European Journal of Applied Linguistics Studies
ISSN: 2602 - 0254
ISSN-L: 2602 - 0254
Available on-line at: http://www.oapub.org/lit

DOI: 10.46827/ejals.v9i2.743 Volume 9 | Issue 2 | 2026

THE GRAMMAR OF MATERNAL AND CHILD HEALTH CARE: A SYSTEMIC FUNCTIONAL LINGUISTIC ANALYSIS OF VERBAL MODE IN MATERNAL AND CHILD HEALTH TEXTS IN SELECTED MACHAKOS COUNTY HOSPITALS, KENYA

Ngina Evelyne Mutheu[1i],
Geoffrey Maroko[2],
Omondi Oketch[3]
[1]School of Humanities and Social Sciences,
Department of Linguistics and Languages,
Machakos University,
Kenya
[2]Professor of Linguistics,
School of Humanities and Social Sciences,
Department of Linguistics and Languages,
Machakos University,
Kenya
[3]Professor of Linguistics,
Department of Information Science,
Language and Communication Studies,
Technical University of Kenya,
Kenya

Abstract:
Maternal and child healthcare is a critical aspect of global health, focusing on the health and well-being of mothers and children under 5 years. Despite sustained policy interventions, numerous campaigns and the availability of maternal and child health (MCH) services, progress toward the Millennium Development Goals (MDGs) was delayed, and current efforts to attain the Sustainable Development Goals (SDGs) by 2030 remain a challenge. The persistently high maternal and child mortality rates in developing nations such as Kenya indicate that service provision alone does not translate into improved health outcomes. This disconnect implies a critical gap in how MCH information is communicated to the target audience. While campaign and maternal and child health education materials are widely distributed, little attention has been paid to how the verbal mode employed in these materials constructs meaning, positions caregiving and shapes health-seeking behaviour. This study therefore examines the grammar of verbal mode in the communication of MCH information in selected Machakos County hospitals in Kenya. Based on Systemic Functional Linguistics (SFL),

[i] Correspondence: email evelynengina215@gmail.com

the study conceptualises the grammar of the verbal mode not merely as formal sentence structure, but as a social semiotic resource through which health knowledge, caregiving roles, institutional authority and behavioural expectation are realised. The analysis of the verbal mode in posters, brochures, and the national mother and child health handbook reveals how ideational, interpersonal and textual meanings are encoded to promote compliance and how the current linguistic constraints constrain dialogic engagement and the effective communication of MCH information within a broader multimodal health environment. The study thus concludes that for verbal MCH communication to support SDG target 3, the texts should be redesigned to move beyond imperative grammar that incorporates inclusive, dialogic and context-sensitive language that will enhance accessibility, shared responsibility and ultimately improved maternal and child health outcomes.

Keywords: health communication, maternal and child health care texts, grammar, systemic functional linguistics, verbal mode, multimodality

1. Introduction

1.1 Background of the Study

Maternal and child health care remains a global and national public health priority because it directly affects the survival, well-being, and future development of mothers and children. The Millennium Development Goals, specifically MDG 4 and MDG 5, and subsequently the Sustainable Development Goals, Goal 3, target 3.1 and 3.2, have committed the global community to reducing maternal mortality and ending preventable deaths of newborns and children under 5 years by 2030 (WHO, 2023). Despite decades of policy interventions, increased funding, and expansion of MCH services, progress has been uneven, particularly in Sub- Saharan Africa.

In Kenya, maternal and child mortality rates remain a concern despite the country adopting national strategies, such as sustained policy attention, including free maternity services to improve access to care; health outcomes have not improved at the expected rate. Machakos County, like many other counties, continues to experience persistent challenges related to maternal complications, neonatal deaths and under-five morbidities. This trend indicates that beyond the availability of services, other factors such as health communication significantly influence health outcomes.

