

MATERNAL HEALTH INFORMATION IN NIGERIA: THE MYTH AND THE BELIEFS

OLUYEMI, Joseph A.

Department of Sociology and Anthropology, Nelson Mandela University, Port Elizabeth,
South Africa

And

ADEJOKE, Joseph A.

Department of Microbial Pathology, University of Medical Sciences, Ondo, Nigeria

Abstract

The influence of cultural beliefs on maternal health information and the sources of these information on maternal health in Nigeria was studied. Multi-stage sampling was used to select 1,706 participants from the six geo - political zones. Information was retrieved using questionnaire while variables formulated in the study were tested using chi square statistical tool. Awareness of maternal health information among the participants is high though were various beliefs at the detriment of maternal health in participants was noted, for instance, 67.0% of the participants believe people should have as many children as possible, 42.0% opined infertile couple should wait for God's time while 81.5% believe that child spacing is ungodly. The source of maternal health information was hospital (22.3%), radio (18.6%), internet (13.2%), friends (12.4%), television (12.2%), school (10.8%) and family (10.5%). Dissemination of adequate information on maternal health in local and pidgin languages is strongly recommended.

Keyword: Maternal Health, Maternal Mortality, Cultural Beliefs, Nigeria.

Introduction

Maternal health is referred to the health of women during pregnancy, childbirth, and the after birth period (World Health Organization, 2020). It includes the health care dimensions of family planning, prenatal, preconception, and postnatal care in order to safeguard a positive and fulfilling experience in most cases and reduce maternal morbidity and mortality in many other cases. Human beings by their nature have always desired information for survival as they face life and its several threatening situations especially on their health because, adequate health information has been found to be imperative for improved and sustainable health outcomes among people (Godlee, Pakenham-Walsh, Ncayiyana, Cohen, & Packer, 2004).

But despite this, health indicators in Nigeria are some of the worst in the world especially in the area of maternal health (United States Agency for International Development, 2016). In 2015 for example, Nigeria recorded 19% of global maternal mortality and was among the 18 countries in the world with the highest maternal mortality

rates as maternal mortality ratio (MMR) in the country stood at 596 per 100,000 live births (WHO, 2015). Incidentally, 80% of the maternal deaths recorded have been found to have resulted from complications which could have been prevented if women were adequately informed on maternal health (United Nations Fund for Population Activities, & Fatunsi, 2009). The implication of this is that, women in Nigeria have an abysmally poor chance of survival during pregnancy (Onyemelukwe, 2016).

While motherhood is expected to be a positive and fulfilling experience for women, it is sometimes associated with suffering, ill health and even death WHO (2013). Pregnancy continues to carry a high risk of death among women in many parts of Nigeria because of lack of adequate information on maternal health (Centre for Health and Gender Equity, 2014 & United Nations Children's Fund, 2014). As such, many children may live their entire lives without ever knowing their biological mothers (Kucharski, 2013).

Although several studies have shown a strong relationship maternal health information and maternal health outcomes as demonstrated in, Bertrand et al (1987) Guatemala & Piotrow et al (1990) Obisesan, Adeyemo & Fakokunde (1998) Adinma (2005) Oye-Adeniran, Adewole, Umoh, Oladokun, Gbadegesin and Ekanem et al (2006) Shefner-Rogers and Sood (2010) Wakefiel, Loken and Hornik (2010) Rahman, Islam, and Rahman (2010) and Singh, Rai, Alagarajan, and Singh (2012), some other studies have also proven that the relationship between cultural beliefs and health seeking behavior among people in Nigeria cannot be underestimated (Jegade, 2002; Adamu, 2003; Williamson & Harrison, 2010 & Centre for Maternal and Child Enquiries, 2011). This study therefore assesses the influence of cultural beliefs on maternal health information in Nigeria.

According to a WHO (2020) report, nearly 20% of all global maternal deaths happen occur in Nigeria. The report further states that between 2005 and 2015 an estimated figure of over 600 000 maternal deaths and no less than 900 000 maternal near-miss cases occurred in the country. Maternal mortality is an important pointer of a society's level of development and the enactment of the health care delivery system. Unfortunately bulks of the causes of these deaths are preventable (Pittrof & Johanson, 1997; Ransom & Yinger, 2002; Bankole et al., 2009 & Harrison, 2009). Available data has shown that at least 144 women die each day from pregnancy-related complications in Nigeria, hence enlisting the country globally among one of the least for women to deliver babies (Archibong & Agan , 2000).

