

## **The Socio-Cultural Factors Influencing The Utilization of Maternal And Child Healthcare Services in kwande Local Government Area of Benue State, Nigeria**

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**ABSTRACT:** *The persistent high occurrence of maternal and child morbidity and mortality especially in Sub-Saharan African societies still reflects that much ground is yet to be covered on maternal and child healthcare. The study therefore, investigates the socio-cultural factors that influence the utilization of MCH. The study uses triangulation of a structured questionnaire 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. Consequent upon the findings of the study, there is need for social empowerment of women and revitalization of Primary Health Care (PHC) in Nigeria.*

**KEY WORDS:** *Socio-Cultural, Utilization, Maternal, Child, Health*

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### **I. INTRODUCTION**

Maternal and child healthcare system is an important segment of medical system in every society. This is as a result of large number of human population involved in this health sector, coupled with the significance of this group to the overall sustenance of the human population. It is also noticed that this sector of medical system is affected by less difficult health problems, which are usually preventable. Similarly, the increasing wave of gender equality has significantly stimulated attention towards the study of women and children. It is in the light of these, that this sector has attracted overwhelming attention especially from health related researchers, health providers, and health implementers (Kerber K. J, et al, 2007).

As observed in all cultures, each society has its peculiar way of dealing with bio-cultural problems affecting its human population. Responses to various interventions seem to differ considering the peculiar knowledge displayed by the population in each society. Environmental factors also play considerable role on the health seeking strategies, thereby making the health interventions and responses greatly different across the culture (Jegede, 1999).

In industrialized countries of the world, an appreciable success has been attained in reduction of morbidity and mortality affecting the lives of both the mother and the child (Price, 1994). Whereas in less industrialized countries of the world, despite all the attempts to reduce the severity of maternal and child healthcare problems, it still remains a scourge which continues to claim the lives of a large percentage of their populations (WHO, 2007; 2010, The World Fact Book, 2010).

Given this background, this study focused on the perception of maternal and child health care services utilized and the factors that influence the utilization of maternal and child health care services.

### **II. THE PROBLEM**

Many Nigerians especially indigenes and residents of rural communities born within forty to fifty years ago might have managed to escape infant mortality by slim chances (Ajala, 2001). During that time only few Nigerians survived to adulthood, while on the average, fifteen pregnancies for a Nigerian woman would produce seven normal deliveries. These seven normal deliveries from a mother would avail her only three children surviving to adulthood. Cumulatively, on every 1000 children born with success, 194 of them might be committed to mother earth within three to five years their births (WHO, 2010). No fewer than one thousand (1000) mothers out of 100,000 often lose their lives at childbirth (Jinadu, 1998; Population Bureau Bulletin, 1999; Ajala, 2001, WHO, 2007). Some of them, who managed to survive, had abnormal growth due to inadequate nutrition which results to failure to thrive and stunted growth. Their health ecology was too disturbing to the overall health development. This situation was as a result of inadequate knowledge of maternal and child health care, which ushered in various controllable infectious diseases

such as cholera, marasmus, typhoid, tetanus and Polioyelitis. Diphtheria, diarrhea and measles also claim several lives of the under fives (Jinadu, 1998 and Ajala, 2001). Mothers too were not spared of these dreadful conditions. They suffered complications at child birth, hemorrhage and the likes as a result of inadequate knowledge of motherhood. This situation in no doubt had posed severe inhibitions against individual development as well as national development (Abbas and Walker, 1986).

In traditional rural societies, the survival of this important segment of the population (mothers and children) was not handled with levity. Traditional birth attendants/ paediatricians and the herbalists were prominent in the intervention (Owumi, 1993). Although the healthcare system then was accessible and affordable, yet child health was still a major problem in the communities (Owumi, 1993)

Between 1993 and 1999 when the country faced serious economic decline and political instability coupled with attendant harsh micro-economic policies. Under-five mortality rate moved from 130- 194 deaths per 1000 live births. All these affected under five children (WHO, 2007; The World Fact Book, 2010). From the death records in developed societies, there is high rate of significant reduction of infant mortality. For instance in Finland and France it was reduced from 17.0% to 3-7%) between 1960 and 1985, and 1985 to the present, the reduction was to 0-6 or 0-7% in these countries. Authors attributed this decline to the activities of PHC in those countries (Price, 1994).

Therefore this work having perceived this resilient silent crisis will cover socio-cultural factors which are discovered to be influencing the utilization of maternal and child healthcare services in the Nigerian society using Kwande local government area as a case study. Specifically the study seeks to:

- examine the socio-demographic characteristics of the respondents.
- assess people's perception of Maternal and Child Healthcare (MCH) in kwande local government area.
- highlight the socio-cultural factors influencing the utilization of health care services in the study area.

