

SOCIO-CULTURAL FACTORS INFLUENCING MATERNAL HEALTH AMONG WOMEN OF CHILDBEARING AGE IN SABON-GARI LOCAL GOVERNMENT AREA, KADUNA STATE

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Abstract

The study assessed the impact of culture and religion on maternal health behaviour of childbearing age women in Sabon-Gari Local Government Area of Kaduna State. The objectives were to examine the impact of culture and religion on maternal health behaviour among childbearing age women in the study area. Women of childbearing age formed the target population for the study. Two hundred and five (205) respondents who were selected from health facilities using multistage sampling technique were used. A researcher-developed questionnaire was used. Three experts ascertained the validity of the instrument. Split-half method was used to determine the reliability of the instrument and Spearman Rank Order method was used to compare the results which yielded a reliability coefficient of 0.75r. Data were analyzed using percentages for the personal data and non parametric of Chi-Square was used to test the hypotheses for the study at 0.05 alpha level. Findings revealed that culture ($p=111.62>21.03$) and religion ($p=103.65>21.03$) have significant influence on maternal health behaviour. Based on the findings, it was concluded that culture and religion have significant impact on maternal health behaviour among women in the study area. The researcher recommended among others that, health educators need to carry out massive interventions at community level to promote positive application of culture and discourage negative socio-cultural practises regarding pregnancy and maternal health.

Key Words: Culture, Religion, Maternal Health, Pregnancy, Childbearing age

Introduction

Achievement of the fifth millennium development goal for improved maternal health in Nigeria has become almost impossible. Despite the fact that government at all levels had the cardinal objectives of reducing maternal death and increasing the utilization of maternal health services, complications during pregnancy and childbirth remains a leading cause of maternal morbidity and mortality among women of childbearing age in Nigeria (World Health Organization, 2016). A report by Centre for Reproductive Right (CRR, 2008) rated maternal mortality in Nigeria, as second to that of India globally, this is quite alarming. There was also a shocking revelation from United Nations Population Fund (UNFPA, 2010) that in Nigeria, one woman dies during childbirth every minute, while, over five hundred thousand women die annually, mostly from preventable pregnancy related deaths. Reports from WHO, UNICEF, UNFPA and World Bank (2010), further revealed that the progress made so far by Nigerian government in reducing maternal mortality and morbidity rate has been very poor.

As per Igberase, Isah and Igbekoyi (2011), the overall achievement made so far in improving maternal health in the country was relatively poor. This is because, the annual decline in the maternal mortality ratio from 1990 to 2008 was 1.5% compared to the target which was 5.5% (Birth, 2010). Furthermore, the chance of a woman to die from pregnancy and childbirth related complications in Nigeria is 1 in 13, as compared to 1 in 5000 in developed nations. This is an indication that maternal mortality rate in the country is very high (WHO, (2010), Federal Ministry of Health, National Primary Health Care Development Agency & Midwives Service Scheme, 2009).

Several literatures have indicated the commitment of Nigerian government towards reducing maternal mortality and morbidity rate by developing laws and policies to tackle them. However, these actions have not yielded any significant progress in the improvement of maternal health among women in the country (Shiffman & Okonofua, 2006, United Nations, 2007). It is important to note that healthy development of the child is vital to every nation. Sadly, this is only achievable through improved maternal health status because giving birth to healthy children ensures continuity in human existence. However, in Nigeria, pregnant women encounter several challenges, which hinder successful delivery of children or healthy state of mother before, during and after pregnancy.

Unfortunately, several socio-cultural factors have been linked to the poor achievement in reducing maternal mortality. In Nigeria, culture seems to play a major role in the everyday affairs particularly health behaviour regarding pregnancy and childbirth. In the Western part of Nigeria, dominated by the Yoruba speaking people for example, pregnant women are forbidden from eating certain foods and fruits or even announce her state at the early stage in order to prevent some perceived spiritual attacks. Geubbels (2014) corroborated this that, traditionally, it is believed that pregnancy attracts the attention of demons that may harm both mother and child. Often times, the woman is usually blamed for the consequences of complications during pregnancy and childbirth because, her actions during childbirth are judged based on her adherence to certain socio-cultural practices and taboos. Also, traditionally, a pregnant woman must adhere strictly to the dictates of elders in the family or society she lives in.