Today, maternal mortality is the single most crucial health issue confronting obstetricians, gynecologists and Nigerians. Several Nigerians especially women who are impoverished are very susceptible to ailment, disability and even death owing as a result of lack of access to comprehensive health services especially reproductive health services. These set of people require quality reproductive healthcare services, such as medical care, family planning, safe pregnancy, delivery care and treatment and prevention of sexually transmitted infections like HIV/AIDS. It is believed that with accessibility to comprehensive reproductive health services, women are less prospective to die in pregnancy thereby more likely to have healthier children.

Study Population

The study was conducted in Nigeria in West Africa. Nigeria is bordered by Niger Republic to the north, Chad and Cameroun to the East, Benin Republic to the west and the Atlantic Ocean

to the south. Nigeria is fondly referred to as the "Giant of Africa", owing to its large population and economy (Holmes, 1987). With an approximately 184 million people United Nations Department of Economic and Social (2016), Nigeria is the most populous country in Africa and the seventh most populous country in the world (Keating, 2014). It comprises of 36 states and the Federal Capital Territory, where the capital Abuja is located.

Nigeria is a multinational state with over 250 ethnic groups and languages of which the three largest are the Hausa in the Northern part of the country, Igbo occupying the eastern part of the country and the Yoruba's inhabiting the South-Western part of the country (Falola, 2015). The official language in Nigeria is English language. The country is divided roughly in half between Christians, who live mostly in the southern part of the country, and Muslims in the Northern part (Gordon, 2003). The dominant economic activity is agriculture employing almost about 30% of the population Nigerian Bureau of Statistics (2010). Nigeria is the 6th largest producer of crude oil in Organization of Petroleum Exporting Countries (Ogunmupe, 2012).



Figure 1: Map of Nigeria showing 6 geo-political zones

Source: <https://www.gamers.com.ng/map-of-nigeria-showing-the-6-geopolitical-zones/>.

Theoretical Foundation

This study employed the Media system dependency theory (MSD) a theory that was postulated by Ball-Rokeach and Defleur (1976). The theory which is grounded in classical sociological works postulates that the media and their audiences should be studied in the milieu of larger social systems (Ognyanova, & Ball-Rokeach, 2012). The Media System Dependency theory bonds together the interrelations of expansive social systems, mass media, and the individual into a comprehensive clarification of media effects. The core tenet of the theory states that the more an individual depends on media to meet his/her needs, the more important media will be in an individual's person's life, and consequently the more effects media will have on the individual.

Resting on this platform this study can be explained using the MSD in the sense that, the more women in Nigeria depend on the media for maternal health information, the more such information becomes important to them and the more they depend on maternal information received from such channels.

The theory has been criticized for failing to provide clarity to the meaning and power of dependency (Baran, & Davis, 2008).

Methodology

Multi-stage sampling method was employed in selecting participants for the study. These included quota sampling of six states from the six geo-political zones in the country, hierarchical selection of the capital cities of the selected states while the third stage included the purposive selection of the major market at the capital cities of the states involved, purposive selection of the major market at the capital cities of the states involved and simple random sampling of participants from the markets from different socio-cultural backgrounds. Participants were drawn from Lagos State in South West, Delta State in South-South, Imo state in South East, Kwara State from North-Central, Gombe State from North East and Kano State from North-West. This is to ensure a wider coverage of the recruitment of participants.

A total of 1,706 consenting participants were recruited for the study from various socio-economic backgrounds. The researcher recruited 12 research assistants who disseminated the questionnaires to the participants and explained the content to them for clarity purpose. The participants were duly briefed on what the study was all about and the significance of the study to women in the Nigerian society. The questionnaires were filled in anonymity to gain the confidence of the participants. Data was presented in tables, charts while the Chi-square statistical tool was employed to test the hypotheses formulated in the study

Results

Table 1 below shows the analysis of participants' demographic characteristics in the study. The study showed (4.3%) of the participants in the study occupy the age category of <18 years while a whopping percentage of (90.8%) occupy the age category of 19-49 years and (4.9%) representing ≥ 60 years. Out of the participants 35.8% are not in a union while (64.2%) are in a union. Also, (53.8%) are Christians while (42.4%) belong to the Islamic religion. In addition to this, (2.0%) of the participants in the study had no formal educational

background, (10.5%) had primary school education, (45.5%) had secondary school education while (42.0%) had tertiary education.

