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TRADITIONAL VARIABLES AND UTILIZATION OF HEALTH CARE SERVICES AMONG WOMEN OF CHILDBEARING AGE IN BEKWARRA LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

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ABSTRACT

Introduction: Improvement in maternal healthcare for women of child-bearing age at the grassroots level has necessitated the need to access and use health care services. Previous studies focused mainly on demographic, economic, and some social factors, with little concentration on traditional variables, such as cultural and religious practices, particularly among women of child-bearing age.

Purpose: This study examined the effect of cultural and religious factors on the utilization of health care services among women of child-bearing age in the Bekwarra Local Government Area of the Cross River State, Nigeria.

Methodology: For this study, descriptive survey design was used. A purposive sampling technique was used to select a total of 217 respondents from the ten wards of the Bekwarra LGA of Cross River State. A self-developed questionnaire with a reliability value of 0.84 was used as the instrument for data collection. Data were analyzed with the use of inferential statistics of simple linear regression.

Results: The outcome of the study showed that cultural practices and religious beliefs significantly affect the utilization of health care services among women of child-bearing age in Bekwarra LGA

Recommendations: based on the findings of the study it was recommended that traditional rulers, clan heads and village heads should be educated on the need to sensitize their subjects especially women of child bearing age to seek and utilize health care services in their area to reduce maternal and infant mortality rate.

Keywords: Cultural practice, Religious practice, Health care service, Utilization, Women of child-bearing age



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PUBLIC INTEREST STATEMENT

This study will add to the knowledge pool in the literature on health education by X-raying the influence of cultural and religious practices of women of childbearing age on the use of health care services. The study will help the government and non-governmental organizations to create more awareness among traditional and religious fanatics on the need to utilize health care services before and after child-birth rather than patronizing traditional herbs.

INTRODUCTION

Every year in Africa, the problem of maternal mortality and child morbidity continues to increase, especially in a developing country with diverse traditional and cultural beliefs such as Nigeria. Nigeria as a country is made up of people from different ethnic groups and traditional cultural practices, the dominant groups being Igbos, Yorubas and Hausas, with more than 250 ethnic groups and different cultural practices. Some of these cultural practices, which have endured centuries of practice work for the people according to their traditional jurisdiction. Traditional beliefs or cultural behaviour such as value, norm, culture, and religious (folk custom) are passed down within a group or society with symbolic meaning or significance in any society or community that plays a vital role in the thoughts and actions of people. Culture as a concept has multiplicity of definitions, but the most suitable one for this study is the overwhelmingly used definition which sees culture as the total way of life of people. This is in agreement with the definition of culture by Ferraro (2014), who sees culture as everything that people have, think and do as members of a society. This could be anything material, objects, ideas, attitudes, values, and behavioural patterns.

It is common to think of something cruel and bad whenever one talks about cultural practices, as it concerns utilization of health care services and health seeking behavior of people. Not all cultural/traditional practices are bad however, some have stood the test of time and have positive values both in health and social relationship, and others are uncertain and negatively harmful to their health (Idehen, 2017). Culture is a way of life of any individual, and most often is connected to the place that person lives and the people around him. It is an inherited element that man comes to

meet, but can be changed, adjusted, or forgotten. Culture most times make-up or build an individual, which are avenues for character formation and acceptance level which interferes with utilization of health care services (Hodes, 2016). Cultural practices of people do not only affect their views on health care seeking behaviour but also affect all aspects of life including social relationships, contribution to societal functioning, and disease condition.

The current trend of events around the world, particularly in public health, has determined and emphasized the need for all countries to provide efficient health care services and ensure effective utilization of this service. A typical aspect of such services is maternal health care service which is aimed at reducing maternal mortality. According to World Health Organization (WHO, 2015) pregnancy related complications contribute to more than half of the global deaths among women of child-bearing age annually; with about 90-95% of these emanating from developing countries. Consequently, Focused Antenatal Care was introduced as a new model of antenatal clinic attendance for the purpose of reducing the number of required antenatal visits to four; and to provide focused services that could bring about improved maternal outcomes. Yet even with the provision of all this services by the government and campaigns by government and non-governmental organization to create awareness on the need to utilize the health care services seems to be abortive because so many of this villages are still holding strong to their tradition (WHO, 2016; Chorong, Okinda, Kariuki, Mulewa, Ibinda, Muhula, Kimathi & Muga, 2016).

