



INFLUENCE OF TRAINING ON PERFORMANCE OF HEALTH PROMOTERS IN MATERNAL NEWBORN AND CHILD HEALTH EDUCATION IN AKWA IBOM STATE

AKINTAYO, BABAFEMI J., EKEH, CHARLES M., & EKPEYONG, SIFON O.

Department of Mass Communication, Babcock University, Ilishan-Remo, Ogun State

Abstract

The inclusion of Maternal, New-born and Child Health (MNCH) targets in the Sustainable Development Goals (SDG) highlights the enormity of MNCH challenge and the efforts taken towards reducing maternal, new born and child mortality in Africa. The MNCH training for health promoters was developed towards improving health promoters' performance; thus a reduction in maternal and infant mortality. The study therefore examined the influence of training on the performance of health promoters in maternal, newborn and child health education. Descriptive survey was adopted for the study, while the multi-staged technique was used to sample 125 respondents in four LGAs in Akwa Ibom state. Data were analyzed using descriptive and inferential statistical method. Findings revealed that the training for health promoters in Akwa Ibom state is to an extent deficient as health promoters do not significantly influence mothers' health behaviours. It was recommended among others that techniques and strategies for socialization and health education should be revisited in Akwa Ibom state with a strong framework included for testing mothers' adoption of health information as a measurement of health promoters' level of efficiency.

Keywords: *Training, Health promotion, Health Education, Social Mobilization, Health Behaviour.*

Introduction

Nigeria accounts for about ten percent of maternal deaths in the world with an estimated 814 maternal deaths for every 100,000 live births (World Bank, 2015). The morbidity and mortality among children in Nigeria is 10,900 per 100,000 live births and the infant mortality rate (IMR) which is at 6,900 per 100,000 live births is still higher than many other countries in sub-Saharan Africa with similar GDP as made known by WHO (2015). Maternal New-Born and Child mortality have been on the front burner of public health policy makers and implementers for decades. Ogunjimi, Ibe and Ikorok (2012) defined maternal death as the “death of women while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of the pregnancy from any cause related to, or aggravated by the pregnancy or its management but not from accidental or incidental causes” (p.34). Child mortality “is the death of a child under-five years, while infant mortality is the death of a child under 1 year” (WHO, 2006:2).

The enormity of the challenges of maternal new-born and child health issues influenced the creation of the Sustainable Development Goals (SDGs) as a continuation of the previous Millennium Development Goals (MDGs), of which target was not realized. It is worrisome that despite the efforts put into achieving the goal of reducing maternal mortality and infant morbidity of the years, women and children across the world still die from preventable illnesses. The inability to realize the MDG’s objective of reducing maternal and child mortality led to the Maternal New Born and Child Campaign in Nigeria as part of the Sustainable Development Goals - SDG’s (National Primary Health Care Development Agency, 2015). The Maternal New-born and Child Health campaign adopted development communication activities supported by trainings for health promoters in an attempt to boost their performance.

Health communication research has helped to increase health promoters’ and care providers’ awareness and performance, contributed to building national health policies, provided theoretically driven framework (Ogunjimi et al 2012), however, more tools are still needed to improve performance of health promoters. Lincetto, Mothebesoane-Anoh, Gomez, and Munjanja (2016) suggests that health promoters need to be effective in a variety of contexts and situations; such as updating and disseminating accurate maternal and new-born health information in order to be able to promote healthy behaviours, healthy

lifestyles and diet, safety and injury prevention, support and care, preventive interventions, care seeking behaviour, recognition of danger signs for the woman and the newborn. As a tool for improving child and maternal healthcare, the Federal Government of Nigeria through the National Council on Health in 2010 adopted a week long bi-annual (May and November every year) implementation of the MNCH week in Nigeria against the backdrop of unacceptably poor maternal and under-5 health indices in Nigeria. This was made as strategy to interrupt and reverse the trend of poor maternal, newborn and child health indices. As part of the efforts to ensure that effectiveness of the health intervention/promotion activity, trainings are organized during the MNCH week for health workers and promoters.