Table 1: Socio-demographic Characteristics of Participants

Variables	Frequency	Percentages
Age		
<18 years	73	(4.3)
19-49 years	1549	(90.8)
≥ 60 years	84	(4.9)
Marital Status		
Not in a Union	611	(35.8)
In a Union	1095	(64.2)
Religion		
Christianity	917	(53.8)
Islam	724	(42.4)
Educational Attainment		
None	34	(2.0)
Primary	179	(10.5)
Secondary	776	(45.5)
Tertiary	717	(42.0)
Occupation		
Employed	1441	(84.5)
Unemployment	265	(15.5)

Researchers' Survey 2017

Table 2 below showed the awareness of maternal health among the participants in the study. (90.9%) are aware of contraceptive use, (67.0%) are aware of safe periods, (63.7%) are aware of ovulation period, (70.6%) are aware of genotype (59.8%), are aware of assisted conception, (76.8%) are aware of antenatal care, (82.0%) are aware of immunization, (60.9%) are aware of choice of place of birth and (81.5%) postnatal care

Table 2: Awareness of Maternal Health among Participants

Maternal Health Variable	Frequency	Percentage
Contraceptive use	1550	(90.9)
Safe Period	1143	(67.0)
Ovulation Period	1086	(63.7)
Genotype	1205	(70.6)
Assisted Conception	1020	(59.8)
Antenatal Care	1310	(76.8)
Immunization	1399	(82.0)
Choice of Place of Birth	1039	(60.9)
Post Natal Care	1388	(81.5)

Researchers' Survey 2017

Multiple Responses

Tables 3 include questions on the participants' beliefs on maternal health. (67.0%) believe that children are gift from God, (12.3%) of the participants believe that genotype matching is a myth, (42.0%) believe that assisted conception is not necessary while 81.5%) believe that child spacing is ungodly

Table 3: Participants Beliefs on Maternal Health

Beliefs	Frequency	Percentage
Children are Gift from God		
Yes	1143	(67.0)
No	563	(33.0)
Genotype Matching is a Myth		
Yes	212	(12.4)
No	1494	(87.6)
Assisted Conception is not necessary		
Yes	716	(42.0)
No	990	(58.0)
Child Spacing is ungodly		
Yes	1391	(81.5)
No	315	(18.5)

Researchers' Survey 2017

Table 4 below showed the sources of information on maternal health among the participants. The result showed that the highest information on maternal health among the participants is through the hospital (22.3%) which was followed by the radio (18.6%), internet (13.2%), friends (12.4%), school (10.8%) and the family (10.5%) respectively.

Table 4: Sources of Information on Maternal Health

Sources of Information	Frequency	Percentage
Internet	225	(13.2)
Family	179	(10.5)
Friends	212	(12.4)
Hospital	380	(22.3)
Television	208	(12.2)
Radio	317	(18.6)
School	185	(10.8)

Researchers' Survey 2017

Discussion

The study revealed that awareness on maternal health among the participants is high indicating that sources of information were effective in informing participants. The media most importantly has positive effects on maternal health awareness in the country. This asserts previous works conducted on the media and maternal health which showed a strong relationship between the media and maternal health in Nigeria (Bertrand et al, 1987;

Guatemala & Piotrow et al, 1990; Obisesan, Adeyemo & Fakokunde, 1998; Adinma, 2005 & Oye-Adeniran, Adewole, Umoh, Oladokun, Gbadegesin & Ekanem et al, 2006).

However, awareness towards assisted reproductive technology was found to be fair among the participants as more than half of the participants in the study are aware of it. This however contradicts the work conducted by Adesiyun, Ameh, Avidime & Muazu (2011) in which 76.5% of the sampled population is already aware of assisted reproductive technology, in which source of information were mainly from family and friends.

There was also misconception on the beliefs on maternal health. Although, less than half of the studied population believes that assisted conception is not necessary and that women should wait for God's time to have children, about two-third of the sampled population believes that children are gifts from God and that people should have as many as possible while three quarter of the participants believed that child spacing is ungodly. This depicts the diverse cultural background in the Nigerian society and the effects of cultural beliefs on health decision. This confirms the study conducted by Ojua, Ishor & Ndom (2013) which asserts the positive relationship between cultural beliefs and health seeking behavior of people.

Conclusion and Suggestions

The study has been able to assess the level of awareness of maternal health information and the sources of information among women in Nigeria. The study concluded that, media awareness on maternal health information among women in Nigeria is high. However, despite the high level of awareness of maternal health information among the participants, various misconceptions were held on beliefs about maternity health among the participants. The study also concluded that information on maternal health through the media was majorly disseminated in English language and because of the cultural and language diversity; there is distortion in such information. The study therefore recommended wider dissemination of adequate information on maternal health through the media in local languages and pidgin language in order not only to ensure that adequate information on maternal health is disseminated to women in Nigeria but also to ensure that such information is not distorted and are well understood.