Within maternal and child health contexts, communication serves as a critical determinant in shaping health literacy, care–seeking practices, treatment adherence, risk perception, and informed decision-making. In clinical settings, health information is not only conveyed through face-to-face interactions between healthcare providers and clients but also through institutional texts such as posters, brochures and the national Mother and Child Health Handbook. These materials provide structured guidance on antenatal care, skilled delivery, postnatal care, child feeding, immunisation, hygiene, and early

identification of complications. These texts do not function as passive containers of information; rather, they operate as strategically constructed communicative resources designed to influence cognition, attitudes and health-related actions among caregivers (WHO, 2015).

Halliday's (1978) Systemic Functional Linguistics argue that language is a social semiotic system whose grammar does more than form correct sentences; rather constructs who does what, who is responsible, what is valued, and what action is expected. The grammar of the verbal mode in maternal and child health texts differs from ordinary conversational grammar; the grammar of MCH discourse is functionally shaped by public health goals. According to WHO (2015), effective health communication must be clear, authoritative, practical, and geared toward behaviour change. In institutional health discourse, grammatical choices can position a participant as an actor or goal and use modality to signal obligation. If such linguistic choices are not aligned to community literacy levels and sociocultural contexts, they risk limiting comprehension, engagement and behaviour change. Despite this understanding, most studies on MCH in Kenya have focused on service delivery, health infrastructure, and socio-economic determinants. Few studies have focused on analysing the verbal content of MCH materials to determine how grammar functions to encode meaning and influence communication effectiveness.

The central argument of this study is that grammatical choices are integral to health communication because it is through grammatical patterning that care is represented, action is prescribed, responsibility is allocated, and institutional authority is enacted. Understanding the grammar of the verbal mode in maternal and child health care therefore provides a way of evaluating how MCH texts function as information dissemination tools and how they may be improved to serve diverse users more effectively for improved MCH outcomes.

1.2 Statement of the Problem

Despite sustained investment in maternal and child health services and the implementation of national and county-level policies aimed at reducing maternal and child mortality, Kenya continues to experience a substantial burden of adverse maternal and child health outcomes. The persistence of these challenges suggests that improving access to health services and implementing policy interventions alone may not be sufficient to achieve the health targets articulated in Sustainable Development Goal 3. In Kenya's devolved health system, county governments play a significant role in disseminating maternal and child health information, making communication effectiveness in the county facilities important. However, limited attention has been given to how MCH information is linguistically constructed through the verbal mode. This study therefore examines the grammar of the verbal mode in maternal and child health texts in selected Machakos County hospitals in Kenya to establish how grammatical choices construct MCH experiences and social relations in an organised manner for effective communication.

1.3 Objective of the Study

The following objective guided the study:

- To analyse the verbal mode in maternal and child health texts.

1.4 Research Question

The study sought to answer the following research question:

- How is the verbal mode used in Maternal and Child Health texts?

2. Literature Review

This section reviews the empirical and theoretical literature relevant to the use of verbal mode in health communication.

2.1 Empirical Review

Empirical literature establishes that communication is fundamental to MCH outcomes and that health communication can be examined in terms of modes, organisation, linguistic choices and communicative functions. Korir's (2015) study provides evidence from Machakos County Level 5 hospital that communication between healthcare providers and women is an important component of MCH care. The findings reveal that one–to-one communication with healthcare workers, particularly doctors and nurses, was perceived as an effective mode, as it allowed interaction and explanation of MCH information. This study lays a foundation for analysing the MCH texts, which complements the healthcare providers face to face interactions during MCH education programs.

Existing literature on health communication emphasises the role of language in shaping the effectiveness of written health information materials. Studies based on SFL highlight that linguistic choices systematically construct ideational, interpersonal and textual meanings that influence how information is understood and acted upon (Halliday & Matthiessen, 2014). Clerehan and Buchbinder (2006) analysed 18 patient information leaflets using a Systemic Functional Linguistics framework. Their study examined genre, discourse, semantics and aspects of lexico-grammar; the analysis found variation in the organisation and rhetorical functions of the leaflets. The study demonstrated that patient information materials require linguistic features to be given attention beyond conventional readability measures, including lexical density, modalisation, and rhetorical organisation between writers and readers. This study demonstrates the significance of systematic linguistic organisation of written health materials in effective communication of health information to intended audiences. Hirsh et al. (2009) also examined patients' assessment of medication information leaflets using interviews, focus group discussions and questionnaires. The study findings show that patient feedback could be used alongside linguistic analysis to evaluate the structure and quality of written

medication information. This study demonstrates the importance of considering the relationship between linguistic construction and the intended audience when evaluating the effectiveness of written health materials.

