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INTERNATIONAL
Sexual and reproductive health
without fear or boundary

Adapting MAMA Content to Local Contexts: Nigeria

Camille Collins Lovell

Technical Advisor for Community Engagement

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MATERNAL HEALTH IN NIGERIA

- Tenth highest maternal mortality ratio in the world
- Only 38% of women deliver with a skilled birth attendant.
- Low uptake of antenatal care (ANC); 37% of pregnant women did not attend ANC at all and among those who did access ANC, it tends to be late in the pregnancy.
- Response: Adapt stage-based MAMA messages (IVR) for pregnant women and gatekeepers to encourage MNCH service seeking, as well as healthy home-based behaviors.



ADAPTATION PROCESS

1. Topic Map
2. Desk research
3. Landscape analysis
4. **Qualitative data**
5. Drafting of messages
6. Local expert reviewers
7. Translation & recording
8. Field test selected messages
9. Fine tuning
10. Adapt for new regions

Challenges: Linguistic and cultural diversity of Nigeria.
Service variability.
Political changes.
Increased knowledge ≠ Behavior change.

Pathways to Change:
participative tool for
“diagnosing” barriers to
behaviors at personal, social
and environmental levels.





- Personal
- Social
- Environmental
- Facilitator
- Barrier
- Setback



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**GLOBAL HEALTH
COMMUNICATION**





Personal

What the person feels, thinks, or wants



Social

What friends, family, and neighbors say or do



Environmental

What services, resources, and policies exist where the person lives



Facilitator

Something that makes it easier to do the healthy behavior



Barrier

Something that makes it harder to do the healthy behavior



Setback

Something that could make the person stop doing the healthy behavior

Pathways to Change game

Ecological Model



Pathfinder International HQ
9 Galen Street, Suite 217
Watertown, MA 02472 USA

technicalcommunications@pathfinder.org
www.pathfinder.org
2013



KEY ISSUES IDENTIFIED AND DESIGN IMPLICATIONS

- Gender dynamics of phone use, and health service seeking
 - Male permission and cost concerns for service seeking
 - Accountability of husband if ‘anything goes wrong’
 - So need to engage men, not just reach women
- Safety and quality concerns about facility delivery
 - Fear “cutting” and deaths occur in facilities (not unfounded)
 - Social influence especially of older family members
 - Disrespectful care at facility
- Time, energy and financial costs of ANC. Benefits not understood
- Lack of skilled birth attendants in community (homebirth debate)





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For more information contact Habeeb Salami at hsalami@pathfinder.org or Camille Collins Lovell at ccollinslovell@pathfinder.org



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