References

- Archibong, E. I. & Agan, T. U. (2000). Review of policies and programmes for reducing maternal mortality and promoting maternal health in Cross River State, Nig *African Journal of Reproductive Health* .14(3): 37 - 42.
- Adamu, M. Y (2003). Maternal mortality in northern Nigeria: a population- based study. *European Journal of Obstetric Gynecology Reproductive Biology* 109(2): 153–159. Retrieved from:
https://www.academia.edu/8056550/HEALTH_CARE_PROBLEMS_IN_NIGERIA_BY?auto=download.
- Adesiyun, A.G., Ameh, N., Avidime, S., Muazu, A (2011). Awareness and perception of assisted reproductive technology practice amongst women with infertility in

- Northern Nigeria. *Open Journal of Obstetrics and Gynecology*, 1(3) Retrieved from:
<http://www.scirp.org/Journal/papercitationdetails.aspx?PaperID=7674&JournalID=604>. Accessed November 12, 2018
- Adinma J.I.B., Nwosu B.O (2005). Family planning knowledge and practice among Nigerian women attending an antenatal clinic. *Adv contracept*. 11(4):335-344.
- Ariyo, O.C, Ariyo, M.O1, Okelola, O.E, Aasa, O.S, Awotide, O.G, Aaron, A.J, and Oni, O.B (2013). Assessment of the Role of Mass Media in the Dissemination of Agricultural Technologies among Farmers in Kaduna North Local Government Area of Kaduna State, Nigeria. *Journal of Biology, Agriculture and Healthcare*. 3(6). Retrieved from: <http://www.iiste.org/Journals/index.php/JBAH/article/viewFile/5677/5790>. Accessed 4th August 2018.
- Bankole, A., Sedgh, G., Okonofua, F., Imarhiagbe, C., Hussain, R. & Wulf, D. (2009). *Barriers to safe motherhood in Nigeria*. New York, USA Guttmacher Institute: 1-27.
- Baran, S.J. & Davis, D.K. (2008). *Mass communication theory: Foundation, ferment, and the future*. New York: Wadsworth.. 275-276.
- Ball-Rokeach, Sandra J; DeFleur, ML (1976). A dependency model of mass-media effects. *Communication Research*. 3 (1): 3–21.
- California Department of Public Health (2010). Department of health services breastfeeding promotion. Retrieved from: <http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/pages/DHSbreastfeedingPromotionPolicy.aspx>. Accessed 10th May 2018.
- Centre for Maternal and Child Enquires (2011) *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006-2008* Blackwell, London.
- Center for Health and Gender Equity (2014). *Maternal health*. Retrieved from: www.genderhealth.org/the_issues/maternal_health/. Accessed 18th May 2018
- Chandhick N., Dhillon B.S., Kambo I., Sexena (2003). Contraceptive knowledge, practices and utilization of services in rural areas of India *an ICMR task force study*. 57(70): 3003-10.
- Federal Ministry of Health. (2006). *National Health Promotion Policy. Nigeria: Paths*, DFID, WHO.
- Godlee, F., Pakenham-Walsh, N., Ncayiyana, D., Cohen, B, Packer, A (2004). Can we achieve health information for all by 2015? *Lancet*.364:295–300

<http://image.slidesharecdn.com/nigerian-states-budget-analysis-140908031316-phpapp01/95/nigerian-states-budget-analysis-4-638.jpg?cb=1410146092>. Accessed 13th April 2018.

- Gordon, A.A (2003). *Ethnic diversity within nations*. Santa Barbara, California, USA:
- Harrison, K. A. (2009). The struggle to reduce high maternal mortality in Nigeria. *African Journal of Reproductive Health*, 13(3): 1-20.
- Holmes, D. & Baker, P.N.(2006). *International students 'edition midwifery by ten teachers*. London: Hodder Arnold Ltd.
- Jegade, A.S (2002). The Yoruba Cultural Construction of Health and Illness. *Nordic Journal of African Studies* 11(3): 322-335. Retrieved from: http://www.njas.helsinki.fi/pdf-files/vol11num3/jegade_02.pdf. Accessed 9th September 2018.
- Keating, J (2014, January 30). Nigeria Will Have More People Than the United States by 2050. Retrieved from: http://www.slate.com/articles/news_and_politics/cover_story/2017/01/how_vladimir_putin_engineered_russia_s_return_to_global_power.html. 4th June, 2018.
- Kucharski, M (2013, June 29). Maternal Mortality in Nigeria: Reducing rates through Education. Retrieved from: <https://prospectjournal.org/2013/07/29/maternal-mortality-in-nigeria-reducing-rates-through-education/>. Accessed October 10, 2017.
- McKinley, J. (2015). Critical Argument and Writer Identity: Social Constructivism as a Theoretical Framework for EFL Academic Writing. *Critical Inquiry in Language Studies*. 12 (3): 184–207. doi:10.1080/15427587
- National Economic Empowerment and Development Strategy (2004). Retrieved from: <http://pubs.sciepub.com/ajphr/1/7/6/>. Accessed April 9, 2017.
- Nigerian Bureau of Statistics (2010). *Labour Force Statistics*. Retrieved from: <http://www.nigerianstat.gov.ng/pages/download/41>. Accessed 16th August 2017.
- Obisesan K.A., Adeyemo A.A & Fakokunde B.O. (1998) Awareness and use of family planning methods among married women in Ibadan. Nigeria. *East Afr Med J* 75(3):135-138.
- Ognyanova, K.; Ball-Rokeach, S. J. (2012). Political Efficacy on the Internet: A Media System Dependency Approach. Academia.edu.