Training has been identified to increase health workers' performance; this is because its importance for their development and effectiveness (Khan, Khan, & Khan, 2011). An increase in the performance level of health promoters and workers directly influences an increase in the performance of the health sector. Zaman, Ashraf and Martines (2008) in their study demonstrated the importance of training in improving the communication and counseling skills of health workers towards improving children's nutritional status. In the MNCH campaign, training of health promoters is required because of the sensitivity of the information being shared and the accuracy that must accompany its application or adoption. Consequently, an increase in the level of performance of health promoters can influence patients' health behaviours, and the conditions that affect their health status and the health status of new-born and children. As such, the mothers' level of health education received from the health promoters, as well as level of social mobilization to use MNCH services provides an indirect way of measuring health promoters' performance.

Health promoters are important because they are needed in the intervention programmes for maternal newborn and child health campaign. The National Primary Health Care Development Agency has a training manual developed for implementing maternal, newborn and child health in Nigeria, this was necessitated because of the evaluation of the progress towards achieving 2015 MDG targets showed that Nigeria still had high maternal, newborn and child mortality rates, with overall annual reduction still very low; the training manual was thereby developed to build the capacity of the health workers for implementation of the MNCH campaign. The maternal, newborn and child

health campaign in Nigeria run the following interventions: immunization, nutrition, malaria control, focused ante-natal care and health promotion (health education/social mobilization).

Health promotion comprised of health education and social mobilization in the maternal, newborn and child health campaign. Health promotion is a development communication activity targeted at women aged 15 to 49 years and includes the following as activities: social mobilization (immunization) and health education (exclusive breastfeeding, complementary feeding, supplementary feeding, hygiene and HIV prevention) for expectant and nursing mothers. These intervention programs require acquisition of skills in order to ensure the achievement of set goals and objectives of the health campaign. Social mobilization and Health education towards achieving reduction in maternal newborn and child mortality are important; (Lincetto et al., 2016) observed that social, family, and community contexts, practices and beliefs can influence women's health during pregnancy either positively or negatively. They further pointed out that some cultures promote special foods and rest for pregnant women, but in others, pregnancy is not given special importance and they make these pregnant women to work hard and might even impose nutritional taboos on them thereby increasing the mortality probability of pregnant women. In such cases, the health promoters are expected to use their health education skills acquired during the maternal newborn and child health campaign training to advice and support such a woman and her family for developing healthy behaviours, birth and emergency preparedness to increase awareness of maternal and newborn health needs and self-care during pregnancy and the postnatal period, including the need for social support during and after pregnancy. Health promoters are also needed to promote and support care seeking behaviour, including recognition of danger signs for the woman and the newborn as well as transport and funding plans in case of emergencies, helping the pregnant woman and her partner prepare emotionally and physically for birth and care of their baby, particularly preparing for early and exclusive breastfeeding and essential newborn care and considering the role of a supportive companion at birth. Hence, this study tends to probe into the influence of training on the performance of health promoters in Maternal Newborn and Child Health Education for mothers in Akwa Ibom State.

Statement of the Problem

Nigeria has been identified as a country where maternal and new-born mortality is endemic. The fight against the increase in maternal and new-born mortality rate has been decentralized to states to ensure better coordination, efficiency and effective allocation of human and other resources towards achieving Maternal Newborn and Child Health campaign strategic goals, which are to “contribute to health systems strengthening through improved promotion, delivery and utilization of health and nutrition services by women and children and also to improve the capacity of health workers to deliver good quality services” (National Primary Health Care Development Agency, 2015). However, despite the fact that MNCH campaign trainings have held over the years since 2010, the rate of Maternal Newborn and Child mortality in Nigeria is still high (WHO, 2015; World Bank, 2015). In Akwa Ibom State for example, the infant mortality rate stands at 8,400/100,000 live births, under 5 years mortality is 13,800/100,000 while Maternal Mortality Ratio is 545/100,000 (Akwa Ibom State Ministry of Health, 2013). Since the Maternal Newborn and Child Health campaign is being carried out in Akwa-Ibom State, it is important to study the influence of training on health promoters’ performance as regards health promotion (social mobilization and health education) for mothers – expectant and nursing, while also performing an assessment of the maternal, new born and child health training.

Objectives of the study

1. find out the extent of Maternal, Newborn and Child health education given to mothers by health promoters towards influencing mothers’ health behaviours;
2. investigate the influence of social mobilization on mothers’ health behaviour.

Hypothesis tested at 0.05 level of significance

H₀1: Social mobilization does not significantly influence mothers’ health behaviour.

