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TABLE OF CONTENTS

1. PERFORMANCE INCENTIVE AND THE ISSUE OF WELFARISM IN HEALTH SERVICES: POSSIBILITIES AND CHALLENGES. <i>Steve Metiboba</i>	1
2. COMPARATIVE ANALYSIS OF WATER QUALITY USING PHYSICO-CHEMICAL PARAMETERS IN OFU MINI-EARTH DAM OGANAJI-ANYIGBA AND OFEJIJI DAM, DEKINA LGA. <i>Musa S.D., Ogidiolu A, & Simon D</i>	6
3. ADOLESCENTS' RISKY SEXUAL BEHAVIOUR: THE NEED FOR HEALTH PROMOTION INTERVENTION PROGRAMMES IN NIGERIA. <i>Adebola Olukemi, Owoyemi, Julius Olugbenga, & Metiboba, Steve</i> , ...	16
4. INSTITUTIONAL QUALITY AND FDI INFLOW IN NIGERIA. <i>Sani A. I., Esseyin, F. & Maji</i> , ...	25
5. HUMAN RESOURCES MANAGEMENT AS A CATALYST FOR ACADEMIC GROWTH AND DEVELOPMENT. <i>S.S. Avidime</i> ,.....	32
6. A GEOGRAPHICAL ANALYSIS OF THE EFFECTIVENESS OF DRAINAGE NETWORK ON FLOOD IN ANYIGBA, KOGI STATE, NIGERIA. <i>Ogunkolu A.B, Eneche P.S.U, Ogbale M, Oyetunji A.B. & Shaibu J</i>	40
7. APPLICATION OF GEO-INFORMATICS IN ANALYSING THE IMPLICATIONS OF LAND USE CHANGES ON FOOD SECURITY IN ANYIGBA, KOGI STATE. <i>Ocholi, Isaac & Matthew, Audu</i>	53
8. AN EVALUATION OF PULL-PUSH FACTORS IN FAST DEVELOPING COMMUNITIES OF KOGI EAST, KOGI STATE, NIGERIA. <i>Tokula A. E. & Abalaka, L. D</i>	65
9. UTILIZATION OF INFORMATION AND COMMUNICATION TECHNOLOGIES FOR ECONOMIC-EMPOWERMENT AMONG YOUTHS IN LOKOJA METROPOLIS, KOGI STATE. <i>James Dada Mohammed, Anderson A. Unwuchola & Abba Issa Auwalu</i>	73
10. PATTERN OF FAMILY PLANNING UTILISATION IN IDAH TOWN, KOGI STATE, NIGERIA. <i>Moses Monday Atteh, Moses Ogbale, Omanyio Lilian Ochijenu</i>	82
11. PERCEIVED CHANGING NORMS, OCCUPATIONAL STATUS AND ATTITUDE TOWARDS CORRUPT PRACTICES IN SELECTED LAW ENFORCEMENT AGENCIES KWARA STATE. <i>Aina M. Joseph, Fagbamila D.Olumide, Adojo Emmanuel Abode</i>	94