Shiffman and Okonofua (2006) advanced that, apart from cultural belief, religion also affects maternal health behaviour. Some very religious women believe that labour pains could be interpreted as God's injunction on childbearing. Hence, they do not take pain relief medications during labour. Some of these women also avoid some certain foods during pregnancies due to religious beliefs. Some of them do not attend ante-natal clinics because they have been reassured by their spiritual fathers that they will not have complications during childbirth. Nevertheless, lack of interest or belief in drugs and medications and poor compliance could hinder effective health care services and health care delivery, since there would be poor compliance. According to Birth (2010), thoughts and emotions are based on a person's belief, which in turn affects the person's health status and relationship with others in social life. Therefore, in relation to maternal mortality and morbidity, maternal health behaviour is paramount to achieving successful pregnancy and childbirth.

Statement of the Problem

The importance of child bearing in the society cannot be over emphasized. Every woman, especially the married ones are eager to have children as a fulfilment of both biological and spiritual desire. However, many factors may hinder the achievement of a successful pregnancy and childbirth. Environment, spiritual inclination, tradition, nutrition, and beliefs may influence a woman's health behaviour either positively or negatively thereby having an implication on pregnancy and childbirth. For instance, a woman who is in need of a male child could risk giving birth to as many children as possible even when she is obviously too weak for childbirth. This may result in poor health condition and sometimes death as the woman would continue to live a less healthy live and get less health care. Again, many women choose not to deliver in orthodox health facilities because of some religious beliefs. Due to spiritual inclinations, some women do not accept alternative routes to vaginal delivery such as caesarean section; some do not take up family planning even though they are too weak to carry pregnancy. All these may have serious negative implication on the health of both mother and child including death and disease conditions. In view of this, the researcher examined the influence of culture and religion on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State.

Objective of the Study

This study examined the impact of culture and religion on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State with a view to increasing sensitization on the importance of modifying culture and religion to reduce complications relating to pregnancy and childbirth. Two research hypotheses were formulated and answered.

Methodology

A descriptive research of survey type was used for the study. Women of childbearing age in Sabon-Gari Local Government Area of Kaduna State, were the target population. Two hundred and five (205) pregnant women who attend antenatal clinics in five selected health facilities participated in the study. A multistage sampling method was used to select the sample for the study. Random sampling technique was used to select five (5) out of twenty five (25) health facilities in the LGA. Pregnant women attending the health facilities were purposively selected, 60% of the clinic attendees on the clinic register were selected using proportionate sampling technique while a systematic random sampling was used to select every third person on the antenatal clinic register. The five health facilities used for the study and the respective number of respondents selected is represented in table 1.

A researcher developed questionnaire which consisted of two sections (A and B) was used for the study. Section A dealt with the demographic data of respondents while section B dealt with statement questions of eliciting information on the variables for the study. The responses consisted of four point Likert scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). Consent of the respondents was sought on the consent section of the questionnaire where they were asked if they wished to participate in the study. The researcher also sought permission of the authorities of the health facilities.

Three experts ascertained the validity of the instrument. Split-half method was used to determine the reliability of the instrument and Spearman Rank Order method was used to compare the results which yielded a reliability coefficient of 0.75r. Data were collected by the researcher with the help of two trained research assistants and were analyzed using percentages for the personal data and non-parametric of Chi-Square was used to test the hypotheses for the study at 0.05 alpha level.

Results

H₀₁: Culture does have a significantly impact on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State.

