

**FACTORS INFLUENCING PREFERENCE FOR FAITH-BASED MATERNITY HEALTH SERVICES AMONG PREGNANT WOMEN IN OGBOMOSO NORTH LGA, OYO STATE**

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**ABSTRACT:** *Poor maternal and child health characterized by high incidence and prevalence of maternal and child mortality and morbidity continues to pose grave challenge to health and development indicators in sub-Saharan Africa. Nigeria occupies a notable position in the region accounting for poor maternal and child health indicators. Utilization of maternal and child health services plays a strong buffering role against maternal mortality. Unfortunately, accessing these services in formal settings among Nigerians especially in rural and per-urban areas is low. Faith based maternity homes provide alternative to maternal health services provided in the formal setting notwithstanding that the procedures involved in majority of such centres are spirituality oriented. Investigating factors influencing the preference of these settings over the formal setting is therefore an important issue for research. This study investigated factors influencing preference for faith based maternity centres among a representative sample of women attending these centres in Ogbomoso North LGA of Oyo State. The descriptive survey research design was employed in the study and data generated from 125 respondents sampled from two faith based maternity centres in the local government area. Generated data were analysed using descriptive statistics of frequency counts and percentages and inferential statistics of simple regression at 0.05 alpha level. Findings of the study showed that financial cost ( $R = 0.686$ ,  $F_{(1, 123)} = 109.560$ ,  $p=0.000<0.05.$ ), attitude of health care workers, incessant strike actions and distance of formal health centres significantly influence preference for faith based maternity homes. Recommendations were made on addressing these factors in order to contribute significantly in reducing maternal mortality and morbidity.*

**KEYWORDS:** Faith-Based, Services, Cost, Maternal, Mortality.

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## **INTRODUCTION**

Faith-based maternity centres are places where some women who are trained to conduct delivery operate. Unfortunately, some, if not most of these women, have low or no formal education and/or poor knowledge on pregnancy, labour, (mechanism of labour) and puerperium with their strongest point being spirituality. They are therefore more likely to carry out their procedures without scientific, sound and accurate knowledge of the delivery process. This in turn can eventually lead to increased rate of maternal and child morbidity and mortality evidenced in several complications such as postpartum hemorrhage (PPH), retained product of conception in mothers and birth asphyxia, neonatal death and neonatal tetanus in babies.

Maternal mortality rates in Nigeria are among the highest in the world, ranging from 800 to over 1,000 per 100,000 live births (WHO 2007). Nigerian women run the risk of dying during pregnancy or childbirth, that is 100 times greater than that faced by women in Western Europe (WHO 2007). However, data on the percentage of Nigerian women that use Maternity Health Services show that the high risk of dying and high mortality rates may be due partly, to low maternity care coverage. For instance, available data show that 60% Nigerian women received antenatal care, 31% in a health facility and 31% have skilled attendant at delivery (Ezeruigbo

& Gloria 2012). There is therefore an alarming rate of maternal mortality with 98% percent of these death occur in developing countries and for every women who dies, at least 30 others suffer injuries and, often permanent disability (Ofili and Okojie, 2005).

Some groups of women seeks antenatal care very late, some prefers to seek antenatal care both in health facility and faith-based maternity centres while some groups of women are not willing to receive any antenatal care at all throughout their period of pregnancy. At the onset of labour they visit faith-based maternity centres to be delivered. But on the long run, they will eventually be referred to hospital facility when the labour or delivery becomes complicated. Despite several outreaches to women of childbearing age on the use of orthodox maternity health services, pregnant women in the study area persist in visiting faith-based maternity centres to deliver their babies. Their choice of place of birth has prompted the researcher to research into what actually is making them to take such risk which can have serious consequences on the outcome of their pregnancy. Khalid, Daniel and Lale (2006) decried the use of alternatives to orthodox maternal health services in Nigeria as pregnant women's use of health facilities during delivery by pregnant mother is still very low. This contributes significantly to making maternal morbidity and mortality a public health problem in Nigeria.

The preference for alternatives to modern maternity health services is suspected to be influenced by a lot of factors including demographic, socio-economic, cultural, obstetric and health systems factors. More importantly, level of education of our women, poverty, religious beliefs, long distance to health facility, unavailability of transport means, onset of labour at night, unfriendly attitude of staff of health facility, lack of money for transportation, unsatisfactory services at health facility, unavailability of staff at health facility, previous uneventful delivery at the health facility and incessant strike actions of health workers in government hospitals/maternity centres have been widely acclaimed as having strong correlation with the degree of utilization towards their choice of place delivery.