12. SOCIO-DEMOGRAPHIC CORRELATES OF UNPLANNED PREGNANCY AMONG WOMEN OF REPRODUCTIVE AGE IN DEKINA LOCAL GOVERNMENT AREA OF KOGI STATE- NIGERIA. <i>Venatus V. Kakwagh, Bilkisu A Musa</i>	100
13. PATTERNS OF SOIL EROSION IN KOGI STATE UNIVERSITY, ANYIGBA, KOGI STATE. <i>Kekere, A. A, Jimoh, H.I. & Abubakar, U.T</i>	107
14. INFLUENCE OF SOCIAL MEDIA ON YOUTH PERCEPTION OF IGALA CORE VALUES. <i>Ogwo, Comfort Ajuma</i>	116
15. INTERNET PORNOGRAPHY AND THE SEXUAL BEHAVIOUR OF KOGI STATE UNIVERSITY STUDENTS. <i>Mohammed Shaibu Onakpa</i> ,.....	125
16. A REVIEW OF POVERTY ALLEVIATION STRATEGIES AMONG RURAL FARMING HOUSEHOLDS IN NIGERIA. <i>Awarun Olabode & Opeyemi Gbenga</i>	132
17. ASSESSMENT OF SPATIAL DISTRIBUTION OF EDUCATIONAL FACILITIES IN KABBA TOWN, KOGI STATE. <i>Balogun G. F., Ahmed, A. & Williams, O.J</i>	141
18. IMPACT OF INTEREST RATE LIBERALIZATION ON INVESTMENT IN NIGERIA. <i>Hitlar Inedu</i>	148
19. HEALTH CARE EXPENDITURE AND NATIONAL PRODUCTIVITY IN NIGERIA: AN EMPIRICAL INVESTIGATION. <i>Alehile, Kehinde Samuel & Yusuf, Alih</i>	158
20. AN ANALYSIS OF THE INFLUENCE OF LOCUS OF CONTROL ON WORKPLACE DISHONEST BEHAVIOUR AMONG CORPORATE ORGANISATIONS IN IBADAN, NIGERIA, <i>Thaddeus Umoru</i>	167
21. MALE CHILD PREFERENCE AND ATTITUDE OF MOTHERS TOWARDS CHILD SPACING IN RURAL KANO, NIGERIA. <i>Maimuna Bintu Hussain, Fagbamila David Olumide & Aina, M. Joseph</i>	179
22. CORRUPTION AND LEADERSHIP CRISIS IN NIGERIA: IMPLICATIONS FOR NATIONAL DEVELOPMENT. <i>Omale Theophilus Ocholi & Agagwu Samuel S.</i>	189
23. INFLUENCE OF THE NEW MEDIA ON SERVICE DELIVERY OF ACADEMIC STAFF OF UNIVERSITIES IN EDO STATE, NIGERIA. <i>Ottah. G. Alhassan & Agbo, Chioma Charity</i>	197
24. IMPACT OF PUBLIC RELATIONS AND MEDIA RELATIONS IN BENUE STATE. <i>Fidelis Otebe & Anum Victoria</i>	207

MALE CHILD PREFERENCE AND ATTITUDE OF MOTHERS TOWARDS CHILD SPACING IN RURAL KANO, NIGERIA

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Abstract

There is strong socio-cultural value and status attached to having a male child in rural area, and this can affect the attitudes of mothers in terms of engaging in child spacing. Male child preference is motivating mothers to keep having pregnancy and compromising their maternal health so as to have many male children in order to meet the societal expectation. The theory of planned behaviour was employed in this research. The study design was a survey method. A total of 1,143 mothers from three Local Government Areas of Kano State were proportionally drawn using multi-stage sampling procedure. The primary data were generated through the administration of copies of questionnaire, Key Informant Interviews and Focus Group Discussions, while the secondary data were sourced from data based international organisations. The quantitative data were analysed using both descriptive and inferential statistics at 5% level of significant, while qualitative data were reported. The findings of the study were that: Male child preference has significant effects on mother's behaviour in terms of engaging in child spacing ($\chi^2 = 6.527$) and Qualitative results affirmed that the practice of male child preference determines mother's child spacing behaviour. The study concluded that male child preference is an important causal factor in the explanation of why some mothers neglect child spacing and keep engaging in frequent child birth that can lead to maternal mortality.

Key words: Male child preference, child spacing behaviour, maternal mortality, Culture induce practice.

Introduction

The culture-induced practice of preferring a male child can affect a mother's health by influencing mothers to neglect the importance of positive health behaviour like engaging in child spacing. The desire for male child has resulted in a situation where husbands keep pressuring their wives to have more children, which in turn put the health of the wives in danger (Raji, A., Muhammed, A. Y., Raji, A. A., Sulaiman, L. A., Joseph, A. O. Abdul, S. Z (2016). In some rural Hausa communities some mothers have to keep producing babies at the expense of their health in-order to have certain number of male children, because the value of wives is still determined by their ability to bear children especially male children (Apenda, 2007). Whenever the family or husband's preference is not met, the wife or her marriage may suffer crises (Lambu & Dan, 2015).

In some communities, the culture places emphasis on having large number of children especially male children. In such cases, mothers

with female children often make several attempts at getting pregnant so as to have a male child, and some unfortunately lose their lives in the process (Lambu & Dan, 2015). Currently, Nigeria is the highest contributor to maternal mortality in Central and Western Africa and contributes 14% to the global maternal mortality rate and woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 (Arogundade, 2018). The northeast has the highest maternal mortality rate as high as 1,549 per 100,000 live births (Warigon, 2018). This figure is alarming, as such all efforts are needed to examine all angles of women's live in-order to study known and unknown factors exposing mothers to high maternal mortality.

