



FACTORS RESPONSIBLE FOR WOMEN'S PREFERENCE FOR TRADITIONAL MATERNAL HEALTH CARE SERVICES IN AKOK NORTH AREA OF ONDO STATE, NIGERIA

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Abstract:

This study compared the population of women that prefer traditional maternal health care services in Akoko North area of Ondo State and identified factors responsible preference for traditional maternal health care services. This was with a view to providing information on reasons responsible for women' preference for traditional maternal health care services. The study used descriptive survey research design. The population for the study comprised women of child bearing age who had a life birth in the last five years in Akoko North–East (ANE) and North-West (ANW) LGAs of Ondo State. The sample comprised a total of 200 women. Each of the two LGAs was first stratified according to wards. In Akoko North-East and North-West, there are 13 and 11 wards respectively. From each of the LGAs, five wards were selected totaling 10 wards using simple random sampling technique. From each ward, 20 respondents were selected using snowballing sampling technique. A self-developed questionnaire was used to collect information on the population of women preferring TMHCS and reasons underlying their preferences. Data collected were analysed using percentage and chi-square analysis. The results indicated that 59% of the 200 women used in Akoko North–East preferred traditional maternal health care services while 69.0% of the women in Akoko North–West preferred it. Results also showed that spiritual reasons (59%), cultural belief (57.8%), cheaper services (57%) and provision of more compassionate care (53.9%) were reasons for women preference for traditional maternal health services in the study areas. The study concluded that spiritual reasons, cultural belief, compassionate care, low economic status, low education status are factors responsible

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for women' preference for traditional maternal health services in Akoko North–East and North–West Areas of Ondo State.

Keywords: maternal health, maternal death, pregnant women, and traditional health care

1. Introduction

Maternal mortality refers to deaths due to complication from pregnancy or childbirth. Worldwide, hundreds of thousands of women are dying from complication during pregnancy or child birth each year. At country level, Nigeria and India are estimated to account for over one third of all maternal deaths in the world (United Nations International Children's Fund and World Bank, 2015). Socio-cultural factors as influence on women's health and well-being, and health indicators in Nigeria are unfavorable to mothers. No matter how equipped a health facility is, it is the level of patronage that makes the difference to good health of both mother and child. People's socio-cultural background plays major role in seeking and acceptance of health care. The implication of these factors on the use of health facility among pregnant women is a major cause of maternal morbidity and mortality in Nigeria and a major obstacle to achieve millennium development goals (MDGs) as well as overall development of the society.

One of the major maternal health challenges facing Nigeria is the dominance of cultural and traditional practices arising from women different religious belief. Factors influencing the high patronage of TBAs as found in their study are proximity to patients; ready accessibility of traditional birth attendants; friendly, loving, and caring nature of TBAs in the provision of their services; low cost of TBAs services as well as religious and traditional beliefs. (Unyime, Eshiet, Idongesit, Jackson, Akpabio and Akwaowoh 2016)

Religion and traditional beliefs are other factor influencing the patronage of TBAs. Historically, Some African culture views pregnancy as a potentially dangerous period that demands spiritual protection. Therefore, care for pregnant women is considered to be multifaceted, involving the medical and also psychosocial, economic and spiritual support. A study in Ghana showed that care-seeking behaviour of pregnant women is largely mediated by socio-cultural influences that shape individual perceptions of threats to pregnancy. (Dako-Gyeke, Aikins, Aryeetey, Mccough and Adongo 2013) In a bid to address social, cultural and spiritual concerns during pregnancy, contemporary Christian churches have provided a new avenue for many pregnant women to seek protection from the dangers they perceive from the natural and supernatural forces such as witches, wizards, and sorcerers. Many women choose to deliver at prayer homes rather than in health facilities. (Sackey, 2002 and Unyime I. Eshiet, Idongesit Jackson, Akpabio and Akwaowoh, 2016)