- Ogunmupe, B. (2012). *Nigeria's position among OPEC countries*. Retrieved from: <http://ogunmupe.blogspot.com.ng/2012/10/nigerias-position-among-opec-countries.html>. Accessed 7th December 2017.
- Ojua, Ishor & Ndom (2013). African Cultural Practices and Health Implications for Nigeria Rural Development. *International Review of Business and Management Research*. Volume 2 No 1. Retrieved from: <http://irmbrjournal.com/papers/1367572222.pdf>. Accessed September 20, 2017.
- Onyemelukwe, A. (2016, November 16). *The Role of the Media in reducing maternal, newborn and child mortality for sustainable development*. .
- Oye-Adeniran B.A., Adewole I.F., Umoh A.V., Oladokun A., Gbadegesin A & Ekanem E.E. et al (2006). Community based study of contraceptive behavior in Nigeria. *Afr J Rep Health*. 10(2): 90-104.
- Pittrof, R. & Johanson, R. (1997). Safe motherhood-an achievable and worthwhile aim. In: Studd. J (Ed) *Progress in obstetrics and gynaecology*. London: Churchill Livingstone, 1-13.
- Rahman, M., Islam, R. & Rahman, M (2010). Antenatal care seeking behavior among slum mothers: a study of Rajshani City Corporation, *Bangladesh*. *Clin basic Res*.10 :50-56.
- Ransom, E. K. & Yinger, N. V. 2002. Making motherhood safer: Overcoming obstacles on the pathway of care. *Popul. Ref. Bureau*., 1-36.
- Sood, S., Shefner-Rogers, C & Skinner, J (2014). Health Communication Campaigns in Developing Countries. *J Creat Commun*. 2014; 9(1):67-84.
- Shefner-Rogers C & Sood S. (2010). Involving husbands in safe motherhood: effects of the SUAMI SIAGA campaign in Indonesia. *J Community Health Nurs*. 9(3):233-58.
- United Nations Fund for Population Activities (2006). *Population issues: Improving Reproductive Health; family planning*. Retrieved from: <Http://www.unfpa.org>. Accessed 15th May 2017.
- United States Agency for International Development (2016). *Global Health*. Retrieved from: <https://www.usaid.gov/nigeria/global-health>. Accessed 6th June 2017.
- Williamson M & Harrison L (2010). Providing Culturally Appropriate Care: A literature review. *International Journal of Nursing Studies* 47: 761-9
- WHO (2005). *Maternal mortality*. Retrieved from: www.who.int/whosis/mme_2005.pdf. Accessed 23rd July 2017.

OLUYEMI, Joseph A. & ADEJOKE, Joseph A.: Maternal Health Information in Nigeria: The Myth and the Beliefs

WHO (2010). The State of Breastfeeding in 33 Countries. Retrieved from: <http://www.worldbreastfeedingtrends.org/>. Accessed 29th May 2017

WHO (2013). Maternal, newborn and child health. Retrieved from: http://www.who.int/topics/maternal_health/en/.
<https://www.gamers.com.ng/map-of-nigeria-showing-the-6-geopolitical-zones/>.
Accessed 18th October 2017.

WHO (2020). Maternal health in Nigeria: generating information for action. Retrieved from: <https://www.who.int/reproductivehealth/maternal-health-nigeria/en/>. Accessed 3rd June 2020.

WHO (2020). *Maternal health*. Retrieved from. https://www.who.int/health-topics/maternal-health#tab=tab_1. Accessed 4th June 2020.