Abasiattai (2008) in a 6 year review of maternal death in a teaching hospital in south-south Nigeria reported that lack of privacy, fear of caesarean section and blood transfusion, fear of spiritual attack from enemies and witches, high cost of hospital fees and lack of transportation to hospital are reasons for non-utilization of orthodox health services for ANC and delivery by pregnant women. Unfortunately, despite the recorded advantages ANC bestows on the reduction of maternal mortality, majority of our women still go through pregnancy without formal ANC therefore denying themselves the opportunity to benefit from health talks delivered during the clinic session which would have made them appreciate the advantages of delivery in orthodox health facilities where emergency obstetric care (EOC) is readily available.

Further investigation into factors motivating preference for alternative maternity health services is necessary to devise responsive strategies to reducing maternal mortality and morbidity associated with non-utilization of formal health care services. Therefore, this study seeks to determine the factors influencing preference for utilization of faith-based maternity services among the pregnant women in Ogbomosho North Government area of Oyo State.

## **Hypotheses**

The following hypotheses were tested in the study:

1. Financial cost will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA
2. Attitude of formal maternity health services will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA
3. Incessant strike actions in formal maternity health services will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA
4. Distance of formal maternity health services will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA

## MATERIALS AND METHODS

**Research Design:** The descriptive survey research design of the cross-sectional type was used in the study. The design is considered most appropriate since the study is only interested in surveying factors influencing preference of faith-based maternal homes over formal health facilities.

**Population, Sample and Sampling Procedure:** The population of the study comprised pregnant women utilizing faith-based maternity homes in Ogbomoso North LGA of Oyo State. The target population are all pregnant women that attends antenatal clinic of the two selected faith-based maternity centers in Ogbomoso North Local Government Area of Oyo State. Non-probability, accidental sampling techniques was used to select two faith-based maternity centres in Ogbomoso North Local Government Area of Oyo State. Mondays and Wednesdays are for antenatal clinics while Tuesdays, Thursdays, and Fridays were for purely prayer session in each of the centers. The average numbers of client in each of this centre during the antenatal clinic days is 45. One hundred and twenty five (125) respondents were used in the study.

### *Sampling Size Determination*

The Taro Yamane's formula was used to determine the sample size of 125 respondents. This enabled the researcher in collecting data from as many subject as possible covering the selected two centers.

$$n = \frac{N}{1 + N(e)^2}$$

Where N is the target population, n is the sample size and e is the level of significance and a constant (0.05).

(First Centre):

$$\begin{aligned} n &= \frac{80}{1 + 80(0.05)^2} \\ &= \frac{80}{1 + 0.2} \end{aligned}$$

$$= \frac{80}{1.2} = 66.667$$

(Second Centre):

$$n = \frac{N}{1 + N(e)^2}$$

$$= \frac{68}{1 + 0.17}$$

$$= \frac{68}{1.17}$$

$$= 58.120$$

$$58.120 + 66.7 = 124.787$$

$$\cong 125$$

**Method of Data Collection:** Data was collected using a self-structured questionnaire with reliability of 0.76 estimated on the Cronbach alpha scale. Permission was obtained from the pastor-in-charge of the two selected faith-based centers. To ensure the co-operation of the respondent, clarification as regards the purpose of study was given clearly from the outset, at the beginning of the questionnaire. Two research assistants collected the data using on the spot administration technique. The respondents who filled the consent forms were given copies of the questionnaire and the filled copies were collected on the spot. The essence of this administration technique was to avoid the loss of questionnaire. Respondents who could not read had the questionnaire interpreted to them.

**Data Analysis:** Filled copies of the questionnaires were scrutinized for complete filling and coded into SPSS. The coded data were analysed using descriptive statistics of frequency and percentages and inferential statistics of simple regression model at 0.05 alpha level.

## RESULT

**Table. 1: Demographical Data of the Respondents.**

VARIABLE	FREQUENCY	PERCENT
<b>Age range</b>		
15-19years	6	4.8
20-24years	36	28.8
25-29years	43	34.4
30-34years	19	15.2
35-39years	16	12.8
40 and above	5	4.0
<b>Total</b>	<b>125</b>	<b>100</b>

<b>Religion</b>		
Christian	96	76.8
Islam	26	20.8
Traditional	3	2.4
Other (specify)	-	-
<b>Total</b>	<b>125</b>	<b>100</b>
<b>Ethnic group</b>		
Yoruba	115	92.0
Igbo	6	4.8
Hausa	3	2.4
Others	1	0.8
<b>Total</b>	<b>125</b>	<b>100</b>
<b>Education Status</b>		
Primary	13	10.4
Secondary	84	67.2
Tertiary	24	19.2
None or Artisan	4	3.2
<b>Total</b>	<b>125</b>	<b>100</b>
<b>Occupation</b>		
Civil servant	14	11.2
Trading	91	72.8
Farming	2	1.6
House wife	11	8.8
Student	7	5.6
<b>Total</b>	<b>125</b>	<b>100</b>
<b>Number of children</b>		
1-2	69	55.2
2-3	24	19.2
3-4	20	16.0
4-5	8	6.4
5 and above	4	3.2
<b>Total</b>	<b>125</b>	<b>100</b>