The Nigerian health care system is founded on a tripod of Primary Health Care, Secondary Health Care and Tertiary Health Care. In compliance with global

recommendations for optimal maternal health care, Primary Health Care provides Basic Emergency Obstetrics Care (BEOC) comprising skilled delivery care, administration of antibiotics, manual removal of the placenta, removal of retained products of conception, assisted vaginal delivery possibly with a vacuum extractor, and basic neonatal care including neonatal resuscitation. By contrast, Secondary and Tertiary Health facilities (consisting of General and Teaching Hospitals) provide Comprehensive Emergency Obstetrics Care (CEOC) that consists of all BEOC services as well as caesarean section, safe blood transfusion services and the treatment of the sick baby. The Federal Ministry of Health of Nigeria specifically recommends Primary Health Care as the entry point to the health care system in order to generate universal health coverage for all citizens (NPHCDA, 2012).

Poor utilization of skilled attendance and maternal primary health care services results in high levels of maternal mortality in the developing countries. The maternal mortality rate in Nigeria, for example, is estimated at 560 per 100,000, women's access to information about maternal services should be available in the community to help women make choices about who to see and where to go, as well as decide the type of care they require. The problem of underutilization of health care services, especially among women of child-bearing age in poor income countries and sub-Saharan Africa, has assumed an unprecedented dimension. These problems have led to countless unavoidable deaths among women and children. However, the level at which healthcare has been provided to the rural population is questionable and its use is hindered in Nigeria, considering the level of awareness of health. Typically, an insufficient number of medical personnel and their uneven distribution is one of the obstacles to the development of health, especially in Nigeria (Federal Ministry of Health, 2014; Adeyemo, 2015). Despite the benefits that accrue to the use of health care services, an exploratory survey has revealed persistent underutilization of these services in the

study area among women of child-bearing age.

Essentially, numerous women of childbearing age experience serious barriers to accessing services due to some perceived cultural and religious belief. Similarly, most of such services are often of insufficient quality when they are accessed by the women (Adeyemo, 2015). Consequently, the rate of maternal mortality could be prevented, provided that pregnant women utilize good quality services, particularly when complications arise. The traditional variables considered are cultural practices and traditional Bekwarra religious belief, as it affects the utilization of health care services.

Cultural and religious practices could encourage or discourage the use of health care services among people in a particular community. This may be because as Man lives and interact with the society, his thought and actions are affected by what happens in his environment. This is evident in a study conducted by Ola and Lateef (2019) on the influence of sociocultural factors on the use of primary health care facilities among pregnant women in Iwo Local Government Area, Osun State, Nigeria, using survey design and purpose sampling techniques were used to select a total of 100 respondents from five wards in Iwo LGA of Osun State, data were collected using a self-developed questionnaire, and the data collected were analyzed using ANOVA. The study result showed that sociocultural factors of illiteracy, societal inspiration, and cultural belief had a positive relationship with the utilization of PHC facilities among pregnant women in Iwo LGA. Therefore, the study suggests that the negative influence of cultural belief on the utilization of PHC is the result of ignorance and lack of exposure to the importance and need to use Primary Health Care (PHC).

Also, in a related study conducted by Akpenpuun (2013), to investigate the socio-cultural factors that influence the utilization of Maternal and Child Healthcare Services in kwande Local Government Area of Benue State, Nigeria. The study uses a structured questionnaire triangulation and an in-depth interview in data collection. The study population of

208 men and women and 4 health workers and the findings from the analyzed data reveal that the level of education of mothers', patriarchal family system, cultural beliefs and economic stand of the family are the factors that influence the level of utilization of maternal and child healthcare services. Consequently, on the basis of the findings of the study, there is a need for social empowerment of women and the revitalization of Primary Health Care (PHC) in Nigeria.