Previous studies on language and medicine have demonstrated the significance of the Systemic Functional Linguistics approach to health discourse. Moore (2019) identifies SFL as a productive framework for analysing the role of language in healthcare. This literature establishes the empirical relevance of functional linguistic analysis to health communication and provides a basis for examining MCH texts as socially situated artefacts.

Verbal resources are central to the dissemination of health information in MCH texts. The WHO Strategic Communication Framework (2017) emphasises effective communication in maternal and child health. The understandability principle is one of the six core principles of the framework and requires the use of plain language, concise sentences and logical organisation to ensure accessibility for diverse audiences (WHO, 2017). From an SFL perspective, linguistic choices such as process types, modality and pronouns construct the relationship between the text and the reader and influence whether the health advice is perceived as a command or a directive (Halliday & Matthiessen, 2014).

Effective verbal communication requires cultural and linguistic localisation. Zhao (2020) argues that direct translation of health materials often fails because it does not account for local idioms, belief systems and health systems. According to Zhao (2020), effective verbal communication goes beyond readability to include cultural relevance, which is critical for comprehension and acceptance of MCH messages. In Kenya, while studies have established links between use of MCH texts and improved outcomes (Kawakatsu et al., 2015), there has been limited analysis of whether the verbal mode within these materials reflects local linguistic repertoires and cultural norms. This gap is significant given Kenya's linguistic diversity and the central role of community health narratives in shaping maternal health decisions. As Zhao (2020) argues, without cultural adaptation of language, even medically accurate health information can be misunderstood or rejected. Thus, examining the verbal mode requires not only plain language and clarity but also culturally resonant lexical choices and discourse structures. The current study therefore addresses this gap, drawing on SFL to examine how participants, processes, and circumstances are constructed in MCH texts to represent maternal experiences, roles, agency, and responsibilities in selected hospitals in Machakos County.

2.2 Theoretical Framework

This study is informed by Systemic Functional Linguistics, developed primarily by Halliday, which conceptualises language as a social semiotic resource used to make meaning in context. Unlike formal models of grammar that focus on abstract correctness or structure in isolation, SFL treats grammar as a network of choices shaped by

communicative purpose and social context. Language is thus understood functionally: people choose linguistic forms to represent the world, interact with others, and organise discourse.

Halliday (1978) identifies three metafunctions that operate simultaneously in all language use. The ideational metafunction enables language users to represent experience, including participants, actions, events, states, and circumstances. The interpersonal metafunction allows writers and speakers to enact relationships, express judgments, signal attitudes, and negotiate roles. The textual metafunction concerns the organisation of language into coherent messages through theme, information flow, cohesion, and structure.

These three metafunctions are particularly useful in examining health communication. Maternal and child health texts represent healthcare processes and participants, construct authority and obligation, and arrange information in ways that support practical interpretation. Through SFL, grammar can therefore be analysed as a meaning-making system that links language to the institutional purposes of public health education.

3. Research Methodology

The study adopted a mixed-method design to examine the verbal mode in maternal and child health texts. The study was conducted in selected healthcare facilities in Machakos County, Kenya, where maternal and child health communication materials were collected for analysis.