In Ondo state, the determinants of maternal health and subsequent mortality extend beyond health care delivery. Most maternal mortality cases can be attributed to

socio-cultural factors which include cultural and religious influences and other social factors (such as economic status, education and family) that affect individual preferences (Majali, 2012). In a study conducted in Edo State Nigeria, to assess the role of TBAs in health care delivery, respondents believed that TBAs could play meaningful roles in family planning, screening for high risk pregnant mothers, maternal and child care services. Rural dwellers prefer to use the services of TBAs as compared with their urban counterparts. Reasons for their preference included: the option of home delivery, TBAs availability, accessibility, inexpensive services, and rural dwellers faith in efficacy of their services (Imogie, 2002). These then explains women's preference for traditional maternal health services. Previous studies by Ndie and Idam, (2013) Ebuehi and Akintujoye, (2012), Sachs & McArthur, (2005), Henry and Tukur, (2010) regarding patronage of traditional birth attendants have been on the level of awareness and factors contributing to the patronage of TBAs. Certain factors such as cost of care in modern health facilities, attitudes of health workers, distance, influence of significant others and other issues have been cited as reasons for patronage of TBAs. Omotor (2011) in his paper presented at the 6th African population conference in Burkina Faso stated that utilization of maternal health facilities decreases as the distance increases. He stated that distance from health facilities affects the utilization of health services. Promptness of care and friendliness of staff has been reported as a major factor affecting the choice of maternal health care (Onah, Ikeako and Iloabachie. 2006). Olufunke and Akinlujoye (2012) on why mothers prefer TBAs include that TBAs have adequate knowledge and skills, to care for them, their services are cheaper, more culturally acceptable in many environments, closer to their houses than hospital, they provide more compassionate care than orthodox workers and some said it is the only maternity service they know. In the year 2000, Nigeria joined 189 countries of the world to endorse the United Nations Millennium Declaration which stressed the improvement of maternal health. The millennium development goals (MDGs) were formally adopted in 2001 and are to be achieved by 2015. Maternal health-care services comprise those services provided to pregnant women in order to monitor and maintain the progress in pregnancy, labour, delivery and to give mother and child proper antenatal and postnatal care (Ndie and Idam, 2013). World Health Organization (WHO, 2015) estimated that 303,000 maternal deaths result each year from complications arising from pregnancy and a high proportion of these deaths occur in sub-Saharan Africa. Nigeria accounts for about 25.6% of all maternal deaths globally and has the second largest maternal mortality rate in the World after India (WHO, 2015). In 2015, an estimated 58,000 Nigerian women died in childbirth (WHO, 2015). Nigeria has been classified to be among the top ten (10) most dangerous countries in the world for child birth. It is estimated that 814 of every 100,000 live births result in a maternal death (WHO 2015).

Despite the existence of national programmes such as National Health Insurance Scheme (NHIS), which has as its goal *"to improve the health status of Nigerians as a factor in the National Poverty Eradication Efforts, maternal mortality and morbidity continue to be high"*. In 2009, the Ondo State Government launched a safe motherhood programme

tagged "Abiye". The model was planned as a comprehensive strategy to address critical delays that contribute to maternal mortality and morbidity. These critical delays in deciding to seek care, reaching healthcare, receiving appropriate care on arrival and the delay in referral was outline as the major factors that causes high maternal mortality rate in the state. Certain measures were put in place to tackle these identified sources of maternal mortality, this measures includes free treatment, free drugs, free transportation to nearby health facility and distribution of free cell phones all to facilitate access to modern health facility to pregnant women, by implementing Abiye programme in all local government area of Ondo State. Despite all these measures put in place by the State Government, statistics of 2013 NDHS still showed that Ondo State in the south western region most especially Akoko North areas which comprise of Akoko North-East (ANE) and Akoko North-West (ANW) Local Government Areas has the highest percentage of home delivery. Also, delivery assistance is usually provided by traditional birth attendants.