Training and Health Promoters’ Performance

To strategically propagate and disseminate health information towards influencing behaviour and attitude when healthy living is concerned, health

promoters have a key role to play. As the bearers of information vital to the improvement of maternal and child health, competence in performing their duties as health promoters is of the essence. Kak, Burkhalter and Cooper (2001) stated that competence is a combination of knowledge, skills and abilities. It is gained through pre-service education, in-service training, and work experience. Competence is a major determinant of health worker performance in clinical, non-clinical, and interpersonal standards. Kak, Burkhalter, and Cooper (2001) admitted that measuring competence is essential for determining the ability and readiness of health workers to provide quality services, since a health worker can have the knowledge and skill, but use it poorly because of individual factors (abilities, traits, goals, values, inertia) or external factors (unavailability of drugs, equipment, organizational support), which ensures that importance of training and performance evaluation which help to reduce the influence of competence decreasing factors.

Training of health promoters is crucial because it forms the foundation on which the success of the health promotion is built despite the availability or non-availability of equipment and resources. Training is essential, training manuals are usually used to document the mission, vision of specific health promotions and to document professional skills and knowledge needed for a successful health promotion activity. For example, the CARE's Hygiene Promotion Manual was developed for fieldworkers on projects or programmes that aim to reduce the incidence of water-and-sanitation related diseases. The manual is also useful for other relief and development workers, particularly those working in the fields of community development, health and engineering. The training manual describes a wide range of approaches to hygiene promotion that can be used in different settings. Most importantly, the manual was developed in order to disseminate health contents in terms of training to field workers in hygiene promotion and ensuring its application (Morgan, 2001).

Berman, Pallas, Smith, Curry and Bradley (2011) suggested that health outcomes around the world and especially in developing countries can be improved through efficient service delivery and health-improving interventions. Despite much progress, the gap between need and effective action is still large. More resources, further development of cost-effective interventions, and better health financing schemes are certainly needed. In many countries one encounters health facilities with shockingly few patients, communities with low

levels of coverage in life-saving services even where capacity exists to provide such a coverage, or trained workers missing from their assigned posts and empty shelves for drugs and supplies when workers have been paid and supplies purchased. Clearly, having money and technology are not sufficient conditions for performance. Berman, et al (2011) further stated that even with more money and better technologies, major challenges remain, especially on improving the delivery of health services which is undoubtedly difficult without improvement in the synergic performance of the health workers and their organizations. Training is essential because comparison between health promotion centres with similar resources indicate differences in performance across region; Berman et al (2011) vividly pictures the situation that a recent survey showed that the level of coverage with DPT3, which is regarded as a good indicator of overall immunization, ranged from 28.7 in the lowest performing region to 95.7 per cent in the highest. Furthermore, dissimilarities occur within states across this performance range, one can also find similar large variations across districts; within districts, differences persist across similar health facilities, with relatively similar levels of resource availability. Performance in these contexts are measurable in terms of service coverage, reaching poor or disadvantaged groups, appropriate quality of care, or resource productivity.

WHO (2000) while describing the strategies for improving the performance of health workers; noted that many factors interact to affect the quality of health care. The structure of the health care system, educational opportunities for healthcare practitioners, the administrative system, and the pace of change, economic conditions and the technology available may influence the ability of the existing workforce to acquire new skills and implement them during health interventions. WHO (2000) states that improvement in performance is complex and is not easily realizable. In addition, the body indicated that the training directed at improving quality health care should be designed to modify skills, attitudes, knowledge and behaviour of health promoters. WHO (2000) later highlighted other factors that might influence the performance of health promoters as the structure of the health intervention program, the number of health promoters deployed and how they are distributed, availability of needed technology, expertise and style of health intervention management, entry-level knowledge, skills and understandings of health care workers, the links between

health education and health care sectors and the extent to which the educational system promotes continuing learning skills.

Theoretical framework

Social penetration refers to the open interpersonal behaviours which take place through social interaction and the subjective internal process which occurs before, during and after the social exchange. It can be verbal, nonverbal or environmental. The Social Penetration Theory seeks to explain the process of relational bonding in which people move from a superficial relationship to a deeper relationship. Originally created by Irwin Altman and Dalmas Taylor, the theory deals with the ways in which relationships develop and progresses. It explains how communication enriches the relationship of two or more individuals. The theory states that closeness (penetration) develops if communication begins at relatively shallow non-intimate levels and moves in gradual and orderly fashion to deeper more personal levels. This theory was used to better understand the framework of developing a relationship and in the context of this study, the relationship between the health promoters and the mothers towards social mobilization for MNCH services is the focus. Littlejohn and Foss (2008) state that relationship development is governed by a complex set of forces that participants must manage over time. This corroborates the idea in the social penetration theory that relationships get more intimate over time when people disclose more information about themselves.