The study data consisted of maternal and child health texts, including posters, brochures, and the national maternal and child health handbook. Purposive sampling was used to select texts that were directly relevant to maternal and child health communication and contained significant verbal clauses. The selected texts included materials addressing areas such as pregnancy care, breastfeeding, immunisation, nutrition, and child development. Data were generated through document analysis alongside key informant interviews with medical practitioners and focus group discussions with expectant women and mothers of children aged 0-5 years. The verbal content of the texts was analysed using Halliday and Matthiessen's (2014) Systemic Functional Linguistics framework, focusing on ideational, interpersonal and textual meanings. The key informant and the focus group data were transcribed, translated, and thematically analysed to capture participants' views on clarity, accessibility, usefulness and communicative effectiveness of the texts. The findings from all the sources were then triangulated to examine how the verbal mode communicates maternal and child health information.

Data analysis was guided by the three metafunctions proposed by Halliday (1978): ideational, interpersonal and textual metafunctions. Ideational analysis examined how participants, processes, and circumstances were constructed through the verbal mode,

focusing on representations of mothers, infants, healthcare workers, and health practices in specified contexts. Interpersonal analysis examined how the verbal mode establishes relationships between the writer and the reader through speech roles, modality and evaluative language. Textual analysis focused on how information is organised and coherently sequenced to influence interpretation. Through this analytical framework, the study examined how maternal and child health texts functioned as verbal meaning-making systems within healthcare communication. Ethical considerations were observed by ensuring responsible handling and interpretation of healthcare materials and confidentiality of participants throughout the research process.

4. Findings and Discussions

This section presents findings on how maternal and child health is linguistically constructed. In institutional health communication, health texts present organised health information through systematic grammatical choices that encode ideational, interpersonal and textual meanings.

4.1 Ideational Meaning: Representing Care, Risk, and Action

The ideational meaning concerns how experience is represented through language. In maternal and child health texts, this involves the encoding of participants, process types, and circumstances that together present MCH as a set of regulated practices and responsibilities primarily assigned to the mother. Based on Halliday's (1978) definition of a clause as a grammatical unit in which ideational, interpersonal and textual metafunctions are realised, Table 1 presents a quantitative analysis of dominant linguistic choices in 620 clauses derived from the MCH texts.

Table 1: Quantitative analysis of participant roles, process types and clause mood

Feature	Subtype	Frequency	Percentage
Participant role	Mother/ caregiver	237	38.2%
	Infant/baby/child	223	36.0%
	Institutional actors	108	17.4%
	Others	52	8.3%
Process type	Material	418	67.4%
	Relational	118	19.0%
	Behaviour	67	10.8%
	Others	17	2.74%

4.1.1 Participant Roles

Participant roles in MCH texts are highly patterned as demonstrated by Table 1. The most prominent participants are mothers at 38.2% (n=237) of the material clauses analysed; this presents them as the central human agents in the maternal and child health discourse. They are the ones instructed to attend clinic, take supplements, eat well, prepare for delivery, breastfeed, immunise children, monitor symptoms, and seek help. Children and

babies at 36.0% (n=223) are represented as beneficiaries or affected participants whose health outcomes depend on the mother's actions. The near-equal frequency between the mothers and the infants reflects the verbal mode focus on the interaction between the 'giver' of care and the recipient of care. This grammatical pattern is important because it reveals how health responsibility is distributed. By foregrounding the mother as actor in many clauses, the texts construct her as the primary manager of maternal and child health. This may be empowering because it recognises maternal agency, but it can also be burdensome because it places responsibility for positive outcomes largely on the mother, often without equivalent grammatical attention to institutional constraints, family support, or systemic inequalities.

Institutional actors appear in 17.4% (n=108) and are frequently realised as implicit or backgrounded participants. Often their presence appears in institutional references such as "consult the nurse," "visit the clinic," or "seek medical attention." These grammatical choices shift agency from identifiable social actors to institutional processes, hence presenting MCH care directives as routine and self-regulated rather than as socially situated decisions (Leeuwen, 2008). The Key informant interviews and the focus group discussion responses emphasise the position of the institutional authority in the provision of maternal and child healthcare. A Focus group participant remarked that:

Text 1:
"I read the MCH handbook because the ANC nurse told me to ensure that I read." (FGD-KD0-03)