In a similar study carried out by Ukweh, Ukweh, and Ani (2019) to ascertain the effects of religiosity on maternal and child health practices in rural and urban Cross River State, Nigeria. The study design was a comparative analytical cross-sectional study amongst mothers with children under 5 years of age in rural and urban households in Cross River State, and the study populations comprise mothers of children under 5 years of age, traditional and traditional birth attendants in Cross River State. Sampling technique used to select respondents in the rural and urban sites was multistage sampling method and the sample size was determined using standard method of comparing two independent groups. For Focus Group Discussions (FGD), purposive sampling method was employed in both study sites. Religiosity was assessed using the ORA dimension of the Duke University Religion Index (DUREL), which is generally measured as the frequency of attendance of organized religious activities. The study instrument was a semi-structured questionnaire and the data obtained was analyzed using SPSS version 21.0. In child health practices, religious practices significantly influenced the rural communities practice of breastfeeding child ($P= 0.001$) and giving child colostrum ($P= 0.048$) while in the urban communities, it significantly influenced giving child colostrum ($P= 0.002$). Therefore, the study concludes that religiosity significantly affects maternal and child health care practices in rural and urban communities of Cross River State, Nigeria, and also serves as a useful baseline for a better understanding of the dynamics of influence of religiosity on maternal and child health practices in Cross River State of Nigeria.

In a related study conducted by Mujtaba, Cornelius, Galadanci and Ereka (2016) on Evaluating Religious Influences on the Utilization of Maternal Health Services among Muslim and Christian Women in North-Central Nigeria. The study evaluated religious influences on utilization of general and HIV-related maternal health services among women in rural and pre-urban North-Central Nigeria. In a study conducted by Ekuri, Akah, Nkere, Akpa and Edet (2021) investigated the influence of traditional variables on umbilical cord management among nursing mothers in Calabar Education Zone, Cross River State. Survey design was adopted for this study. The sample size of 748 nursing mothers who delivered within six months, currently receiving postnatal health care services, was drawn from a population of 1,068 nursing mothers in the area of study. The traditional Variables and Umbilical Cord Management Questionnaire (CVUCMQ) was used for data collection. Cronbach Alpha method was used to analyse the data with reliability estimates for the variable ranging from .81 to .88. The first finding indicates that traditional beliefs affect neonatal umbilical cord management by nursing mothers. The second finding of this study shows the influence of traditional practices on neonatal umbilical cord management by nursing mothers in Southern Cross River State. Based on these findings, it was concluded that the impact of traditional beliefs and practices are the strong traditional variables that nursing mothers and health care workers must pay due attention to ensure effective delivery of quality patient care. The study recommended, among others, that there should be forums to address traditional rulers and their cabinets on the dangers of unhealthy traditional beliefs and practices surrounding umbilical cord management.

In a related study conducted by Ukweh (2019) on the effect of religiosity on maternal and child health in Cross River State, Nigeria. The study was carried out to determine the effects of religiosity on maternal and child health practices in rural and urban Cross River state, Nigeria. The study design was a comparative analytical cross-sectional

study amongst mothers with children under 5 years of age in rural and urban households in Cross River State, and the study populations comprise mothers of children under 5 years of age, traditional and traditional birth attendants in Cross River State. Sampling technique used to select respondents in the rural and urban sites was multistage sampling method and the sample size was determined using standard method of comparing two independent groups. For Focus Group Discussions (FGD), purposive sampling method was employed in both study sites. Religiosity was assessed using the ORA dimension of the Duke University Religion Index (DUREL), which is generally measured as the frequency of attendance of organized religious activities. The study instrument was a semi-structured questionnaire, and the data obtained were analyzed using SPSS version 21.0.

Therefore, the study concludes that religiosity significantly affects maternal and child health care practices in rural and urban communities of Cross River State, Nigeria, and also serves as a useful baseline for a better understanding of the dynamics of influence of religiosity on maternal and child health practices. Thus, this study seek to examine traditional variables and the utilization of health care services among women of child-bearing age in Bekwarra Local Government Area of Cross River State. The traditional variables considered are cultural practice and traditional Bekwarra religious belief as they relate to the utilization of health care services.

STATEMENT OF THE PROBLEM

Despite the effort of government and non-governmental organizations to educate people about the need to use health care services, the utilization of these services is still very low among women of childbearing age. The raising mortality and morbidity rate arising from the labour wards in our health centres due to prolong labour and patronizing of traditional birth attendance by our women as well as non-participation in anti-natal care is a thing of national concern. Many in some way or another have been left with life-long complications, some will not even be able to give birth again due to the

adherence to cultural and traditional beliefs which are detrimental to the health of women of child-bearing age. To this ends the researcher sick to ascertain the influence of traditional and cultural variable on utilization of health care system by women of child bearing age in Bekwarra Local Government Area of Cross River State.