### III. LITERATURE REVIEW

Ayeni et al (1985) found out that utilization of health services among rural women depend on awareness of the services, beliefs in their efficacy, proximity and availability of the services. In similar study conducted by Gordis (1993) in Oyo and Bauchi States with respect to attitudes and practices of women to pregnancy, child birth and post partum care, the data revealed that cultural taboos, beliefs and socio-economic factors often place women at a disadvantage position from the start of pregnancy. Attendance of pre-natal care clinics were found not to be wide spread. It was also found that transportation to these healthcare facilities and the cost of drugs and vitamins represented obstacles to clinic utilization for many of these rural women. Respondents from this study cited long waits, scarcity of drugs, equipment and the hostile attitude of hospital personnel as reasons to avoid hospital delivery.

Jegede, (1999), in his study of socio-cultural factors influencing therapeutic choice have identified age, education, occupation, religion, kin group influence and ethnicity as the determinant factors to use of health services.

### IV. METHODOLOGY

The study employed the community as its unit of analysis. The research involved a multi-stage sampling technique. The first stage involved selection of two districts from the four districts that make up Kwande local government area using simple random sampling technique.

The sample size of two hundred and eight (208) respondents were selected from the households proportionately based on the total number of houses available to each enumeration area. The selected elements were those that satisfied the requirements of the research purpose. In addition, four health workers were interviewed for the study. They were selected purposively from the two wards used for the study.

#### SAMPLE AND SAMPLING TECHNIQUE

NO.OF DISTRICTS CHOSEN ANDOMLY	TOTAL NO. OF WARDS	NO. OF WARDS CHOSEN NDOMLY	TOTAL NO. OF EAS	SELECTED NO. OF EAS RANDOMLY	NO. OF HOUSEHOLDS	NO. OF FINAL RESPONDENTS	NO. OF HEALTH WORKERS INTERVIEWED
NANEV	4	3	38	19	68	110	2
ISHANGEV-YAV	3	1	22	11	54	98	2
2	7	4	60	30	122	208	4

Structured questionnaire and in-depth interview were used in collecting data for the study. The questionnaire was administered to two hundred and eight (208) respondents. One hundred and fifty women and

fifty-eight men, while the in-depth interview was conducted among four health workers in the chosen communities.

## V. FINDINGS AND DISCUSSIONS

**Socio-Demographic Characteristics of the Respondents:** Data on the socio-demographic characteristics of the respondents showed that most of the respondents fall within the age of 26-35 years old. 72.1% are female while 27.9% are male. The wide variation is attributed to the fact that more women were sampled because they were the focus of the study but men were included in order to get the male opinion.

With regard to educational background, the data showed that most of the respondents had post secondary education. This finding indicate that majority of the sampled respondents were literate which must have had a significant influence on their level of awareness and acceptability of maternal and child healthcare services. This finding also showed why most of the respondents were civil servants.

Table 1 shows that, 72.1% of the respondents applauded the quality of the services provided by the healthcare centres. This implies that, a greater number of people would patronize and use the facilities provided at the various centres. Choice of healthcare facilities also depends on perception about efficiency and effectiveness of the services or providers (Ajala, 2001).

**Table 1: Distribution of Respondents view on the Quality of Healthcare Services**

Value Label	Frequency	Percentages%
Bad	3	1.4
Fair	46	22.1
Good	150	72.1
No Comment	9	4.3
Total	208	100.0

Table 2 presents the factors that influence the utilization of maternal and child healthcare facilities. It shows that, most women use healthcare facilities because of their husband's insistence. This account for 27.3% of the respondents. This view is high due to the patriarchal system of the Nigerian society where the husband has the sole decision making power over his wife and child in health matters. Gender is another important factor determining the utilization of health care services. Recent studies have shown that Nigerian women in some ethnic groups will not seek immediate help from health agents when they are about to deliver unless they obtain formal permission from their spouses (Erinosho, 1998). Competency account for 14.6%, this reflects the people's perception about the services provided. Religious beliefs and proximity account for 23.0% and 23.9% respectively.

