% effectiveness of information dissemination.

The second objective of the study was to determine the influence of maternal mothers/customer satisfaction in the Linda mama programme on interpersonal communication between maternal mothers and midwives. The focus on this objective was the benefit of the programme in minimizing the danger of home delivery, the influence of the programme on the relationship between expectant mothers and midwives, embrace of the programme and satisfaction from the programme. The finding revealed that the Linda Mama programme was beneficial rather than its main aim of minimizing the danger of home delivery. This was supported by the majority of the respondent 82.9% (21) represented in table 4.6.1. Some of the perceived benefits are free delivery services for financially unstable mothers.

The study revealed that the majority at 82.9% of the total respondents agreed that the programme influenced the relationship between midwives and maternal mothers while 17.1% stated that the programme did not influence the relationship. The nature of influence can be positive or negative; some of the positive influences brought by the programme is that it has created a friendship between mothers and midwives. The interaction that is brought by a frequent visitor to clinic and guidance from midwives to mothers on how to take care of infants leads to the positive relationship while the negative relationship can be brought by midwives not motivated as there is no cash transfer hence leading them to feel exhausted hence their emotion may be high and the language changes from soft to rude with attitude when giving instructions to mothers.

With regards to the embrace of the Linda Mama programme, some drivers make mothers embrace the programme. Poverty, financial instability, early pregnancies are some of the drivers that have to lead the Linda Mama programme to be embraced by many mothers. Despite these drivers, better services such as assurance of free delivery service, free food products to the newborn and proper care to malnourished and underweight newborns motivate mothers and their families to embrace the programme.

The research revealed that there were differences in satisfaction based on the expectations of every mother. Some mothers felt that they were not satisfied by Linda mama programme as it takes time to get services due to the long queue of people seeking the services hence taking longer time to see the doctors. While others felt the services were good due to the care they got and taking in place there are zero charges hence there is the relief of financial burden. The respondent recommends that the hospital should create awareness that will result in customer satisfaction in the Linda mama programme they should use interpersonal communication that is accessible and that will help sensitize the public about the Linda Mama programme.

The third objective of the study was to determine the influence of forms of interpersonal communication in the Linda Mama Programme on interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital. The focus of this objective is on different forms of communication used, how the form of communication influences the relationship between midwives and maternal mothers, and how the programme creates a favorable environment for communication. In response to the form of communication used to promote the Linda Mama programme, there is the use of direct communication to women, verbal and written forms, through SMSs, radio and TV programmes and campaigns. Promotion messages should be passed using the right communication channel to make sure that the information reaches the target groups and the audience. When Interpersonal communication is not just about what is said, or the language used but how it is said and the non-verbal messages sent through tone of voice, facial expressions, gestures and body language (SkillsYouNeed, 2018). Many respondents preferred to receive information from healthcare providers on one basis as it brings experts to immediately answer questions. Thus, when they get a promotion message they tend to visit the hospital to get more information.

The findings indicate that 65.9% stated that the choices of communication used to promote the Linda Mama programme were effective while 34.1% (14) With regards to effectiveness on the form of communications used to promote the Linda Mama programme. While asked how the form of communication help to shape the relationship between midwives and maternal mothers. The study revealed that the form of communication has led to the creation of friendship between midwives and mothers, and it has brought transparency to the programme. The midwives are more motivated when they see expectant mothers are following the instruction they give. At some point, the midwives become relaxed and abusive if the mothers are stubborn.

While the aim of the Linda Mama programme has been to mend a broken relationship and create a good communication environment, the study finds that the hatred environment between midwives and expectant mothers still exist. This has been one of the challenges in health facilities as midwives have been criticized for how they talk to pregnant women.

5.3 Recommendations

Information is a key component to implement any programme successfully and its performance. The awareness of the Linda Mama programme should be made well to the public since it aims to assist all mothers to deliver well despite whether anyone is financially stable or not. The hospital should not limit itself to one approach of communication and should use all available ways of sensitizing the public about the programme. When people have proper information, they will be free to enroll for the programme or opt to pay for the services in private hospitals as the programme seeks to provide services based on need rather than the ability to pay.

Good interpersonal communication should be enhanced between maternal mothers and midwives to minimize conflict and to bring about customers satisfaction due to proper services as uptake of maternal healthcare delivery programme is sometimes based on the quality of services. It is risky for pregnant women to be without medical coverage and if there is a hostile environment between them and midwives they may opt to stay out of the programme and deliver at home assisted by a person with no experience.