Text 2:
"*I rely on the nurse's explanation of the information in the brochures."* (FGD-MMD-03)

Text 3:
"*The information in the posters becomes clear when the nurses explain in Kikamba*" (FGD-EKL-04)

The responses in Texts 1 to 3 show how institutional actors depict authority and expertise in MCH communication through directive, explanatory and translation. Text 1 demonstrates compliance driven by institutional directive rather than personal agency. Text 2 reveals reliance on expert interpretation, suggesting that written health information is perceived as inadequate without mediation by health professionals. This dependency reveals power asymmetry in which health professionals are constructed as the legitimate decoders of medical knowledge. Text 3 positions linguistic mediation as a form of expertise, where the effectiveness of communication is contingent on translation into local language. Collectively, the MCH texts construct mothers as compliant actors and institutional actors as authoritative "sayers" who control, interpret and disseminate

health knowledge. This grammatical configuration depicts a top- down model of communication that limits maternal participation in meaning- making.

The other 8.3% (n=52) participants are viewed to be secondary actors who play a supportive role in maternal and child health (Kress & van Leeuwen, 2006).

4.1.2 Process Types and Action-oriented MCH

The verbal processes in MCH texts reveal a strong orientation toward action and regulation. Material processes account for 67.4% (n = 418). The prevalence of material processes suggests that MCH texts are mostly structured around specific acts that are to be undertaken by mothers/caregivers, including feeding, attending clinics, administering medication, and monitoring maternal and child health. This emphasis on material action reflects institutional priorities that favour observable and measurable practices that reflect the maternal and child health objectives. Relational processes constitute 19.0 % (n=118); they reinforce the maternal and child health objective by classifying and defining maternal and child healthcare in terms of health conditions, health needs, and health risks. Behavioural processes constitute 10.8% (n=67), as the third highest frequency. These processes construe physiological and psychological behaviours of mothers and infants, such as breathing, convulsing or bleeding. They present the patient's body as a behaver and present symptoms as involuntary, observable events. Other processes such as mental and verbal processes (2.74%) are marginal in the texts, indicating that maternal and child health experiences are construed primarily in terms of doing and being/ having rather than thinking, feeling, or communicating.

The quantitative distribution frequency of process types constructs maternal and child health as a domain governed by action, classification, and compliance. Through the dominance of material and relational processes, the texts represent health practices as a routine that is necessary and non–negotiable.

4.1.3 Circumstances and the Temporal Structuring of Care

Circumstances are vital in MCH grammar because they specify time, place, condition, cause, and manner. Maternal and child health care is highly time-sensitive: antenatal visits are scheduled, supplements are taken over periods, immunizations follow timelines, and danger signs require immediate response. Therefore, circumstantial elements such as during pregnancy, after birth, within six weeks, every month, immediately, at the clinic, and in case of fever are common and functionally important.

These linguistic elements convert generalized advice into context-bound practice. For example, the difference between "seek help" and "seek help immediately if bleeding occurs" lies in the circumstantial precision. By embedding time and condition into clauses, the texts help users connect medical advice to particular moments and situations. The grammar of maternal and child health care thus represents care as a temporally ordered process. Health is not portrayed as a static condition but as a sequence of actions, checks, interventions, and responses unfolding over time.