PURPOSE OF THE STUDY

The main purpose of the study is to evaluate traditional variables and the utilization of health care services among women of childbearing age in the Bekwarra local government area of Cross River State, Nigeria. Specifically, the study seeks to:

1. determine the relationship between cultural practices and the use of health services among women of childbearing age in the local government of Bekwarra of Cross River State of Nigeria.
2. examine the relationship between religious practices and utilization of health care services among women of child-bearing age in the local government of Bekwarra of Cross River State of Nigeria.

HYPOTHESES

1. There is no significant effect of cultural practices on utilization of health care service in Bekwarra local Government of Cross River State of Nigeria.
2. There is no significant effect of religious practices on the utilization of health care services in the local government of Bekwarra of the Cross River State of Nigeria.

METHODOLOGY **Research Design**

A descriptive research design was adopted for this study. This is adopted because the design made it easier for the researcher to utilize a questionnaire in collecting of data accurately and present it in a forms that make for better understanding of the research problem.

Population and Sample

A total population of the study comprises 701 pregnant women in the 10 political wards of the Bekwarra local government area of the Cross River State. A purposeful sampling techniques was used to select 21 women of child bearing age from 9 ward and 28 from the head quarter ward of the Local Government area making it a total number of 217 women of child-bearing age was purposively selected and interviewed in their households using a structural questionnaire.

Instrument for Data Collection

The instrument used for data collection was structured questionnaire titled 'Traditional Variables and Utilization of Health Care Questionnaire' (TVAUHQ). The research instrument was a researcher made and consists of ten (10) items on each of the variables of the study and a 20 item statements on the utilization of health care services. And to determine the validity and reliability of the instrument, a pilot test was performed, and the

instrument's reliability was determined by pilot testing and the reliability coefficient of 0.84 was obtained using the Cronbach alpha and considered high for the study. The validated instrument was administered to the two hundred and seventeen (217) women of child bearing age used for the study. The information obtained was coded and subjected to simple linear regression analysis at a significance level of 0.05.

Method for Data Analysis

Data were analyzed with a simple regression statistical technique to test the null hypothesis at the alpha level. The results of the analysis are presented in the next section.

RESULTS

Hypothesis 1: There is no significant effect of cultural practices on utilization of health care services among women of child bearing age in Bekwarra local Government of Cross River State of Nigeria

Table 1: Simple Linear Regression Analysis of the Effect of Cultural Practices on Utilization of Health Care Services

Model	Sum of Square	df	Mean Square	F	R. Square	B	Sig.
Regression	176.70	1	16.10	7.01	.013	12.10	.000
Residual	126.35		215	11.13	.310		
Total	303.05		216				

The result in Table 1 showed that a significant regression equation was found. $F = 7.01$, $P = 0.000$, with R^2 of 0.013 as coefficient of determinant. As the value of P is less than the alpha level, the null hypothesis was rejected. This implies that there is a significant effect of cultural practices on the utilization of health services among women of childbearing age in the Bekwarra Local Government Area, Cross River State.

Hypothesis 2: There is no significant effect of religious practices on the utilization of health care services.

Table 2: Simple Linear Regression Analysis of the Effect of Religious Practices on Utilization of Health Care Services

Model	Sum of Square	df	Mean Square	F	R. Square	B	Sig
Regression	226.30	1	26.19	6.11	.011	11.10	.000
Residual	116.31	215		71.43			.610
Total	342.61	216					

The result in Table 2 showed that a significant regression equation was found. $F = 6.11$, $P = 0.000$, with R^2 of 0.011 as coefficient of determinant. As the value of P is less than the alpha level, the null hypothesis was rejected. This implies that there is a significant effect of religious practices on the utilization of health care services among women of childbearing age in the Bekwarra Local Government Area, Cross River State.

DISCUSSIONS

The result presented in table 1 revealed a significant effect exists between cultural practice and utilization of health care services among women of child-bearing age in Bekwarra Local Government Area, Cross River State. This may be as the result of the fact that the community hold strong to their cultural practices of orthodox medicine to be the only safe way during the period of child bearing and going contrary may get their ancestors who are the giver of children angry and may decide to take away their lives, they believe in herbs and must consult their ancestors which they believe is the eyes of the community to reveal what kind of treatment (herbs) that should be given to the woman even most time at the point of death, they must wait to hear from their gods. At all points, from conception to delivery, they must consult their gods for approval of which herbs should be given. The finding is consistent with the finding of Ola and Lateef (2019) on the influence of sociocultural factors on the use of primary health care facilities among pregnant women in Iwo Local Government Area, Osun state, Nigeria.