Methodology

The descriptive survey method was utilized in this study. Population comprised 872 registered nursing mothers across four randomly selected health facilities in Abak, Uruan Ikono and Uyo Local Government Areas of Akwa Ibom state. A sample of 125 was derived and reached through multi-staged sampling using a validated questionnaire administered by the researchers. Data analysis was done using descriptive and inferential statistics.

Results and discussion of Findings

Below is the presentation of the result of the findings from the study

Research question one: To what extent is MNCH education given to mothers by health promoters towards influencing their health behaviour?

Table 1: Extent to which MNCH Education is given to Mothers by Health Promoters

Items	SA	A	SD	D	U	Mean (\bar{x})	Standard Deviation (SD)
Maternal new-born and child health promoters teach about vaccines	84 (67.2)	41 (32.8)	-	-	-	4.99	1.08
Maternal new-born and child health promoters teach about Bacille Calmette-Guérin (BCG) vaccine	40 (32)	72 (57.6)	-	1 (0.8)	12 (9.6)	4.97	1.09
Maternal new-born and child health promoters teach about oral polio vaccine (OPV)	59 (47.2)	66 (52.8)	-	-	-	5.00	1.07
Maternal new-born and child health promoters teach about diphtheria-tetanus-pertussis (DTP) vaccine	51 (40.8)	73 (58.4)	1 (0.8)	-	-	4.97	1.11
Maternal new-born and child health promoters teach about measles-mumps-rubella (MMR) vaccine	43 (34.4)	79 (63.2)	1 (0.8)	-	2 (1.6)	4.92	1.08
Maternal new-born and child health promoters teach about polio vaccine doses (DPV) vaccine	61 (48.8)	60 (48)	-	-	4 (3.2)	4.87	1.13
Maternal new-born and child health promoters inform about the disease prevention ability of vaccines	78 (62.4)	47 (37.6)	-	-	-	4.99	1.18
Maternal new-born and child health promoters teach that there are different types of vaccines	83 (66.4)	42 (33.6)	-	-	-	5.00	1.07
Maternal new-born and child health promoters teach that breastfeeding benefits a baby a lot	57 (45.6)	67 (53.6)	1 (0.8)	-	-	4.97	1.11
Breastfeeding should at least be exclusive in the first 6 months according to the Maternal new-born and child health promoters	75 (60)	38 (30.4)	4 (3.2)	8 (6.4)	-	4.92	1.08

Breast feeding can be supplemented with water according to the Maternal new-born and child health promoters	8 (6.4)	13 (10.4)	36 (28.8)	60 (48)	8 (6.4)	4.92	1.08
Breast feeding can be supplemented with formula according to the Maternal new-born and child health promoters	6 (4.8)	8 (6.4)	80 (64)	29 (23.2)	2 (1.6)	4.87	1.13
It is good not to introduce food to babies younger than 1 year according to the Maternal new-born and child health promoters	41 (32.8)	70 (56)	6 (4.8)	6 (4.8)	2 (1.6)	4.99	1.18
The first breast milk the baby takes immediately after birth is very important according to the Maternal new-born and child health promoters	75 (60)	49 (39.2)	1 (0.8)	-	-	4.99	1.18
Maternal new-born and child health promoters directs that mothers should clean their breasts before breastfeeding	65 (52)	60 (48)	-	-	-	5.00	1.07
Maternal new-born and child health promoters teach that mothers should clean their breasts every time with water before breastfeeding	53 (42.4)	69 (55.2)	2 (1.6)	-	1 (0.8)	4.97	1.11
Maternal new-born and child health promoters teach mothers to always wash their hands with soap and water	55 (44)	70 (56)	-	-	-	4.92	1.08
Clean water should be used for cooking and drinking according to maternal new-born and child health promoters	60 (48)	64 (51.2)	-	-	1 (0.8)	4.92	1.08
Mothers should do check-ups regularly at the hospital according to maternal new-born and child health promoters	70 (56)	52 (41.6)	-	1 (0.8)	2 (1.6)	4.87	1.13
Average Weighted Means						4.94	1.18

Source: Field survey (2021)

