INTRODUCTION

Maternal health remains a major global health concern yet to be adequately tackled. However, besides medical interventions, other dynamic strategies of addressing maternal mortality include focus on information and culture which serve as some of the determinants of pregnancy and maternity health care seeking especially by women in low-income countries (WHO, 2015). Connectively, cultural sensitivity, the strategic adaptation of health promotion efforts to the cultural characteristics of target recipients (Dutta, 2007) provides a reliable strategy for enhancing health outcomes through health communication and health promotion programmes including those on maternal health (Adeleye, Aldoory & Parakoyi, 2011; Betsch, Say, Koblinsky, Pullum, Temmerman, & Pablos-Méndez, 2015; Omoloso, Ahmad & Ramli, 2017).

However, despite increasing global attention on cultural sensitivity by health communication scholars and the acknowledgement of the need for health promotion efforts to respond to health concerns based on cultural indicators from the target population (Airihihenbuwa, Ford & Iwelunmor, 2013; Iwelunmor, Newsome & Airihihenbuwa, 2014; Kadiri, Ahmad & Mustaffa, 2015; Kandula, Khurana, Makoul, Glass & Baker, 2012; Scarinci, Badura, Hidalgo & Cherrington, 2012), there is surprisingly limited attention on culturally sensitive maternal health message strategies that takes into account the views of the target population especially from non-western nations.

Insights from such perspectives of the target population is useful for planning and development of culture sensitive maternal health communication programmes and messages. It is in this light that the present study investigates the phenomenon of cultural message adaptation.
in the context of maternal health communication, from the perspectives of multi ethnic women in north central Nigeria.

**CULTURAL SENSITIVITY IN HEALTH COMMUNICATION**

Resnicow, Braithwaite, Ahluwalia and Baranowski (1999) describe cultural sensitivity as involving two primary dimensions; these are the surface structure and deep structure. Surface structure refers to the extent to which an intervention or communication effort complies with the culture, experiences and behavioural patterns of the target population. It relates to compatibility with observable characteristics of the group like their language, preferred colour, and other group peculiarities food, clothing, use of symbols and labels among other preferences. The deep structure is concerned with knowledge of how the target group’s hidden cultural attributes relate to their social, psychological, environmental and historical background influence their health behaviour.

Cultural sensitivity thus provides a suitable means of addressing maternal health (Butreso et al., 2013; Morris et al., 2014) just as it paves the way for the design of suitable messages or programmes based on the cultural characteristics of relevant target groups (Sznitman et al., 2011). Hence, this underscores why knowledge about cultural message adaptation from the target population’s perspective is crucial to the development of culturally sensitive maternal health messages. Cultural message adaptation in this study is conceptualised as message appropriateness or compatibility with audience characteristics and preferences from the perspectives of specific audience group.

To be effective, a message must first and foremost be received and processed by the recipient who may or may not be favourably disposed to such message (Lignowska et al., 2015). However, in health communication, culture sensitive health messages when used appropriately are described as having the capability to earn audience attention as well as increase message comprehension, significance and efficacy thereby improving health outcomes (Betsch et al., 2015). This draws attention to relevance of matching health messages to the cultural characteristics and preferences of the target recipient to increase cultural appropriateness (adaptation) of such messages.

Scholars have classified strategies for enhancing cultural appropriateness of health promotion programmes and materials as including peripheral, evidential, linguistic, constituent-involving and sociocultural strategies (Kreuter & McClure, 2004; Kreuter, Luckwago, Bucholtz, Clark & Sanders-Thompson, 2003). These strategies correspond with surface and deep structures identified by Resnicow et al. (1999) and Resnicow, Soler, Braithwaite, Ahluwalia & Butler (2000). Although, studies indicate that some of such strategies have indeed been effective (Bender & Clark, 2011; Hamilton et al., 2012), Kreuter et al., (2003) noted that there is a need for strategies geared at achieving cultural appropriateness to match the nature of the problem being addressed. This suggests that the peculiarities of specific health concerns would determine suitable cultural approaches to adopt; this inherently leads us back to the audience. It can thus be argued that democratisation of communication strategies through insights from perspectives of the target population may enrich existing knowledge on enhancing cultural appropriateness of health messages.

**METHODOLOGY**

This study is a descriptive phenomenological research which explored the lived experiences of 48 women from North Central Nigeria concerning cultural sensitivity in maternal health. Phenomenology is considered appropriate for achieving the study’s objective because it allows for meaning creation and understanding from the perspectives of those directly involved, since it enables acquisition of in-depth knowledge and rich descriptions of the lived experiences of the participants (Merriam, 2002). Also, the study focused on Nigeria because of the country’s high maternal mortality status (WHO, UNICEF, UNFPA, World Bank & the UNPD, 2015). Three groups of women comprising expectant/nursing mothers,
grandmothers and midwives of different ethnicities participated in the study. Participants were selected using purposive and snowball sampling. In-depth interview, with open-ended questions was used for data collection. Interviews were guided by Seidman’s (2013) three-interview approach. This involved getting the historical background of participants from the cultural contexts of maternal health, getting details of their cultural and maternal health promotion experiences and getting them to reflect on the meanings of their experiences. Data was analyzed using Moustakas (1994) approach, which entailed a rigorous step by step examination, sorting and integration of descriptions emanating from the transcribed data, into an aggregate description that forms the overall experience of all participants. Validation of data was ensured through participant validation, where the synthesized descriptions were sent to participants for them to examine and give feedback to the researchers.