**Table 2: Distribution of Respondents' view on factors that determine the utilization of maternal and child healthcare services.**

Value Label	Frequency	Percentage%
Competence	30	14.6%
Husbands Decision	57	27.3%
Religious Beliefs	49	23.0%
Proximity	51	23.9%
Friends Influence	12	5.7%
Cultural Beliefs	7	5.3%
Cost	2	0.2%
<b>Total</b>	<b>208</b>	<b>100.0%</b>

## VI. CONCLUSION

Culture, belief systems and economic conditions are vital factors in determining health utilization services which can form the major concern of those who formulate and implement government health policies. The role which belief system, understanding the concept of disease, illness and health, improvement in the socio-economic status of the people and well planned education can all help in ensuring maximum and most efficient utilization of the health services cannot be over emphasized. Communities on their own part should encourage their members to appreciate health facilities, provided by the government and utilize them.

In order to combat the problem of maternal and child mortality and morbidity, the standard of living of the Nigerian populace must be raised. Extreme poverty is not only the source of disease and mortality, but it is also one of the chief causes of bottleneck in public health delivery in Nigeria.

There is a great need for revitalization of Primary Health Care in Nigeria. PHC is a fundamental means of responding to the community's need for health services. It ensures community participation in planning and implementing their own healthcare, generating health awareness, mobilizing the community and preventing infections. PHC is highly adaptive in maternal and child healthcare. This integrated approach is a deserving solution to maternal and child health problems in the rural communities in Nigeria.

### REFERENCES

- [1]. Abbas, A.A; Walker, G.J.A. (1986), Determinants of the Utilization of Maternal and Child Health Services in Jordan. *International Journal of Epidemiology* 15. (3) 404-407.
- [2]. Ajala, A.S. (2001), Socio-Cultural Factors Influencing the Utilization of Maternal and Child Healthcare in Rural Communities of Osun State. Thesis. Sociology, Social Sciences, University of Ibadan. 1+48.
- [3]. Ayeni, O. (1985), The Baseline Survey: Health Status and the Utilization of Health Facilities. Ibadan University College Hospital. Fertility Research Unit. 134-141.
- [4]. Bamidele, A.P. (2002), Socio-Cultural Factors as Determinants of Utilization of Maternal and Child Health Services: A Case Study of Remo North Local Government Area of Ogun State. Diss. Sociology, Social Sciences. University of Ibadan. 1V+36.
- [5]. Caldwell, J. (1990), Cultural and Social Factors Influencing Mortality in Developing Countries. *The Annals of the American Academy of Political and Social Science* 510:44-59.
- [6]. Dzurgba, A. (2007), On the Tiv of Central Nigeria: A Cultural Perspective. Ibadan: John Archers Publishers Limited. Erinosh, O.A. (1998), Health Sociology. 1<sup>st</sup> ed. Nigeria: Sam Bookman. 44-53.
- [7]. Gordis, D. (1993), Mother Care Nigeria, Maternal Healthcare Project Quantitative Research. Working Paper 178.
- [8]. Jegede, A.S. (1999), African Cultural and Health in Nigeria. Ibadan: Stirling Horden Publishers. 48-69.
- [9]. Jinadu, M. K. (1998), The Challenge of Health Promotion in Nigeria. Ile-Ife: OAU Press. Oke, E.A. (1993), Culture, Man and Utilization Pattern of PHC and Its Implication for Developing Societies in Primary Healthcare in Nigeria. State of the Art. Eds. E.A. Oke & B.E. Owumi. Department of Sociology, University of Ibadan.
- [10]. Owumi, B.E and Jegede, A.S. (1991), Primary Healthcare and the Improvement of the Health Status of the Rural People in Nigeria. Paper Presented at the 3<sup>rd</sup> Regional Workshop on Rural Development of the Programme for Development Studies and Research in Africa. The International Centre for Development Studies. Denver, Colorado. 80220, USA held at the University of Jos, Nigeria. 31<sup>st</sup> July- 2<sup>nd</sup> August.
- [11]. Owumi, B.E. (1993), The Place of Traditional Medicine in Primary Healthcare. Primary Healthcare in Nigeria. State of the Art. Eds. E.A. Oke & B.E. Owumi. Department of Sociology, University of Ibadan. Population Bureau Bulletin, 1999.
- [12]. Price P. (1994) Maternal and Child Healthcare Strategies. Health and Development. Eds. R.P. David & Y. Verhasselt. London: Routeledge.
- [13]. The World Fact Book. (2010) World Development Report, (2009)
- [14]. W.H.O. (1978 & 1988). Uses of Healthcare, An International Study, W.H.O. Chronicle 30, 403-406
- [15]. W.H.O. (2007), Maternal Mortality W.H.O. (2010), World Health Statistics.
- [16]. Kerber KJ, de Graft-Johnson JE, Bhutta ZA, Okong P, Starrs A, Lawn JE. (2007), Continuum of Care for Maternal, Newborn, and Child Health: From Slogan to Service Delivery. Lanca