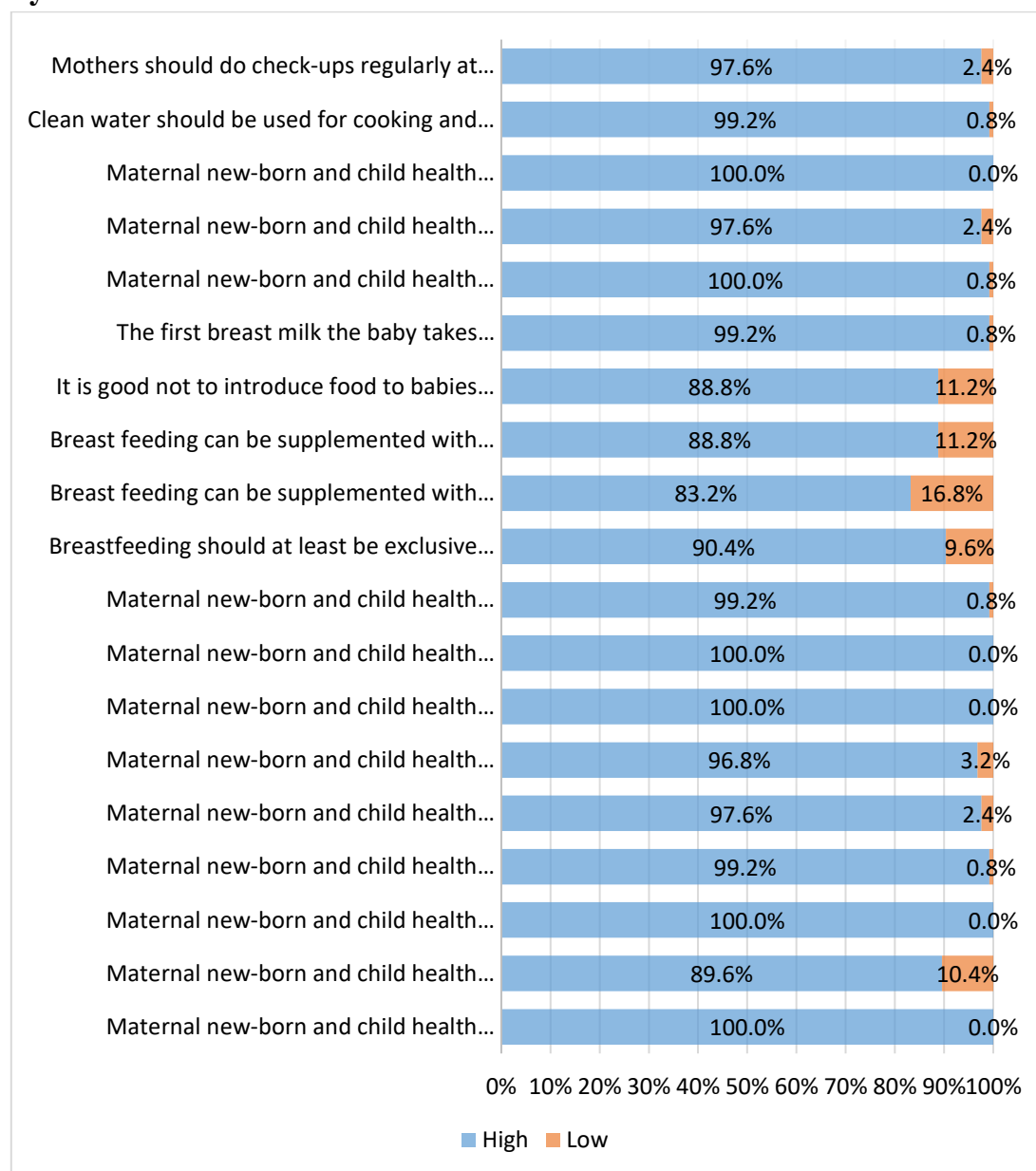
KEY: SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree, N=Neutral; *****Decision Rule:** if mean is less or equal to 1.5 to 2.49 =Strongly Disagree, 2.5 to 3.49= Disagree, 3.5 to 4.49= Agree, 4.5 to 5= Strongly Agree