Various ways should be adopted that will enhance a good relationship between mothers and midwives. A good relationship between midwives and maternal mothers' relationships and

pregnancy outcomes, impact not only on uptake of antenatal care. A good relationship will lead the mothers to have the ability to freely express their views, feelings concern and be involved in the decision-making process and his treatment leads to satisfaction of services to mothers. It will also lead to countless positive outcomes, such as an improved sense of self-confidence reduced hospital stay.

As a limitation of this research, it experienced a challenge in collecting data. Due to the COVID-19 pandemic, the opportunity to collect data in the Mama Lucy hospital where the researcher was planning to initiate data collection physically was coupled with delays. However, several researchers have embraced online data collection which has been successful despite the challenges of people who tend not to do it immediately or forget. Sometimes participants just ignore the message asking them for participation because there is no pressure to finish it or they cannot see the worth of doing it. Thus, researchers should embrace online data collection putting good guidelines.

5.4 Conclusions of the Study

This study has contributed to raising awareness regarding the influence of the Linda Mama programme on interpersonal communication between the midwives and maternal mothers at Mama Lucy Kibaki Hospital. The respondent recommends the use of Linda Mama programme information to sensitize the public about the programme which of more beneficial to many mothers but there lacks enough information on the public domain. The research revealed that having a better way of information dissemination leads to lower fear and anxiety and mothers will have confidence when enrolling in the programme. These findings suggest the importance of proper information dissemination which leads to customer satisfaction hence creating a good relationship between mothers and midwives. Some mothers are reluctant when there is no proper interpersonal communication by midwives hence creating a conflict between maternal mothers and midwives. As this research showed, proper information dissemination and interpersonal communication will create a good communication environment that will help the successful implementation of the Linda Mama programme to benefit all parties.

5.5. Areas for Further Study

Recommendation to research

i. The researcher recommends that research should be conducted on how human interpersonal communications influence maternal health to enhance uptake and the sustainability of the Linda Mama programme.

Recommendation to practice

ii. The study was done with a small sample as the study was limited to one Mama Lucy Kibaki Hospital. Further research will be necessary to include all other hospitals in various counties with a larger sample size to be able to generalize findings on the health sector.

iii. This study further recommends research on issues related to communication strategy that guides the forms of communication that will lead to creation of friendship between midwives and mothers on delivery of maternal health services

Recommendation to Theory

iv. The study recommends further studies guided by Communication Accommodation Theory and Convergence related to the maternal health should look deeper into the relationship between mid-wives and maternal mothers.

5.6 Limitation of the study

This research experienced a challenge in collecting data. Due to the COVID-19 pandemic, the opportunity to collect data in the Mama Lucy hospital where the researcher was planning to initiate data collection physically was coupled with delays. However, several researchers have embraced online data collection which has been successful despite the challenges of people who tend not to do it immediately or forget. Sometimes participants just ignore the message asking them for participation because there is no pressure to finish it, or they cannot see the worth of doing it. Thus, researchers should embrace online data collection putting good guidelines.

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APPENDICES

APPENDIX A: INTRODUCTION LETTER

Dear respondent,

My name is Mary Jane Gachago, am a student at St. Paul's University undertaking a Master's Degree in communication. I am carrying out a research study entitled the influence of Linda Mama Programme on the interpersonal communication between the midwives and the maternal mothers at Mama Lucy Kibaki Hospital**.** Thank you for your willingness to participate in this study. The session will take 20 to 30 minutes. You will be required to record your responses against the questions in the spaces provided. You are encouraged to give as accurate responses as possible. The information you give will be kept confidential and used for the purpose of this study only. There is no right or wrong response. Feel free to ask for any clarification in the questions asked below.

Thank you.

APPENDIX B: RESEARCH QUESTIONNAIRE FOR MATERNAL MOTHERS

SECTION A – DEMOGRAPHIC CHARACTERISTICS

1. Select your Age Bracket

19 – 24 [ ]

25 – 29 [ ]

34 – 39 [ ]

40 and above [ ]

2. Select your highest level of education

High School [ ]

Diploma [ ]

First Degree [ ]

Postgraduate [ ]

3. Select your current marital status

Single [ ]

Married [ ]

Widowed [ ]

Separated [ ]

4. Have you given birth before in a public Hospital?

Yes { } **No { }**

5. From your answer in Q4 above, how was the experience?.....

SECTION B: AWARENESS ABOUT LINDA MAMA PROGRAMME AMONG EXPECTANT MOTHERS

6. Are you aware of Linda Mama programme?

Yes [ ] No [ ]

7. From your answer in Q5 above, would you please highlight a bit about what you know concerning this programme?

---

8. Briefly explain how awareness about this programme is generally made among expectant mothers?

In your opinion do you think the approach used in creating awareness about Linda Mama programme among expectant mothers is effective?