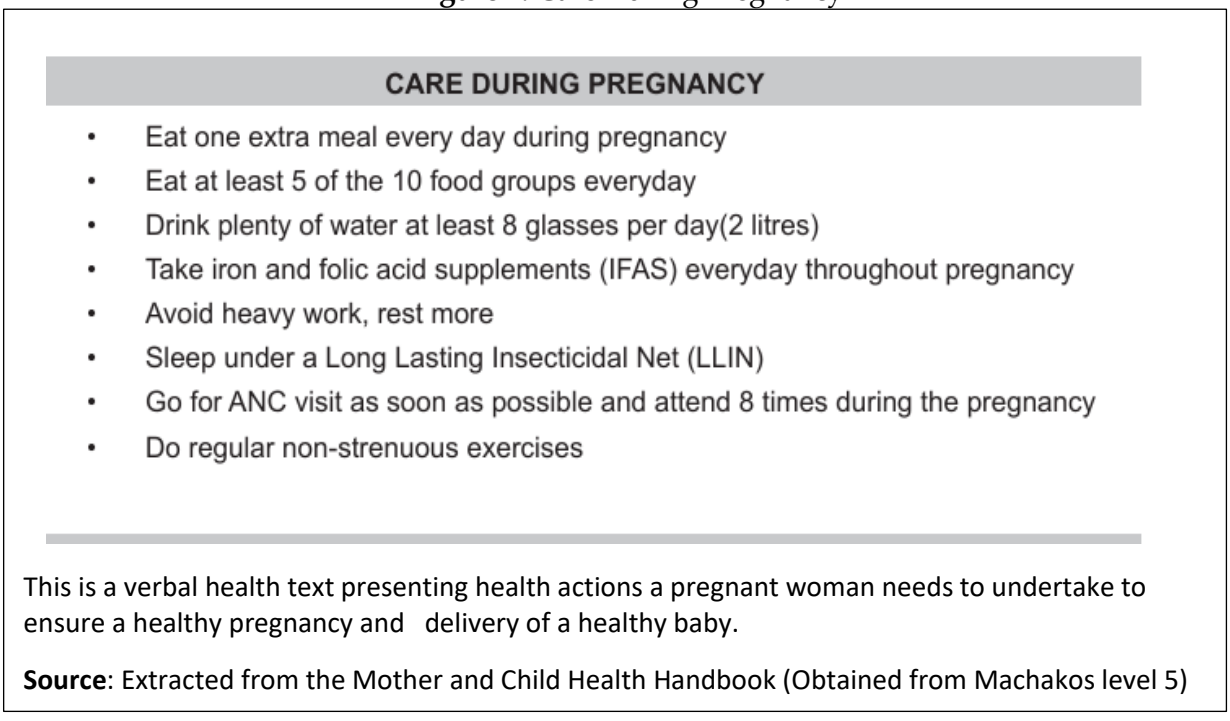
4.2 Interpersonal Meaning: Authority, Obligation, and Subject Positioning

The interpersonal metafunction concerns how language enacts social relations (Halliday & Matthiessen, 2014). In maternal and child health texts, this dimension is especially important because the texts do not simply describe health practices; they attempt to guide, influence, and regulate behaviour.

4.2.1 Clause Mood and Speech Roles

In terms of mood selection, the corpus analysed in this study shows that imperative clauses are prevalent constituting 57.0% (n = 354) of all clauses. Within SFL, mood selection is the grammatical choice of encoding interpersonal relationships between speakers and addressees (Halliday & Matthiessen, 2014). The prevalence of imperatives in the corpus analysed in this study positions mothers/ caregivers as actors whose primary role is to comply with institutional instructions. This highlights the asymmetrical relations inherent in public health communication where the institutional voice assumes an authoritative and advisory role (Fairclough, 2001). Figure 1 consists of imperative clauses realised as material processes.

Figure 1: Care During Pregnancy



This is a verbal health text presenting health actions a pregnant woman needs to undertake to ensure a healthy pregnancy and delivery of a healthy baby.

Source: Extracted from the Mother and Child Health Handbook (Obtained from Machakos level 5)

In Figure 1, all the clauses realise an imperative mood with an ellipted subject (you) and with no finite elements. These clauses realise the speech function of command within the demanding goods and services category. The zero modality in the clauses constructs an asymmetrical power relation, where the institutional voice prescribes behaviour while the pregnant woman is positioned as the obligated actor. The mood

choices privilege compliance and institutional control over dialogue and shared agency (Halliday & Matthiessen, 2014).