Table 1 indicates that majority of the respondents agreed (100%) that “maternal new-born and child health promoters teach about vaccines” which suggests that

health education about vaccines is being carried out in the MNCH campaign to a high extent. Majority (89.6%) of the respondents agreed that “maternal new-born and child health promoters teach about Bacille Calmette-Guérin (BCG) vaccine”, this shows that health education about the BCG vaccine is being carried out in the MNCH campaign to a high extent. Furthermore, majority of the respondents agreed (100%) that “maternal new-born and child health promoters teach about oral polio vaccine (OPV)”, this suggests the OPV vaccines constitute to a high extent a subject of MNCH education given to mothers to a high extent. The next item indicates that majority agreed (99.2%) with the assertion that “maternal new-born and child health promoters teach about diphtheria-tetanus-pertussis (DTP) vaccine”, this suggests that MNCH education is given about DTP vaccine to a high extent. Majority of the respondents (97.6%) agreed that “maternal new-born and child health promoters teach about measles-mumps-rubella (MMR) vaccine”, from this, it can be deduced that MNCH education about MMR vaccine is carried out to a high extent. In addition, majority of the study participants (96.8%) agreed that “maternal new-born and child health promoters teach about polio vaccine doses (OPV) vaccine”, this suggests that polio vaccine doses is being thought in the MNCH education to a high extent. Majority of the respondents also agreed (100%) that “maternal new-born and child health promoters inform about the disease prevention ability of vaccines”, this suggests that the disease prevention ability of vaccines constitute MNCH education to a high extent. Also, 100% of the study participants agreed that “maternal new-born and child health promoters teach that there are different types of vaccines”, which indicates that MNCH education teaches nursing mothers about different types of vaccines. Additionally, (99.2%) agreed that “maternal new-born and child health promoters teach that breastfeeding benefits a baby a lot”, this suggests that the benefits of breastfeeding is part of the MNCH education carried out by health promoters to a high extent. 90.4% of the respondents agreed that “breastfeeding should at least be exclusive in the first 6 months according to the Maternal new-born and child health promoters”, 16.8% agreed with the assertion that “breastfeeding can be supplemented with water according to the Maternal new-born and child health promoters”; while only 11.2% agreed that “breastfeeding can be supplemented with formula according to the Maternal new-born and child health promoters” these suggests that MNCH education being carried out by health promoters encourage breastfeeding but discourages supplementing breastfeeding with water and formula to a high extent. 88.8% of the respondents indicated that “it is good not to introduce food to babies younger than 1 year according to the Maternal new-born and child health promoters”, this suggests that MNCH education teaches that babies should not be introduced to food

earlier than one year. Finally, majority of the respondents agreed (97.6%) that “mothers should do check-ups regularly at the hospital according to maternal new-born and child health promoters”, this suggests that the MNCH education by health promoters might have been encouraging the culture of regular check-ups among nursing mothers.

Figure 1: Level of Maternal Newborn and Child Health Education given by Health Promoters



Source: Field Survey 2021

Figure 1 indicates that MNCH education is given to mothers by health promoters geared towards influencing their health behaviour to a high extent. This is because majority of the respondents opined about the following statements to a high extent; that maternal new-born and child health promoters taught about vaccines (n=125, 100%), maternal new-born and child health promoters taught about oral polio vaccine (OPV) (n=125, 100%), maternal new-born and child health promoters informed mothers about the disease prevention ability of vaccines (n=125, 100%). Further, the high level of health education given to mothers by health promoters is exemplified by the following statements; maternal new-born and child health promoters taught that breastfeeding benefits a baby a lot (n=124, 99.2%), breastfeeding should at least be exclusive in the first 6 months according to the Maternal new-born and child health promoters (n=113, 90.4%) and that maternal new-born and child health promoters taught mothers to always wash their hands with soap and water (n=125, 100%). Generally, this analysis indicates that the level of maternal newborn and child health education given to mothers by health promoters was high.

Test of hypothesis

The pre-set level of significance for this study is 0.05. The null hypothesis will be rejected if the P-value is less than or equal to 0.05, ($p \leq 0.05$) and it will be accepted if the P-value is greater than 0.05.

H₀1: Social mobilization does not significantly influence mothers' health behaviour.

Table 2: Influence of Social Mobilization on Mothers' Health Behaviour

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	51.437	2.496		20.608	0.000
Social Mobilization	0.023	0.047	0.044	0.493	0.623

a. Dependent Variable: Mothers' Health Behaviour
b. R Square= 0.002

Table 2 indicates that social mobilization does not significantly influence mothers' health behaviour ($p > 0.05$). The linear regression analysis in Table 2 suggests that the means and methods of social mobilization adopted by health promoters do not significantly influence mothers' health behaviour ($p = 0.623$). The implication of this analysis is that the presently adopted framework for social mobilization for the maternal and child health campaign should be revisited in Akwa Ibom State. It should be structured in such a way that social mobilization should have influence on mothers' health behaviour especially if such is carried out in an attractive persuasive manner. Therefore the null hypothesis that social mobilization does not significantly influence mothers' health behaviour is accepted.