Table 2: Percentage of Responses on the impact of Culture on Maternal Health Behaviour among Women of Child Bearing Age in Sabon-Gari Local Government Area of

NS/N	ITEMS	SA	A (%)	D	SD	Total
1.	In Sabon-Gari, women are denied their reproductive rights and are subjected to some cultural practices that greatly endanger their health.	14.1	73.2	9.8	2.9	100
2.	In Sabon-Gari, women are not allowed to eat some certain foods and fruits during pregnancy. This may lead to lack of nutrient in the mother.	19.5	68.3	8.8	3.4	100
3.	In my community, women who did not have vaginal delivery are stigmatized, thereby making women to reject caesarean section which may lead to complications during labour and child birth.	17.1	75.1	5.4	2.4	100
4.	In Sabon-Gari pregnant women who attend orthodox health facilities are looked down upon and criticised for not giving birth at home	7.8	77.6	7.8	6.8	100
5.	A pregnant woman is usually compelled to adhere to the dictates of culture in Sabon-Gari which may have negative implications on childbearing.	10.2	81.0	4.9	3.9	100

Table 3: Chi-square Analysis on the influence of Culture on Maternal Health Behaviour among Women of Child Bearing Age in Sabon-Gari Local Government Area of Kaduna State

Women of Child Bearing Age in Sabon-Gari Local Government Area of Kaduna State		RESPONSES				TOTAL	Df	CAL.VALUE	TABLE VALUE
NS/N	ITEMS	SA	A	D	SD				
REMARK	S								
1.	In Sabon-Gari, women are denied their reproductive rights and are subjected to some cultural practices that greatly endanger their health.	29	150	20	06	205			
2.	In Sabon-Gari, women are not allowed to eat some certain foods and fruits during pregnancy. This may lead to lack of nutrient in the mother.	40	140	18	07	205			
3.	In my community women who did not have vaginal delivery are stigmatized H_0 making women to reject caesarean section Rejected which may lead to complications during labour and child birth.	35	154	11	05	205	12	111.62	21.03
4.	In Sabon-Gari, pregnant women who attend orthodox health facilities are looked down upon and criticised for not giving birth at home	16	159	16	14	205			
5.	A pregnant woman is usually compelled to adhere to the dictates of culture in Sabon-Gari which may have negative implications on childbearing	21	166	10	8	205			

Sig.@ =0.05 alpha level

Table 3 shows that calculated Chi-Square value of 111.62 is greater than the table value of 21.03 with degree of freedom 12 at 0.05 alpha level. Therefore the null hypothesis was rejected. This implies that culture significantly influenced maternal health behaviour among women of childbearing age in Sabon-Gari Local Government area of Kaduna state. As it was noted that pregnant women who attend orthodox clinics are looked down upon for not giving birth at home and are compelled to uphold the culture of the study area which may have negative impacts on childbearing.

H₀₂: Religion does not significantly influence maternal health among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State.

Table 4: Contingency table of Percentages of Responses on the influence of Religion on Maternal Health Behaviour among Women of Child Bearing Age in Sabon-Gari Local Government Area of Kaduna State

NS/N	ITEMS	SA	A	D	SD	Total
6	In Sabon-Gari, some women refuse to take drugs for labour pains as a result of their religious belief.	13.2	58.5	13.7	14.6	100
7	Some childbearing age women believe that only God heals and so they prefer going to religious places to deliver their babies in my community.	2.5	82.8	12.1	2.5	100
8	Most religious women who have complications during pregnancy would refuse to take caesarean section as an option for safe delivery in order to avoid more complications during childbirth in my community.	12.2	69.8	9.8	8.2	100
9	Due to religious beliefs or spiritual inclination, some women avoid some nutritious foods (meat, snail, pucker meat) which would have helped in reducing nutritional problems during pregnancies in my community.	11.2	71.7	6.8	6.1	100
10	In Sabon-Gari, religion sometimes make women to risk their lives and take unnecessary chances which may affect them negatively during pregnancy and childbirth.	18.1	67.8	10.2	3.9	100

Table 4 shows that the majority of the respondents have the opinion that religion determines Maternal Health Behaviour among Women of Child Bearing Age in Sabon-Gari Local Government Area of Kaduna State.