The finding is also in tandem with the studies by Akpenpuun (2013), to investigate the socio-cultural factors that

influence the utilization of Maternal and Child Healthcare Services in kwande Local Government Area of Benue State, Nigeria. The study uses a structured questionnaire triangulation and an in-depth interview in data collection. The study population of 208 men and women and 4 health workers and the findings from the analyzed data reveal that the level of education of mothers', patriarchal family system, cultural beliefs and economic stand of the family are the factors that influence the level of utilization of maternal and child healthcare services. Consequently, on the basis of the findings of the study, there is a need for social empowerment of women and revitalization of Primary Health Care (PHC) in Nigeria.

The result of the statistical analysis showed that the age of mother, husband and marriage of women from rural communities was significantly higher ($P < 0.05$) than that of women from urban communities. Religious practices of having a safe pregnancy did not significantly predict women who had complications in the last pregnancy in both study settings, while in rural and urban communities ($P < 0.05$), religious practices significantly influenced family planning methods ($P < 0.05$). In child health practices, religious practices significantly influenced the rural communities practice of breastfeeding child ($P = 0.001$) and giving child colostrum ($P = 0.048$) while in the urban communities, it significantly influenced giving child colostrum ($P = 0.002$).

The study finding also agrees with the studies by Ukwéh, Ukwéh and Ani (2019) to determine the effects of religiosity on maternal and child health practices in rural and urban Cross River state, Nigeria. The study design was a comparative analytical cross-sectional

study amongst mothers with children under 5 years of age in rural and urban households in Cross River State, and the study populations comprise mothers of children under 5 years of age, traditional and traditional birth attendants in Cross River State. Sampling technique used to select respondents in the rural and urban sites was multistage sampling method and the sample size was determined using standard method of comparing two independent groups. For Focus Group Discussions (FGD), purposive sampling method was employed in both study sites. Religiosity was assessed using the ORA dimension of the Duke University Religion Index (DUREL), which is generally measured as the frequency of attendance of organized religious activities.

CONCLUSION

Based on the data collected, analyzed and interpreted, which formed the result of this study, it was concluded that the poor underutilization of health care services among women of child bearing age in the Bekwarra Local Government Area is affected by cultural and religious practices, the non-use of the health care system among women of child bearing age is a result of ignorance, lack of information on the usefulness of utilizing the health care system, as well as the dogmatic nature of people who believe that traditional beliefs or cultural behaviour such as value, norm, culture, and religious (folk custom) are passed down within a group or society with symbolic meaning or significance in any society or community which plays a vital role in the thoughts and actions of the people, should not be altered in anyway. Because if tempered with can attract the punishment of their forefathers. So a study of this nature can be of great importance to the global body of PHCN and health education-related literature and can be helpful for other researchers carrying out related research and investigations.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Traditional rulers, clan heads and village heads should be educated on the need to sensitize their subjects to seek and utilize health care services in their area to reduce maternal and infant mortality rate.
2. Health care providers in the rural communities as a matter of urgency should periodically embark on community enlightenment champagne to sensitize the public to utilize health care services in their domain.

Conflicts of Interest: The authors declare no conflict of interest.

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Notes on Authors

Stephen Ushie Akpa is a lecturer in the Department of Human Kinetics and Health Education, University of Calabar, Nigeria. He has taught several courses such as Basic Human Biology, Personal Health, School Health Services, Nutrition and Sports Performance, Introduction to Drug Education Skills and Techniques, Consumer Health, and Introduction to Community and Public Health Issues.

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Stephen Ushie Akpa developed the study topic, abstract, introduction, statement of the problem, purpose of the study, hypothesis, and methodology. She also generated the result and reference,

and made the necessary corrections in the paper.

Christiana Ofie Ukpata developed the discussion of findings, proofreading, recommendation and conclusion.

Disclaimer Statement

We certify that this work is our own and will not violate any copy-writing when published.

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