FINDINGS
Cultural message adaptation as portrayed in the findings of this paper involves the compatibility of messages with the day-to-day cultural characteristics and workings of target groups. Such adaptation is necessary since the effectiveness of health promotion efforts is hinged on the ability of health message developers to adapt messages to the target population’s cognitive and psychosocial needs (MacDonald, Gangnon, Mitchell, Meglio, Rennick & Cox, 2011). Three emergent themes that explicate participants’ notion of cultural message adaptation strategies are: (i) cultural characteristics (ii) cultural influencers/opinion leaders and (iii) culturally appropriate presentation strategies.

USE OF CULTURAL CHARACTERISTICS
It portrays obvious/simple and complex cultural characteristics that can be incorporated into maternal health messages in the study area. Local language and occupation/festive characteristics of ethnic groups emerged as obvious characteristics identified by participants as important characteristics that have implications for health promotion. Local language corresponds with existing strategies in the literature which recommend local language for increasing recipients’ accessibility to health messages and stimulating their interest and understanding of such messages (Kadiri et al., 2015; Kagawa-Singer et al., 2009; Kandula et al., 2012). Language is described as the most basic form of cultural sensitivity while its overall functionality in a message lies in the ability of the message to conform with other cultural characteristics such as the norms and values of the target recipients (Kreuter et al., 2003).

For complex/latent structures, participants recommended the use of freebies (free gifts and free health services) and the seeing is believing principle as incentives to incorporate in messages. Participants associated freebies with gaining audience attention, as a necessary first step towards further possible message acceptance and behaviour change or desired health outcomes but indicated that using freebies as an appeal should match audience’ expectations in terms of actual gifts/services provided, else this could lead to boomerang effects where recipients may get angry/disappointed.

The seeing is believing principle on its part relates to the provision of evidence or shared testimonials that can facilitate message authentication and acceptance by recipients. As reflected by participants, these become expedient given some individuals’ reluctance to adopt biomedical health recommendations and practices especially where such conflict with their ethno-religious beliefs and values.

USE OF CULTURAL INFLUENCERS AND OPINION LEADERS
It constitutes the second major message adaptation strategy. These basically fall under two broad categories; the public/community and the professional groups. Under the community group, there are community heads/religious leaders; family heads, in-laws and elders; towncriers/public relations officers, and the youths.
In the professional group, there are the nurses, doctors and community health workers; government and government affiliates, and the media. Given the respect/credibility accorded to such categories of people/institutions in the study area, participants recommended that affiliation of messages to them serves as a useful strategy. Holding a health talk within the premises of the community head/king or engaging the king himself in actual dissemination of the message, where people hear directly from him are examples of message affiliation to such an influencer. However, regarding the mass media, findings reflected their roles as influencers/opinion leaders as one with dual purpose. In other words, given the credibility and power of the media, they can serve as opinion leaders/influencers when they are used to disseminate not only general maternal health promotion messages but also messages that address maternal health related concerns or conflicts that may exist between the public and institutional groups or those within each group. The implication nonetheless is that utilisation of cultural influencers may increase credibility and acceptance of messages by the target group.

CULTURALLY APPROPRIATE PRESENTATION STRATEGIES

The third message adaptation strategy involves three interrelated structures; the use of culturally appropriate presenters, diplomacy and sensitivity to ethno-religious values, as well as cultural appreciation/compatibility. It involves engaging for message delivery, people who understand and share same linguistic and other subgroup or sociocultural characteristics such as age, gender values and beliefs with the target recipients. Participants also envisioned that such people should be trusted sources, with requisite understanding and experiences concerning the issue or topic in question while they should be versed in the workings of the target audience’ cultural beliefs and characteristics and align their manner of approach accordingly. Apart from the language ability, these structures primarily reflect the alignment of messages to suit complex/latent sociocultural characteristics of the target audience or deep structures as identified in the literature (Kandula et al., 2012; Resnicow et al.,1999; Resnicow et al., 2000). The finding indicates that when such culturally appropriate individuals share their experiences/deliver maternal health messages, this may increase message credibility and acceptance among the target recipients.

CONCLUSIONS

This study provides phenomenological evidence, on cultural message adaptation strategies that may be integrated in the development of culturally sensitive messages in North central Nigeria. The study’s finding reflects manifest and hidden cultural attributes useful for message adaptation. This corroborates previous literature on cultural sensitivity and strategies of enhancing appropriateness of health messages (Ahmad, Othman, Jalil & Ismail, 2017; Kreuter et al., 2003). The study however enriches the literature by adding contextualised perspectives on maternal health message adaptation strategies based on the lived experiences of multi ethnic women in Nigeria. The study also strengthens the positions of culturally sensitive models such as the PEN-3 model (Airihenbuwa, 2010) which places emphasis on harnessing the positive potentials of culture.

Although all strategies identified in this study are indeed interwoven and can be cross matched as appropriate, use of local language cuts across all. Language is fundamental because it constitutes a basic cultural marker that can facilitate shared understanding in the communication process. Secondly, majority of the strategies may be applicable to both interpersonal and mass mediated communication, but the combination of some or all can also be integrated into and adapted to various media as may be suitable. The media can therefore be regarded as a unifying factor which may facilitate the harmonisation of health promotion efforts of diverse players from within the public and professional groups, towards a common goal.

REFERENCES

roles to improve male involvement in maternal health in southern Nigeria. *Journal of health communication*, 16(10), 1122-1135.