Child spacing refers to the ability of mothers to adopt the behaviour of engaging in the practice of spacing between child birth, instead of giving birth yearly and exposing their health to jeopardy and complications. Most researches on child spacing are urban-based, thus the rural areas, where the burden of reproductive ill-health is

greater, have been largely neglected in research activities, as such rural women are at the disadvantage side. Such gaps need to be addressed, a lot of culture-induced practices that endanger women need to be investigated in order to curb the menace of frequent maternal illness and mortality. It is in this context therefore, this study attempts to examine the practice of male child preference and child spacing behaviour of mothers in selected areas in rural Kano, Kano State, Nigeria.

Objectives of the study

- i To examine the practice of male child preference and child spacing behaviour of mothers in selected areas in rural Kano.
- ii To investigate cultural influence towards male child preference in selected areas in rural Kano.
- iii To examine attitudinal disposition of women towards male child preference in selected areas in rural Kano.

Research Questions

The study seeks to address the following questions.

1. What are the dominant practices of male child preference and child spacing behaviour of mothers in selected areas in rural Kano?
2. To what extent do culture influence mothers towards male child preference in selected areas in rural Kano?
3. What are the attitudinal dispositions of women towards male child preference in selected areas in rural Kano?

Review of Literature

In most communities, the culture regulates how one should reproduce children and people are expected to conform to those cultural designs. Most women also try to abide by these designs; they make choices about their reproductive lives in the context of their families and communities based on the prevailing conditions they find themselves. Currently, in Africa, Nigeria in particular, a woman with too many female children or perhaps unable to birth a male child, could lose her husband to another woman (Nini, 2017). There has always been tension over the counterparts. Such preference sometimes hinges on the biased perception against women hinges ages, and other misconceptions which have continued to survive in many societies (Olanrewaju, et al. 2015). In Nigeria, among the Igbo, for instance, as a matter of culture, the divorce, separation or polygamy (Nnadi, 2013). There is a preference for large family with the

male children, preferred over the female. This puts pressure on women to continue to reproduce or have many children without adequate space between births. This affirms that most women do not have the freedom to decide the number of children they want (Amizat, 2015).

Purewal (2012) puts the matter beyond local dimension by introducing a global perspective. In his research he reported that, the preference for male children transcends many societies and culture across the world. In many Nigerian communities especially in the north, there is family pressure, gossip and ridicule of a woman who has not given birth to a male child. A lot of people demonstrate curious attitude towards the sex of a new-born child, the curiosity is often expressed in one simple question, is it a boy or a girl (Nandini, 2002). This is because it is believed that a house without a male child is a poor house (Chacha, 2006) a weak family or household with no much power. The common phrase in Hausa land that captures the general attitude towards regular birth of a girl-child is "*hanyi komaiha, mace ta haiji mace*" meaning that nothing is gained by a female giving birth to a female. This concludes with an old Tibetan proverb has it that says "daughters are no better than crow". In another similar in-appropriate occurrence, MTN's telecommunication provider in Nigeria, in an advertisement "Mama Na Boy" exemplifies the Nigerian mind set relating to male child-preference. In that advert, the mother in-law burst into singing with excitement when she was informed that her daughter in-law has given birth to a boy.

Micro studies have shown that some women themselves accept and endorse sex selection, but a deeper look reveals how complicated the choices are (Nandini, 2002, Nyang-Eto, 2016). The decision of women is often a response to intense pressure to produce male children, often through implicit threats of violence or husband's re-marriage, especially if a woman lives within the structure of a patriarchal system that does not favour the successive birth of female children. In many societies, preference for male child is a powerful tradition (Hersh, 1998) If the first child was a daughter the total number of children tend to increase regardless of the mother's sex to preference As such male child preference tends to be a source of psychological burden for couples and then health burdens for mothers; who have to keep giving birth until they reach the desired number of male children needed by the family. Male child preference can be a source of psychological unrest and cause a health burden to many women, especially if the first and second children are female.

Facts are apparent that when a woman has too many pregnancies her health and that of the baby can be jeopardized, but despite this fact, in some places, there is still family pressure and ridicule with regard to a woman not giving birth to a male child; as such many women will have to keep reproducing children regardless of their health condition. With this practice, some women are at high risks for pregnancy complications, maternal mortality or maternal morbidity. Especially, due to the fact that, most of the mothers, are denied the right to determine the timing and spacing of pregnancy and desired family size, because she is culturally expected to be submissive, and this can contribute to maternal mortality and morbidity (Ilika, 2005).