Yes [ ] No [ ]

9. From your response in Q8 above, kindly can you give other alternative approaches which could be more affective?

SECTION C: Linda Mama Programme, the midwives and the maternal mother's relationship

10. In your opinion, do you believe that Linda Mama Programme has benefits other than minimizing the dangers of home delivery?

Yes [ ] No [ ]

11. From your response in Q9 above, kindly mention some of these perceived benefits?

---

12. In your opinion do you believe Linda Mama programme has any influence on the relationship between midwives and maternal mothers?

Yes [ ] No [ ]

13. From your response in Q12 above , can you please state the nature of between the midwives and maternal mothers

SECTION D: Choice of forms of Interpersonal Communication in Linda Mama Programme

14. Can you please indicate the forms of communication used in promoting Linda Mama Programme

---

15. Are the choices of forms of communication used in promoting Linda Mama Programme effective?

Yes [ ] No [ ]

16. If you believe forms of communication used in promoting Linda Mama Programme are effective, can you please indicate how it helps to shape the relationship between midwives and the maternal mothers.

APPENDIX C: INTERVIEW GUIDE FOR EXPECTANT MOTHERS

1. Do you have any knowledge about Linda Mama programme?

---

2. Briefly explain how you got to know about this programme?

---

3. What is your opinion about the effectiveness of the approach used to create awareness about the Programme among the expectant mothers?

---

4. What benefits do expectant mothers enjoy under Linda Mama Programme?

---

5. To what extent are you satisfied about these benefits that are offered under Linda Mama Programme?

---

6. To what extent are you satisfied about the forms of communication used in creating awareness about the programme?

---

7. Does Linda Mama Programme create a favorable environment for communication between the midwives and expectant mothers?

---

8. Can you please suggest any improvement in the Linda Mama Programme that can help in enhancing communication between the midwives and expectant mothers?

---

9. What is your general opinion about the Linda Mama Programme?

APPENDIX D: INTERVIEW SCHEDULE (GUIDE) FOR KEY INFORMANTS (MIDWIVES)

My name is Jane W. Gachago, a Master Communications Studies student from St. Paul's University. I am carrying out research on the Assessment of the influence of. This is in partial fulfillment of my Master of Communication Studies Degree. I promise that all information you provide will be treated in confidence. Your support will be highly appreciated. Kindly respond to each question the most appropriate way possible.

1. How is the information of Linda Mama Programme disseminated?

   ---

2. Does Linda Mama Programme create awareness to the expectant mothers at Mama Lucy Kibaki Hospital?

   ---

3. Can you please give some indicators to confirm that the expectant mothers who visit Mama Lucy Kibaki Hospital are aware of this programme?

   ---

4. Do you believe that Linda Mama Programme benefits relationships between the midwives and the maternal mothers at Mama Lucy Kibaki Hospital?

   ---

5. What are the influences of the perceived benefits of free services in the Linda Mama Programme?

   ---

6. Which age group of the maternal mothers mostly benefits from the Linda Mama Programme at Mama Lucy Kibaki Hospital?

   ---

7. In your opinion, what do you think are some reasons that make the maternal mothers embrace Linda Mama Programme?

   ---

8. Do you think Linda Mama Programme influences the nature of relationships between the midwives and the maternal mothers at Mama Lucy Kibaki Hospital?

   ---

9. Are there particular forms of interpersonal communication used in promoting the Linda Mama Programme at Mama Lucy Kibaki Hospital?

APPENDIX E: CONSENT FORM

Consent Form for Participation in a study on influence of Linda Mama Programme on Interpersonal Communication between Midwives and Maternal Mothers

Email: ……. **Phone: ……..**

Purpose of this Study

The purpose of this research is to carefully look into the influence of Linda Mama Programme on the interpersonal communication between the midwives and the maternal mothers at Mama Lucy Kibaki Hospital.

Procedures

Mothers will be required to fill in structured questionnaires and a little bit of interview while mid wives will be interviewed. Please make your responses accurately as possible.

Duration and Location

This study will take approximately three months to complete. This research study location will be at Mama Lucy Kibaki Hospital, Nairobi County.

Participant Requirements

Participants in this study must be either midwives or maternal mothers at Mama Lucy Kibaki Hospital who have an idea about Linda Mama Programme.