Table 5: Chi-square Analysis on the influence of Religion on Maternal Health Behaviour among Women of Child Bearing Age in Sabon-Gari Local Government Area of

Kaduna State

Kaduna State

NS/N	ITEMS RESPONSES	TOTAL SA	df	CAL.VALUE A	TABLE VALUE D	REMARK SD
6.	In Sabon-Gari, some women refuse to take drugs for labour pains as a result of their religious belief	27	120	28	30	205
7.	Some childbearing age women believe that only God heals and so they prefer going to religious places to deliver their babies in my community.	21	132	45	7	205
8.	Most religious women who have H ₀ complications during pregnancy Rejected would refuse to take caesarean section as an option for safe delivery in order to avoid more complications during childbirth in my community.	25	143	20	17	205
9.	Due to religious beliefs or spiritual inclination, some women avoid some nutritious foods (meat, snail, puck meat) which would have helped in reducing nutritional problems during pregnancies in my community.	23	147	17	18	205
10.	In Sabon-Gari, religion sometimes make women to risk their lives and take unnecessary chances which may affect them negatively during pregnancy and childbirth.	37	139	21	8	205

Significant at ≥ 0.05 alpha level

Table 5 shows that calculated Chi-Square value of 103.65 is greater than the table value of 21.03 with degree of freedom 12 at 0.05 alpha level. Therefore, the null hypothesis was rejected. This implies that religion as a socio-cultural factor significantly influenced maternal health behaviour among women of childbearing age in Sabon-Gari Local Government area of Kaduna State. As it was noted that due to religious belief or spiritual inclination, some women avoid some nutritious foods that would have helped in reducing nutritional deficiency during pregnancies in the study area.

Discussion

Hypothesis one which stated that culture does not significantly impact maternal health behaviour among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State was rejected. This was because, the calculated Chi-Square value of 111.62 was greater than the table value of 21.03 with degree of freedom 12 at 0.05 alpha level of significance. This implies that culture have a significant impact on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government area of Kaduna state. Findings revealed that pregnant women who attend orthodox clinics are looked down upon for not giving birth at home and are compelled to uphold the culture of the study area which may have negative impacts on childbearing. Some communities stigmatize women who delivered through caesarean sections. Due to this stigma, some women refuse to take caesarean section as an option when they are faced with complications during childbirth. Some of them end up losing their lives. They would rather choose to continue praying that the baby comes out through the vagina so that they will not be stigmatized. This finding also agrees with Geubbels (2014) who opined that, traditionally, it is believed that pregnancy attracts the attention of demons that may harm both mother and child. Often times, the woman is usually blamed for the consequences of complications during pregnancy and childbirth because, her actions during childbirth are judged based on her adherence to certain socio-cultural practices and taboos.

There was a significant impact of religion on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State. This is because, the calculated Chi-Square value of 103.65 was greater than the table value of 21.03 with degree of freedom 12 at 0.05 alpha level of significance. Therefore, the null hypothesis was rejected. This means that religion as a socio-cultural factor significantly impacts maternal health behaviour among women of childbearing age in Sabon-Gari Local Government area of Kaduna State. This implies that religious beliefs of some women have great impact on their choice of certain nutritious foods, which may improve their health status during pregnancy. In some communities, women do not believe in going to hospitals, rather they choose to deliver their babies in faith homes or traditional delivery homes. Sometimes, they become so spiritually inclined that they choose to belief more in what their spiritual leaders say, even if it is contrary to the opinion of their physicians, which may affect them negatively. This finding is not surprising because, majority of the respondents (75%) practised Islam, while (24%) of the respondents were Christians, this shows that majority of the respondents were spiritually inclined. This finding is in line with Shiffman and Okonofua, (2006) who advanced that, some very religious women believe that labour pains could be interpreted as God's injunction on childbearing. Hence, they do not take pain relief medications during labour. Some of these women also avoid some certain foods during pregnancies due to religious beliefs. Some of them do not attend ante-natal clinics because they have been reassured by their spiritual fathers that they will not have complications during childbirth.

Conclusion

Based on the findings of this study, the following conclusions were drawn:

1. Culture has a significant impact on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government area of Kaduna State.
2. Religion has a significant impact on maternal health behaviour among women of childbearing age in Sabon-Gari Local Government Area of Kaduna State.

Recommendation

Based on the conclusions drawn from this study, the researcher recommended that:

1. Health Educators should carry out massive interventions at the community levels to promote positive culture and discourage negative socio-cultural practises relating to maternal health.
2. All religious leaders at the community level should be involved in sensitization on improving maternal health so that they can encourage women to eat nutritious foods, make informed decisions, and take responsibility for their own health.

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