In spite of the global awareness, programmes and other initiatives such as Millennium Development Goals (MDGs) put in place by United Nations (UN) to achieve global reduction in maternal mortality by the year 2015; the rate of maternal mortality has not reduced in Ondo state. Though the *Abiye programme* has started since 2009, years into the programme Ondo State still records the highest number of maternal mortality, home deliveries and birth been attended to by traditional birth attendants in the south west area of Nigeria (NDHS, 2013) Research have been intensive on certain factors such as cost of care in modern health facilities, attitudes of health workers and distance as reasons for patronage of TBAs. But no study has been done on reasons for preference for tradition maternal health services especially after the Abiye intervention programme where modern health care is available and without cost. In view of this, this study therefore investigated the salient and underlying factors responsible for women's preference for traditional maternal health services in Akoko area of Ondo state, Nigeria.

2. Objective of the study

- To compare the population of women that prefers traditional maternal health care services in the in Akoko North-East and Akoko North-west Local Government Areas.
- To identify the reasons for preference for traditional maternal health care services in the study area

3. Methodology

This study investigated the factors responsible for women's preference for traditional maternal health services in Akoko North Areas of Ondo State.

The study adopted a descriptive survey research design. The population for the study comprised all the women of child bearing age who had a life birth in the last five

years in Akoko. North-East (ANE) and North West (ANW) Areas of Ondo State. A total of 200 women were sampled for the study. Each of the two LGAs were stratified according to wards. In Akoko North-East and North-West, there are 13 and 11 wards respectively. From each of the LGAs, 5 wards were selected totaling 10 wards using simple random sampling technique. From each ward, 20 respondents were selected using snowballing sampling technique. This study used self-constructed questionnaire for data collection. The data validated by experts in the department of physical and health education Obafemi Awolowo University, Ile-Ife. The final draft was subjected to test-re-test method. The instrument was first administered on 20 women of child bearing age who had a life birth in the last five years in Akoko South West Local Government Area of Ondo State who are not among the respondents used in the study. After two weeks, the researcher administered the same questionnaire on the same respondents. The Pearson Moment Correlation Coefficient was used to analysed the data. The reliability correlation coefficient obtained was $r=0.09$. It was therefore deemed fit for the study. Data were analyzed using simple percentage statistic.

4. Results and Discussion

This study was designed to examine the factors responsible for women's preference for traditional maternal health services in Akoko North-East and North-West Local Government Areas of Ondo State.

4.1 Data Presentation

Table 1: The population of women that prefer traditional maternal health services in Akoko North-East and Akoko North Areas

	Traditional	Modern	None	χ^2	Df	P
Akoko North-East Local Government	59(59.0%)	40(40.0%)	1(1.0%)	6.456	1	0.05
Akoko North-West Local Government	69(69.0%)	30(30.0%)	1(1.0%)			

Table 1 revealed ($\chi^2 =6.456$, $p<0.05$) that there exist a significant relationship in the preference of the respondents in both local government. It was revealed from the Table 1 that 59.0% of the respondents from Akoko north employed the use of traditional maternal health care services while 40.0% employed the use of modern maternal health care services. It was also revealed that 69.0% of the respondent use of traditional maternal health care services in Akoko south local government while 30.0% employed the use of the modern health care services. Just 1.0% of the respondents from both local governments did not use either of the maternal health care services.

To analyse this research question, the ranks given to each items by the respondents were categorized into high, medium and low. Scores ranging from 1-4 were ranked as low level of importance, 5-8 was ranked as average level of importance and 9-11 were regarded as high level of importance.

Table 2: Reasons for Preferences for Traditional Healthcare Services

Reasons	Low (1-4) Freq (%)	Moderate (5-8) Freq (%)	High (9-11) Freq (%)
I prefer traditional service because it is cheaper	20(15.7)	35(27.3)	73(57.0)
It is culturally accepted in my environment	23(18.0)	74(57.8)	31(24.2)
My husband prefers it	48(37.5)	50(39.1)	30(23.4)
They provide compassionate care	21(16.4)	38(29.7)	69(53.9)
Providing good and quality services	35(27.3)	68(53.1)	25(19.5)
Spiritual reasons(protection from demonic attacks)	17(13.3)	35(27.3)	76(59.4)
Fear of my child not being circumcised	65(50.8)	49(38.3)	14(10.9)
Efficacy of traditional maternal health care service is better than maternal health services	50(39.1)	59(46.1)	19(14.8)
In availability or poor access to modern facilities	106(82.8)	14(10.9)	8(6.3)
Friends mother in -law and parents' choice	95(74.2)	28(21.9)	5(3.9)
Easily accessible	27(21.1)	34(26.6)	67(52.3)

It was revealed from Table 2, spiritual reasons 76(59.4%), cheaper services73(57.0%) and compassionate care69 (53.9%) were ranked high among the 11 reasons for preferences for the traditional healthcare services, while friends mother in -law and parents' choice 95(74.2%) and in availability or poor access to modern facilities 106(82.8%) were ranked low by the respondent.