Risks

The risks and discomfort associated with participation in this study are no greater than those ordinarily encountered in daily life such as psychological examinations or tests. During the study, i.e. while filling the questionnaires or in the interview, some questions may probe on interpersonal relations, which may a bit offensive.

Benefits

There may be no personal benefit from your participation in the study however the knowledge received may be of educational value to the future researchers as well as policy makers.

Compensation & Costs

Participation in this study is absolutely voluntary. There will be no cost to participate in this study.

Confidentiality

Anonymity, confidentiality and privacy will be safeguarded. No information gathered will be leaked out to unauthorized persons.

Rights

Your participation is voluntary. You are free to stop your participation at any point. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The researcher may have the discretion to remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights to which you might otherwise be entitled.

Right to Ask Questions & Contact Information

If you have any questions about this study, you are at liberty to ask them now. If you have questions later, desire additional information, or wish to withdraw your participation please contact the one of the Researcher by phone or e-mail in accordance with the contact information listed on the first page of this consent. You may have a copy of this consent form for your own records.

Voluntary Consent

By signing below, you agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any

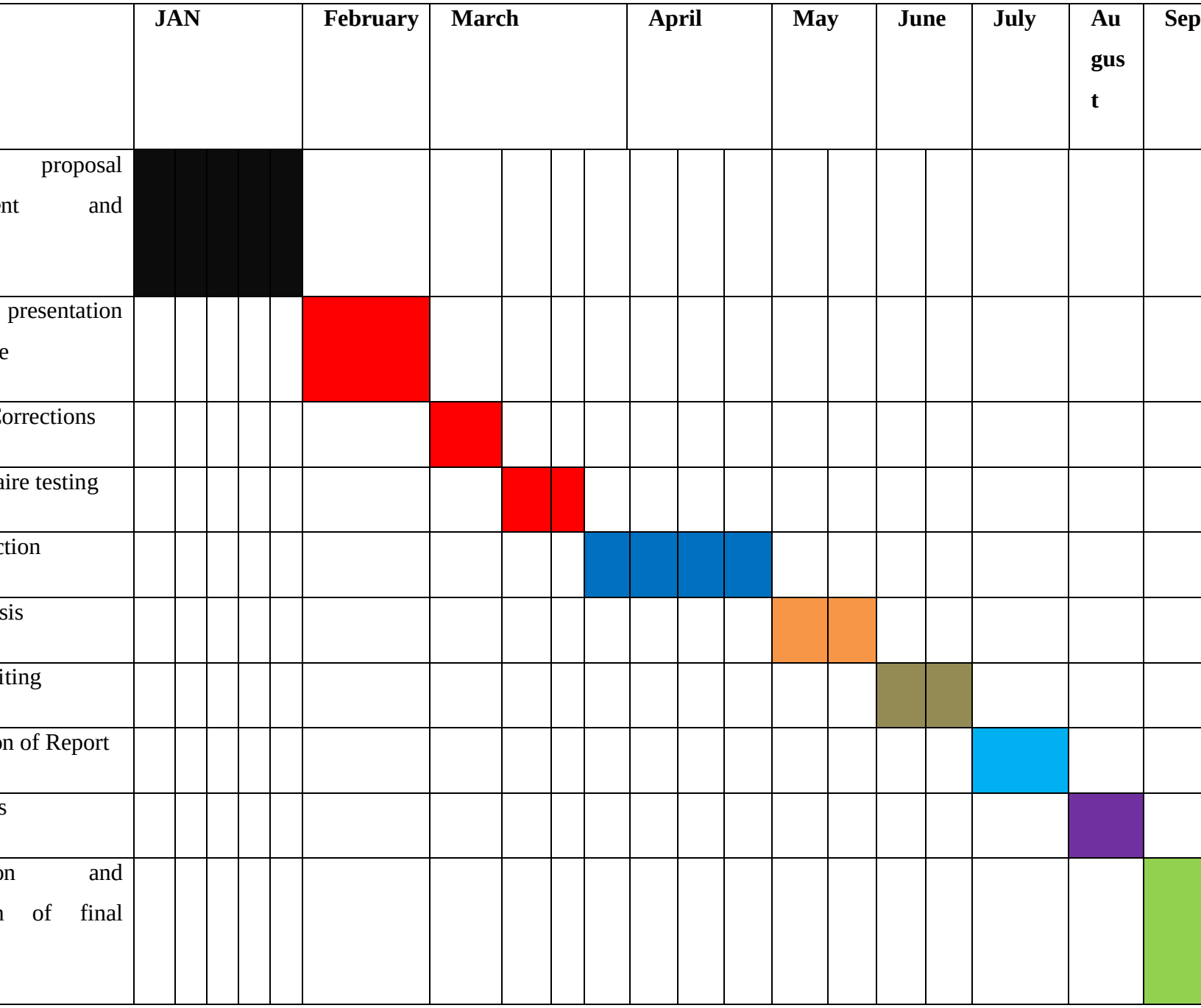
aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study.