The Theory of Planned Behaviour is a self-responsibility approach in health behaviour that emphasized that individuals form their response based on personal evaluation of beliefs and responsive options. The argument is that people act based on intention, which requires adopting a positive attitude towards the behaviour, seeing it as approved norm and believing they have the ability to act (Ajzen & Manstead, 2007). On the basis of this theory, it can be deduced that the health behaviour of mothers in some rural areas may be formed based on intention and their personal evaluation of beliefs and response option (For instance, neglecting the consequences of frequent childbirth and actively engaging in frequent pregnancy to bear more male children will make the community respect them). This is referred to as the subjective norm. In this concept, mother's health behaviour may be based on their expectation about the outcome of the behaviour. It is also based on the extent to which they value the outcome (for instance, the outcome of having large number of male children might mean a rise in social and family status) and the mothers might place high value on the outcome.

Methodology

The target population for the study were all mothers aged 15-49 years. Using the online software of sample size calculator, at 95% confidence level and 5% marginal error, the sample size of 1,143 for the study was obtained. Husbands, elderly men and women between ages 40-60 were also purposively selected because they were the elderly who are both husband and in-laws. It is assumed that their roles with regards to the practice of male child preference determine mother's child spacing behaviour. Another set of study population are the modern health practitioners in each local government, in order to elicit information from them with regard

to the influence of male child preference on mothers. This research employed a triangulation method, which is a combination of both qualitative and quantitative techniques. The qualitative data in this research are Focus Group Discussions (FGDs), Key Informant Interview (KII) and In-depth Interviews. The quantitative method consists of survey design (using copies of questionnaires to obtain data) from a sample, which is a segment of the population. The study also employed the use of secondary analysis (that is analysis of existing data).

The questionnaire in this research was translated into Hausa language by the trained field assistants for the benefit of the respondents, who are not literate in English Language. First was the purposeful selection of three hard-to-reach Local Government Areas out of the lists of the three senatorial districts in Kano State, which are Kunchi, Gezawa and Rogo. They are areas where the burden of reproductive ill health may be greater even though there is still a lot to be explored about rural maternal health. The second stage involves the random selection of three wards from the wards in each Local Government Areas. The copies of the questionnaires were distributed based on the population of the houses in each ward. The 1143 respondents for Rogo, Gezawa and Kunchi were divided among the six (6) locations in the three (3) local government areas and among the wards. Target sampling was used in selecting houses from each location. Women respondents (mothers) were drawn on the basis of availability; selection of actual respondents was based on order of wives. The unit of sample of study was household, where there is no household that fits the description of the respondents the next household was chosen and added at the end.

In the qualitative aspect of this research, out of the three wards randomly chosen from a local government, three Focus Group Discussion sessions (FGD) were conducted for eight elderly men between the ages of 40-60, eight (8) elderly women between the age of 40-60 taking into consideration age and gender in order to ensure homogeneity, and eight mothers of reproductive age. The number (8) eight was chosen based on the rule of focus group condition and for the fact that eight elders from each local government can serve as representative for other in-laws in the community. Elderly women between the ages of 40 to 60 are like mother in-laws in the community and so they were engaged in sessions of FGD in order to enable detailed qualitative data collection. Altogether, nine sessions of FGD was conducted in the three local government areas. For the FGD, the sample size

was three (3) FGD sessions in each local government making a total of nine FGD sessions (comprising eight elderly men women for each FGD) and eight mothers of reproductive age). Purposive sampling method was used in selecting eight key informants who are experts in health practices in each of the three local government areas. Some few mothers were purposively selected from each local government area and engaged in in-depth interview to enable more insight on their responses. For the quantitative data, all completed questionnaires from the survey were coded and analysed using the Statistical Package for Social Sciences (SPSS) version 22. This study is interested in identifying association between male child preference and mothers child spacing behaviour, as such, simple frequency, percentage table, cross tabulation leading to correlation analysis in SPSS were used to test the hypotheses. The hypotheses were also subjected

to chi-square tests in order to understand if there is any association. The qualitative data were transcribed from a verbal to a written expression.

Results and Discussion

The numbers of respondents used in this work were those sampled from the general population with a total of 1143. It starts with presentation of frequency counts on all the personal characteristics of the study respondents. This is followed by cross tabulating the variables in the research hypotheses leading to correlation analysis which was carried out in order to show how male child preference determines child spacing behaviours among mothers in rural Kano, Nigeria. In relevant areas, the qualitative findings derived from both Focus Group Discussion (FGDs) and Key Informants Interviews (KII) and in-depth interview were used to justify the quantitative findings.