4.2 Discussion of Findings

The result of this study revealed that many women in the two LGAs still prefer traditional maternal health care service to modern maternal health care service. 128(64%) use traditional maternal health service while 72(36%) modern health care services.

Majority of the respondents in the study ranked spiritual reasons high with about 76(59.4%) as one of the major factors for using traditional maternal health care services. This study showed that care-seeking behaviour of pregnant women is largely mediated by spiritual reasons. This corroborate the opinions of Dako-Gyeke, Aikins, Aryeety, Mecough and Adongo (2013) which indicated that in a bid to address social, cultural and spiritual concerns during pregnancy and delivery, contemporary churches and other religious outlets have provided a new avenue for many pregnant women to seek protection from dangers such as witches, wizards and sorcerers. This also confirms the study of Unyime, Eshiet, Idongesit, Jackson, Akpabio and Akwaowoh (2016) and Sacky (2002) which stated that many women choose to deliver at prayer homes rather than in modern health care because of protection from demonic attack.

Also, 69(53.9%) of the respondents ranked compassionate care as one of the main reason for preference for traditional maternal healthcare services. This confirms the assertion of Imogie (2002) in his study on the role of traditional healthcare delivery in Edo state Imogie reported that women claim to prefer TBAs because they allow them to deliver their children in a comfortable environment and their provide compassionate care for women.

Furthermore, Onch Ikako and Iloabachie (2006) reported that promptness of care and friendliness of staff has been reported as major factor affecting the choice of maternal health care services.

Cheaper services were ranked high 42(57%) by the respondents as also a major reason for preferring this was in line with the findings of Ndie and Idem (2013), Ebuehi Akintujiye (2012) Sachs and McArthur (2005), Henry and Tukur (2010) which stated that cost of care influences significantly as one of the reasons for patronage of TBAs.

This finding further showed that culture was one of the reasons ranked moderate 34(57%) as preferences for traditional Healthcare Services in the study area. This study confirmed the earlier finding of Olufunke and Akinlujiye (2012) on why mothers prefer traditional maternal health care services are culturally acceptable in many environments.

In addition, easily accessibility was also ranked high 65(51%) by the respondents as a major reason for traditional maternal health care service preference in the study area. This result was supported by Omotor (2011) whom in his paper presented at the 6th African population conference in Burkina Faso stated that utilisation of material health facilities decreases as the distance increases. He stated that distance form health facilities affect the utilisation of health services.

5. Conclusion

The study concluded that spiritual reasons, compassionate care, culture and easy accessibility are major factors pregnant women prefer traditional maternal health care services. They view TBAs as being more accommodating and relating with them is quite easier for pregnant women unlike modern health facilities where the women complain that the nurses are aggressive towards them. Also, their religious beliefs have a great influence on their attitude towards maternal health care.

5.1 Recommendations

Based on the findings, a number of recommendations would be offered to address issues of preference for traditional maternal health services. Improvement in education especially for women requires priority attention in the fight to reduce maternal mortality rate. It is evident that women are more comfortable with traditional birth attendants; government should incorporate traditional birth attendants into the maternal healthcare system in Nigeria. Also, religious organizations too should be incorporated into issues of maternal health as women's religious beliefs influence their attitude towards maternal healthcare decisions. The government should create an enabling platform through monetary reward scheme (fixed amount per patient registered) for traditional maternal healthcare providers that register their patients at modern health care center.

Public enlightenment should be vigorously pursued so that people should eschew bad practices on maternal health.

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