Participant Signature ---------- **Date**----------

Signature of person obtaining Consent---------- **Date**---------

APPENDIX F: BUDGET

NO	ITEM	COST (KSHS)
1	**Proposal Development**	
	Printing of 50 pages and binding	350
	Internet Expenses	500
	Stationery and typing services	500
	Travelling and subsistence	2,000
	Miscellaneous/contingency expenses	1,000
	Subtotal	**4,350**
2	**Data collection and report writing**	
	Travelling expenses	2,000
	Books and reading material	5,000
	Internet Expenses	1,000
	Stationery and typing services	1,000
	Data analysis and computer runtime	1,000
	Printing 69 pages and binding	450
	Miscellaneous expenses	2,000
	Subtotal	**12,450**
	GRAND TOTAL	**16,800**



APPENDIX G: TIMELINE

APPENDIX H: AUTHORIZATION FORM

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **196424**

Date of Issue: **15/April/2021**

RESEARCH LICENSE



This is to Certify that Ms.. MARYJANE WAIRIMU GACHAGO of St. Paul's University, has been licensed to conduct research in Nairobi on the topic: THE INFLUENCE OF LINDA MAMA PROGRAMME ON THE INTERPERSONAL COMMUNICATION BETWEEN THE MIDWIVES AND THE MATERNAL MOTHERS AT MAMA LUCY KIBAKI HOSPITAL for the period ending : 15/April/2022.

License No: **NACOSTI/P/21/9942**

196424

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

APPENDIX I: NACOSTI INTRODUCTION LETTER

ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
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Tel Office: +254 (0) 20 - 2020505/10
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(0) 736 - 424440

6th April 2021

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR MARY JANE GACHAGO- MACSNRB514919 TO CONDUCT RESEARCH

This letter confirms the above named person is a student of the Master of Arts in Communication Studies program at St. Paul's University.

The second year consists of a major research work leading to a dissertation. The student's selected topic is *'The influence of Linda Mama programme on interpersonal communication between the midwives and maternal mothers at Mama Lucy Kibaki Hospital'.*

Kindly grant this student the required permit.

Yours Faithfully,

Dr. Julius Kahuthia
Director, Board of Postgraduate Studies

APPENDIX J: SUPERVISION FORM

ST. PAUL'S UNIVESITY

BOARD OF POSTGRADUATE STUDIES

QUARTERLY PROGRESS REVIEW – CANDIDATE AND SUPERVISORS

The following is a quarterly progress report for postgraduate students. Complete this Form at the end of every semester and submit it to the Directorate of Postgraduate studies through your lead supervisor. This progress report should be accompanied with monthly Supervision Reports and a copy should also be given to the Head of Department in your Faculty.

<table>
<tr><td colspan="10">Section A: Student Details</td></tr>
<tr><td>Name of student</td><td colspan="3">Maryjane WairimuGachago</td><td colspan="2">Adm. No.</td><td colspan="3">Macsnrb514919</td></tr>
<tr><td>Degree registered for</td><td colspan="3">Masters</td><td colspan="2">Year of study</td><td colspan="3">2</td></tr>
<tr><td>Registration date</td><td colspan="3">2019</td><td colspan="2">Expected Completion Date:</td><td colspan="3">2021</td></tr>
<tr><td>Year in the program</td><td>1st</td><td>✓ 2nd</td><td>3rd</td><td>4th</td><td>5th</td><td>6th</td><td>7th</td><td></td></tr>
<tr><td>Mode of study</td><td colspan="2">Full time</td><td></td><td colspan="2">Part time</td><td colspan="3">✓</td></tr>
<tr><td>Lead supervisor</td><td colspan="9">Dr. Sammy Baya</td></tr>
<tr><td>Co- supervisor</td><td colspan="9">Dr. Gladys Muasya</td></tr>
<tr><td>Date of review</td><td colspan="2">08/07/2021</td><td>Semester (Tick)</td><td>1</td><td>2</td><td>3</td><td colspan="3">Year 2021</td></tr>
</table>

Thesis /dissertation Title:

The influence of Linda Mama Programme on interpersonal communication between midwives and maternal mothers at Mama Lucy Kibaki Hospital.