Table 1. Socio-Demographic Data of Respondents

Variables		Frequency	Percentage
Respondent's Age Bracket	15-19	83	7.3
	20-24	251	22.0
	25-29	313	27.4
	30-34	199	17.4
	35-39	144	12.6
	40-44	153	13.4
	Total	1143	100.0
Level of Mother's Education	Primary	341	29.8
	Secondary	241	21.1
	Higher Education	34	3.0
	Quranic Education	476	41.6
	No Education	51	4.5
	Total	1143	100
	Total	1143	100.0
Spouse's Level of Education	Primary	87	7.6
	Secondary	277	24.2
	Higher Education	333	29.1
	Quranic Education	399	34.9
	No Education	47	4.1
	Total	1143	100.0
	Total	1143	100.0
Number of Children	1-3 children	336	29.4
	4-6 children	350	30.6
	7-9 children	278	24.3
	10 children and above	178	15.6
	None	1	1
	Total	1143	100.0
	Total	1143	100.0

male child; 470 (41.1%) respondents reported that they preferred female child; while only 129

(11.3%) respondents did not show any gender preference (See Table 4.8).

Table 2.1: Gender Preference by Mothers

Gender preferred	Frequency Distribution	
	N	%
Male	544	47.6
Female	470	41.1
Neutral	129	11.3
Total	1143	100.0

Source: Researcher's Field Survey, 2017.

The data presented in Table 2.1 above showed that more mothers (47.6%) preferred male children, than mothers (41.1%) who preferred female children, while only few mothers (11.3%) were neutral in their preference. The sociological implication of this is that by and large, there is preference for male child. Some of the responses from the respondents (mothers) when they were asked to substantiate their response during interview are very instructive. For example, a respondent who preferred to have male child said:

I understand very well that male or female children are all children from God. I know I cannot manufacture any, but I still beg God for more male child. I have my reason for this. Whichever way you assess it; male child is the pillar of every home. This fact cannot be disputed. We live in a world that has cultural bias towards male child. Without a male child in a generation, the home will become empty with time (IDI/Female Participant/31yrs/Kunchi/2017).

Another respondent from Rogo LGA who also preferred male gender responded to the researcher's interview thus:

I preferred to have male child than female child. This explains why I continued to be pregnant until when I had a male child. All my seven children before my last born (male child) are females. He is number eight in the line-up. In fact, despite the doctor's warning that I should stop being pregnant, I refused to heed to this medical advice until I achieved my aim of having at least a male child which is a source of pride in this community. Since then, I am no longer scorned by my mates (IDI/Female Participant/44yrs/Rogonruma/2017)

A respondent from Rogo Local Government Area who preferred female child than male child

responded as follows when she was questioned on her choice:

I am a mother of six children and all of them are female children. You may not believe me, but I want to tell you that I have never regretted having all my children as female gender. Since each of them attained the age of seven, they started to be useful to me. They help me to hawk my goods around the village. They learnt the secrets of business since their early age and this had contributed to their success now. In fact, four of the six of them are now successful women who have been supporting me at this old age. Female children, by my personal experience, are more caring at old age (FGD/Female Participant/48yrs/Rogo/2017)

A major conclusion that can be derived from the various responses of the respondents that participated in the in-depth interview is that their cultural beliefs, and socio-economic use of male and female gender are key to the issue of gender preference in the study area. This finding is well captured in a Key Informant Interview.

One of the female health workers in Gezawa Key Informant Interview explains that

The culture of male child preference is prevalent among mothers although some mothers may be very private about it, some of them will not even reveal their preference and won't even patronize our health care services unless in emergency situations. And even mothers who are advised to take precaution with regard to too many pregnancies hardly return to the hospital. The main reason for this is that they will want to continue to have pregnancy until they have the

gender they preferred, which is mostly male gender. In fact there are instances of mothers dying after too many pregnancy complications. From the available records in this hospital where I work, a woman with eleven (11) children died when giving birth to the last child. Another mother was also having three females with complication

and was advised not to have another pregnancy as all her children were born through serious complications. The mother later died during the fourth delivery. The women in the two clinical cases cited above died because they were looking for male child (KII/Female Participant/39yrs/Gezawa/201)

2.2: Type of Gender Preferred by Culture

Gender preferred	Frequency Distribution	
	N	%
Male	919	80.4
Female	172	15.0
Indifferent	52	4.5
Total	1143	100.0

Source: Researcher's Field Survey, 2017.

The data presented in table 2.2 above showed how the local culture promotes the preference for male child. Comparing these two tables (4.8 and 4.9) it can be deduced that, there is high preference for male child both at the individual and the local culture's level.