The maternal and child health discourse is not exclusively realised through commands. Declarative clauses accounting for 42.9% (n=266) of the corpus analysed function interpersonally to give information rather than demand goods and services. They primarily balance the authoritative force of imperatives by providing rationale for recommended practices. Thus, declaratives serve an explanatory role as seen in statements such as "early antenatal care helps detect complications" or "breast milk protects the baby from infection". By presenting reasons and consequences, these clauses position mothers not only as recipients of instructions but also as actors who are expected to understand the basis of the health advice. This interplay between declaratives and imperatives is one of the defining features of MCH grammar: the declarative supplies the medical logic, while the imperative supplies the behavioural demand.

Interrogatives are relatively rare. The lack of questions suggests that these texts are generally monologic and institution-centred rather than dialogic. Readers are not often invited into a conversational exchange; rather, they are expected to receive and act upon expert guidance.

4.2.2 Modality and the Language of Obligation

Modality is a key resource in the grammar of maternal and child health care because it encodes necessity, certainty, recommendation, and possibility. MCH texts often contain forms such as should, must, need to, can, and may. These modal expressions establish a scale of obligation (Eggins, 2004).

High-obligation forms like must and should are especially common in contexts involving danger signs, treatment adherence, clinic attendance, and preventive measures. Through such forms, the discourse presents certain practices as non-negotiable (Fairclough, 2003). This is understandable in public health communication, where delay or non-compliance can have serious consequences.

At the same time, modality reveals how institutions manage authority. A clause such as "Mothers should attend clinic early" is softer than "Attend clinic early," yet it still carries prescriptive force. Modalized statements therefore allow the text to balance instruction with apparent advice, even where the expected outcome is compliance (Martin & White, 2005). The language of obligation is thus central in the framing of risk; where risk is high, modality intensifies.

4.2.3 Direct Address and the Making of the Maternal Subject

Direct address is a central interpersonal strategy in institutional health discourse. The use of second-person pronouns such as you or your establishes a relationship between the speaker and the addressee (Halliday & Matthiessen, 2014). In MCH texts, the second person creates immediacy and personal relevance. They make health instructions feel

directly applicable to the reader and reduce the distance between the institution and the user (Eggins, 2004).

Direct address does more than create proximity; it also functions as a mechanism for subject positioning. Through the imperative and highly modalised clause that addresses the "you", the discourse constructs the reader, often implicitly the mother, as the primary bearer of child health outcomes. Commands such as "Take your child for immunisation," "eat a balanced diet," "know the danger signs," and "keep your clinic appointments" all position the mother as an accountable and responsive caregiver.

Thus, direct address in MCH text engages the reader and at the same time constitutes a particular maternal identity of vigilant, responsible and accountable to institutional health norms.

4.2.4 Evaluative Language and the Moral Ordering of Care

Beyond mood, modality, and direct address, evaluative language is another important feature of the verbal mode grammar in MCH texts. Evaluative lexis used in the MCH texts classifies certain maternal and child health practices as good or bad, desirable or risky and therefore morally sanctioned or prohibited. Positive terms such as safe, healthy, strong, proper, complete, exclusive, and early are used to frame recommended practices as normative and beneficial. Negative terms such as danger, delay, risk, poor growth, infection, and complication signal undesirable outcomes (Martin & White, 2005).

4.3 Textual Meaning: Organising Health Information for Action

The textual metafunction concerns how language is organised into coherent, interpretable messages (Halliday & Matthiessen, 2005). In public health communication, this is especially important because information must be accessible, memorable, and easy to follow.

4.3.1 Theme-rheme Organisation

Theme-rheme structure determines what comes first in a clause and how information is developed (Halliday & Matthiessen, 2014). In MCH texts, clauses frequently begin with known or salient elements such as pregnant women, every mother, your child, breastfeeding, danger signs, or immunisation. These themes orient the reader quickly and establish a clear topic.

In MCH texts, thematic choices are not neutral. When danger signs are placed in theme position, urgency is foregrounded; when the mother or child is thematised, care is personalised; when clinic attendance is thematised, institutional routines are prioritised. Thematic organisation thus reflects the communicative priorities of the text.