Discussion of findings

This study investigated the influence of training on the performance of health promoters in maternal newborn and child health education in Akwa Ibom State. A total of one hundred and twenty five copies of the questionnaire were distributed retrieved and validated for the study. Findings revealed that socialization by health promoters was perceived to be high through establishment of groups that deals with maternal new-born and child health issues in localities, organization of meetings with mothers, and setup of community meetings; while socialization by health promoters was perceived to be averagely low in the aspect of door to door counselling method, involvement of mothers in implementation and monitoring of maternal new-born and child health programmes, the level of maternal newborn and child health education given to mothers by health promoters was high; and majority of the participants' health behaviour have been influenced by health promoters.

As regards social mobilization, this study revealed that it was carried out through mass media, face-to-face interaction, handbills, flyers, town announcement and consultation with village heads. Corroboratively, the analysis of quantitative data indicated that socialization by health promoters was perceived to be high through establishment of groups that deals with maternal new-born and child health issues in localities, organization of meetings with mothers, and setup of community meetings; while socialization by health promoters was perceived to be averagely low in the aspect of door to door counselling method, and in involvement of mothers in implementation and

monitoring of maternal new-born and child health programmes. These findings are supported by WHO (2006a) that socialization are the means of meeting and bringing people together in order to assist in the delivery of resources and services. The low level of social mobilization as discovered in this study is as a result of the mobilization strategy adopted. The Social Penetration theory adopted for this study has a major assumption that that closeness (penetration) develops if communication begins at relatively shallow, non-intimate levels and moves in gradual and orderly fashion to deeper more personal levels which allows for trust in the relationship. Being that the health promoters did not adopt this approach in their social mobilization activities, it therefore can be pointed out as a reason for the failure in social mobilization of mothers towards adopting the information on new health behaviours as suggested by the MNCH promoters.

Furthermore, these methods of social mobilization depicts a reflection of a mix of diverse population with different methods of mobilization; for example mass media being adopted for the MNCH programme in Akwa Ibom State is directed toward populations that have access to mass media devices, while local people who do not have such tools are reached using different methods such as face-to-face interactions and consultation with village heads; this view is also supported by Beria, Meine, Grace, Aunul and Shyam (2011) who opined that the community includes a broad range of population groups such as women, men, children, families, friendship networks and particular interest groups, as well as neighbourhoods, villages, towns, cities, communities and voluntary organisations. Moreover, Beria et al (2011) supports the view by indicating that social mobilization capitalizes on people's available resources to achieve a common goal. Rootman (2001) discovered that inter-personal communication (IPC) training program for health practitioners is important because it allows them to improve their daily operations which is similar to this study's finding that face-to-face, door-to-door methods, consultation with community heads as social mobilization techniques require interpersonal communication skills. This invariably suggests that health promoters' social mobilization and health education delivery techniques and paradigms should be re-evaluated in Akwa Ibom State. Ultimately, these findings indicate that the training for health promoters in MNCH education in Akwa Ibom has not been effective; hence a lack of influence of health promotion on mothers' health behaviours.

Conclusion/Recommendation

The inclusion of maternal, new-born and child health in the Sustainable Development Goal (SDG) is a necessity if the goal of mitigating maternal and child mortality is to be realized, hence the need for health mobilization which will translate to change in health behaviour of mothers in Akwa Ibom state. Though health promoters are bridging the education gap by training mothers on the need to practice immunization, breastfeeding and hygiene which is geared towards making positive impact on the lives of mothers and children, there is need to intensify effort to create more awareness and involve the beneficiaries of the training in the planning and execution of the training in order to positively impact them. More effort should be put into ensuring that the mothers adopt the new information they get from health promoters as regards their health and that of the young ones. Additionally, health promoters should identify sustainable ways of financing health trainings; they could augment the financial support from government with private partnerships from companies and organizations whose goals and objectives align with that of health promotion. Finally, The techniques and strategies for socialization and health education should be revisited in Akwa Ibom State, this is needed in order to change majority of mothers' health behaviour especially as related to vaccination, breastfeeding and hygiene in the state.

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