In a focus group discussion conducted with elderly men in Kunchi local government area, an old age member added that:

We all want both female and male child but you know that all female will leave their house one day to be married away, but the boys keep living within the household. Look at the settlement here. Most of our daughters are no more here, but the male children and their wives are here. Every woman will wish to have male children among her children; it is for the benefit of the mothers too not only the local community. (FGD/Male Participant/52yrs/Kunchi/2017)

Similarly, most of the health members in the key informant interview in Gezawa argued that:

Some mothers themselves condone male child preference and sometimes they can be very secretive with their preference without allowing even their husband to be aware. They simply disengage themselves from antenatal care and child spacing and for these kinds of mothers, no amount of warning will make them stay away from frequent pregnancy. Some of them usually hide the real number of their children during record taking on number of previous children, pregnancies and complications. (KII/male/Female Participant/48yrs/32yrs/Gezawa/2017)

On the attitude towards child spacing, the respondents were asked to indicate whether or not they key into the practice of child spacing as an important health precaution. The responses of the respondents on this variable are as presented in Table 2.4

Table 2.3. Distribution of Respondents by Attitude towards Child Spacing Practice

Respondents' Attitude	Frequency Distribution	
	N	%
Positive	382	33.4
Negative	685	59.9
Neutral	76	6.6
Total	1143	100.0

Source: Researcher's Field Survey, 2017.

An examination of the data presented in Table 2.4 on the respondent's attitude towards child spacing in the study area reveals that 382 (33.4%) respondents have positive attitude

towards child spacing; 685 (59.9%) of the respondents have negative attitude towards child spacing; while 76 (6.6%) remained neutral in their responses.

toward child spacing have been made obvious when it was observed by a number of scholars that in most communities, the culture regulates how one should reproduce children. In this case, people are expected to conform to these cultural regulations (Purewal, 2012; Nnadi, 2013; and Amzat, 2015). In the works of the above mentioned scholars, attention was drawn to the issue of male child preference as a practice that is culturally desirable. With the acceptance of this practice of male preference, there is intense pressure on women to produce male children. At times, this pressure often comes through implicit threat of violence or husband's re-marriage. The common fact that emerged from the works of scholars mentioned above is that when a woman has too many pregnancies, her health and that of the baby are jeopardized. From the discussions above, a major deduction and conclusion that is so evident is that culture has a major role to play in the lives of peoples, this includes their health behaviours.

Conclusion and Recommendations

From this study, it can be concluded that people's cultural practices have significant influence on the way they behave in many areas of human activities. In this study, therefore a cultural practice that favours bearing of male children as against female children commonly referred to as male child preference has influence of attitude of mothers towards child spacing. From the test of hypotheses on the association between male child preference and attitude of mothers towards child spacing it can be concluded that, male preference have significant influence in determining the attitude of mothers towards child spacing. In other words, the study has been able to highlight the importance of cultural practices in explaining human behaviour. Male child preference have been found in this study to set limit to positive maternal attitude which is child spacing.

The study recommends that all the different practices surrounding people should be studied and investigated in order to promote the favourable ones and discourage the unfavourable ones from affecting people's general health and wellbeing, including maternal health. The negative outcomes of some of these practices need to be addressed if the society is to move forward. Many of these socio-cultural practices owe their origin to human inventiveness and can be corrected by human themselves. In view of this, this study presents the following recommendations:

- 1 Mothers should be counselled about the importance of positive maternal health behaviours like engaging in child spacing.

- 2 Husbands should be educated on the need to accord high priority to mother's health care
- 3 Traditional rulers should re-orient their subjects, husbands or in-laws who pressures mothers to engage in frequent pregnancy in-order gave birth to male children
- 4 The media, hospital, community health personnel and maternity health centres should educate mothers on the effect of neglecting positive health behaviours.

The first limitation in this research is that it was conducted focusing on particular rural communities that still adhere to their cultural practices and thus the findings from this study are not generalize to other rural communities that do not strictly abide by their cultural practices. Because there are rural communities that are in close proximity to urbanized areas in Kano and so they have experience diffusion and changes in their cultural beliefs and practices. Secondly, the reported information is based on the number of women selected, so it is not possible to make 100% generalization. More future research on culture induced practices and maternal health behaviour need to be conducted in certain rural areas that are in close proximity with Urban Kano in-order to study the variation in the behaviour of mothers towards their maternal health. In future researches larger number of women should be selected and more Local Government Areas should be studied, in order to examine if the research will still report similar findings.

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