4.3.2 Sequencing and Procedural Logic

MCH texts often rely on linear sequencing because much maternal and child health care follows stages and schedules. Information may be organised around pregnancy, delivery,

postnatal care, infancy, and early childhood, or around step-by-step procedures such as preparation for birth, breastfeeding, or vaccine uptake.

Sequence markers such as first, then, after delivery, during pregnancy, and at six weeks help readers navigate care chronologically. This procedural structure is especially useful in educational texts because it transforms medical knowledge into usable routines.

4.3.3 Cohesion and Message Continuity

Cohesion in MCH texts is created through repetition, reference, conjunction, and lexical relations. Key terms such as mother, baby, clinic, breastfeeding, immunisation, and danger signs recur throughout the discourse, reinforcing thematic continuity. Conjunctions such as if, because, when, and therefore create causal and conditional links that help users interpret the logic of recommendations.

Repetition, often considered stylistically redundant in literary writing, is highly functional in health communication. It reinforces critical ideas and reduces the risk of misunderstanding. Cohesion therefore supports not only textual unity but also pedagogic effectiveness.

5. Conclusion and Recommendations

5.1 Conclusion

This study concludes that the grammar of maternal and child health care is central to the effectiveness of health information dissemination. The analysis demonstrates that the grammar of maternal and child health care is action-oriented, instructional, and institutionally grounded. Through ideational resources, it represents health care as a field of routine practices, observable signs, and preventable risks. Through interpersonal resources, it enacts authority, encodes obligation, and constructs the mother as a responsible subject. Through textual resources, it organises information into structured and coherent sequences that facilitate comprehension.

5.2 Recommendations

The findings of this study indicate that the communicative effectiveness of maternal and child health texts is determined not only by the medical accuracy of the information but by the linguistic and multimodal strategies through which that content is delivered. It is recommended that healthcare communication text designers, content developers and policymakers adopt a more user-centred approach to the production and dissemination of MCH materials. Such an approach should focus on clarity, inclusivity, and actionability alongside technical correctness.

First, linguistic accessibility should be prioritised in text design. Given the varied literacy levels and linguistic backgrounds of users in public health facilities, texts should be written in plain language with short sentences, common vocabulary and minimal technical jargon. Where technical terms are unavoidable, they should be glossed or

explained in simple terms. Translation into Kiswahili and local languages should also be done with attention to semantic equivalence and cultural appropriateness. Linguistic accessibility accessibility ensures that health information is not limited to educated elites but reaches all intended users in line with WHO (2016) principles of health equity.

Second, grammatical choices should balance instruction with explanation. Directives are necessary for health compliance, but their effectiveness increases when combined with concise rationale. This helps readers understand both what to do and why it matters, which supports informed decision-making. Third, modality should be calibrated to context and risk level. High-modality modals such as must and should are appropriate for urgent health situations. Routine health promotion should combine directive and supportive modality to reduce perceptions of coercion and build trust between the health system and the target audience.

Fourth, participant representation should be broadened to recognise shared responsibility. The inclusion of male partners promotes collective support and reduces the burden placed on mothers. Fifth, information should be sequenced and organised for clarity. Texts should follow a predictable structure, moving from general health information to specific actions. The use of headings, numbered steps and thematic groupings is important for users with low literacy, as it supports scanning and retrieval of key information. These recommendations call for a shift from a purely information-transfer model to a communication model grounded in linguistic accessibility, clarity, and shared responsibility. By considering both the structural features and communicative purposes of language in MCH texts, stakeholders can enhance comprehension and trust and ultimately health outcomes in Machakos County.

Conflict of Interest Statement
The authors declare no conflicts of interest.

About the Author
Ngina Evelyne Mutheu is a part-time lecturer of linguistics and communication at Scott Christian University, Kenya, a PhD student in Applied Linguistics at Machakos

University; Master of Arts in Linguistics, Bachelor of Education (English and Literature). Her research interests are discourse analysis, semantics and pragmatics and language teaching and learning.

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