The result of the study shown in the table above revealed that 6(4.8%) of the respondent were within the age of 15-19years, 36(28.8%) were within the age of 20-24years, 43(34.4%) were within the age of 25-29years, 19(15.2%) were within the age of 30-34years, 16 (12.8%) were within the age of 35-39years while 5(4.0%) of the respondent were within the age above 40years. On religion distribution, findings showed that 96(76.8%) of the respondent were Christian, 26(20.8%) of the respondent were Islam while 3(2.4%) of the respondent were Traditional. Ethnic distribution showed that 115(92%) of the respondents were Yoruba, 6(4.8%) were Igbo, 3(2.4%) were Hausa while 1 (0.8%) of the respondent specify other ethnic group. On educational attainment, findings showed that 13(10.4%) of the respondents were primary school holder, 84(67.2) were secondary school level while 24(19.2%) were tertiary certificate while 4(3.2%) of the respondents has no educational background. Findings also showed that 14(11.2%) of the respondent were civil servant, 91 (72.8%) were trading, 2(1.6%) were farming, 11(8.8%) were full house wife while 7(5.6%) of the respondent were student. It

is also seen that 69 (55.2%) of the respondents had 1-2 children, 24 (19.2%) had 2-3 children, 20 (16.0%) had 3-4 children, 8 (6.4%) had 4-5 children while 4 (3.2%) of the respondents had above 5 children.

## Hypotheses

### *Hypothesis One*

Financial cost will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA

**Table 2: Influence of Financial Cost on Preference of Faith-Based Maternity Centre**

<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>		
.686	.471	.467	1.66046		
	<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	302.072	1	302.072	109.560	.000
Residual	339.128	123	2.757		
<b>Total</b>	<b>641.200</b>	<b>124</b>			

a Predictors: (Constant), FINANCIAL COST

b Dependent Variable: PREFERENCE OF FAITH-BASED MATERNITY HOME

The finding of the study as shown in the table indicates that financial cost significantly influence preference of faith-based maternity homes over formal settings among the respondents ( $R = 0.686$ ,  $F_{(1, 123)} = 109.560$ ,  $p = 0.000 < 0.05$ ). The findings of the study further revealed that 46.7% ( $\text{Adj. } R^2 = 0.467$ ) of the variance in preference of faith based maternity homes among the respondents were accounted for by financial cost.

### **Hypothesis Two**

Attitude of formal maternity health service workers will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA

**Table 3: Influence of Care Workers' Attitude on Preference of Faith-Based Maternity Centre**

<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>		
.816	.666	.664	1.31878		
	<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	427.281	1	427.281	245.679	.000
Residual	213.919	123	1.739		
<b>Total</b>	<b>641.200</b>	<b>124</b>			

a Predictors: (Constant), ATTITUDE OF CARE WORKERS

b Dependent Variable: PREFERENCE OF FAITH-BASED MATERNITY HOME

The result of the study as shown in the table 3 above indicates that the attitude of health care workers in the formal settings significantly influence preference of faith-based maternity homes over formal settings among the respondents ( $R = 0.816$ ,  $F_{(1, 123)} = 245.679$ ,  $p=0.000<0.05$ ). The findings of the study further revealed that 66.4% (Adj.  $R^2 = 0.664$ ) of the variance in preference of faith based maternity homes among the respondents were accounted for by the perception of the respondents on the attitude of health care workers in the formal settings.

### Hypothesis Three

Incessant strike actions in formal maternity health services will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA

**Table 4: Influence of Incessant Strike Actions on Preference of Faith-Based Maternity Centre**

<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>		
.772	.596	.592	1.45168		
	<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	381.993	1	381.993	181.264	.000
Residual	259.207	123	2.107		
<b>Total</b>	<b>641.200</b>	<b>124</b>			

a Predictors: (Constant), INCESSANT STRIKE ACTIONS

b Dependent Variable: PREFERENCE OF FAITH-BASED MATERNITY HOME

The finding of the study as shown in the table indicates that Incessant strike actions significantly influence preference of faith-based maternity homes over formal settings among the respondents ( $R = 0.772$ ,  $F_{(1, 123)} = 181.264$ ,  $p=0.000<0.05$ ). The findings of the study also revealed that 59.2.7% (Adj.  $R^2 = 0.592$ ) of the variance in preference of faith based maternity homes among the respondents were accounted for by Incessant strike actions.

### Hypothesis Four

Distance of formal maternity health services centres will not significantly influence preference of faith-based maternity services among pregnant women in Ogbomoso North LGA

**Table 5: Influence of Distance of Formal Health Settings on Preference of Faith-Based Maternity Centre**

<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>		
.716	.513	.509	1.59397		
	<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	328.689	1	328.689	129.368	.000
Residual	312.511	123	2.541		
<b>Total</b>	<b>641.200</b>	<b>124</b>			

a Predictors: (Constant), DISTANCE OF FORMAL HEALTH SETTINGS

b Dependent Variable: PREFERENCE OF FAITH-BASED MATERNITY HOME

The result of the study as shown in table 5 above indicates that the distance to formal health care workers significantly influence preference of faith-based maternity homes over formal settings among the respondents ( $R = 0.716$ ,  $F_{(1, 123)} = 129.368$ ,  $p=0.000 < 0.05$ ). The findings of the study further revealed that 50.9.4% (Adj.  $R^2 = 0.509$ ) of the variance in preference of faith based maternity homes among the respondents were accounted for by distance to formal maternity health services.

## DISCUSSIONS OF FINDINGS

The result of the study showed that financial cost significantly influenced the preference of faith-based maternity homes over formal maternity health services centre. The cost of accessing health remains a significant factor influencing utilization of health care services in the formal settings in the developing world. Making health care services affordable could be a potent strategy to reducing maternal morbidity and mortality in the developing world. The financial cost of accessing health care services could be perceived as burdensome and as such, faith-based centres which largely offer free services become strong alternative. While it is appreciated that religious inclinations and need for spiritual fortification during pregnancy, delivery and after birth influence utilization of faith based centres; the place of the influence of cost cannot be over-emphasized as revealed by this study. If the low utilization of formal maternity settings resulting in high maternal morbidity and mortality is to be checked; reducing the financial costs associated with accessing maternity health services in the formal settings must be considered. This findings of the study confirms the findings of previous researchers who have studied factors influencing low utilization of formal health settings. It is in line with the findings of Anyanwu and Okeke (2014) which found financial cost as a significant factor influencing settings for health seeking behaviour. The study also supports the findings of Abasiattai (2008) who found high financial cost as a factor responsible for low utilization of orthodox maternal settings in South-south, Nigeria.

The result of the study also revealed that attitude of health care workers significantly influences preference for faith-based clinics. The transformation of the formal health system must have addressing poor attitude of providers towards the people as a major component. People will

largely utilize the formal health systems if their needs are not only catered for but also catered for in a friendly atmosphere. Pregnant women who therefore perceive the faith based maternity homes to be a safe haven for their mental health need apart from their maternal health needs will therefore prefer and utilize these homes instead of the formal settings. Attitude is everything and the attitude of care providers in the faith based maternity centres might predispose, reinforce and also enable pregnant women to visit these centres as well as recommend them to significant others.

The findings of the study that reported poor attitude of health care providers as influencing factor to utilizing faith based maternity centres support the findings of Druye, Siakwa, Osei-Berchie, Okanlawon and Ampada, (2012) that identified attitude of care providers as major inhibiting factor to utilization of orthodox settings for health care. It also supports the findings of Cham (2005) who noted that high risk pregnant women in developing countries have identified poor provider attitude toward patients as a major factor to low utilization of services and low compliance to a referral hospital.

There is also the case of the incessant strike action embarked upon by public formal health settings. Although private ones do not go on strike, the high financial cost associated with private hospitals scare expectant mothers from them thereby making faith based and traditional birth attendants homes as alternatives. Pregnant women fear that at any critical point in their gestation period, the hospitals might be shut down for one reason or the other. The contentious issues between health workers and government seem to be irresolvable. This thus makes strike a major programme in the calendar of public hospitals every year.

The cost of accessing maternal health care services in the formal maternity centres is increased by the cost of transportation to these settings. Accessibility thus becomes a major challenge in utilizing formal health settings for maternal and child health services. This is especially the case in a developing country like Nigeria where the transportation system is yet to be fully developed for easy and efficient movement of people. Faith based maternity homes which in many instances within the neighbourhood are therefore seen as alternatives and for the fact that services are provided without financial cost, they are preferred by some expectant mothers. If the issue of lowered utilization of formal maternity health services is to be addressed, then the siting of maternal health centres must be taken into due consideration. The result of the study confirms earlier findings of previous researchers that have identified transportation and accessibility as major factors in the utilization of formal health services. Specifically, it is in line with the report of Park (2013) which stated that long distance to formal health centres discourage the use of maternal health services in these centres. The findings also support the findings of Ambruso, Abbey and Hussein (2005) that stated that distance from homes to formal settings discourage people from accessing health care in orthodox health facilities.

## **CONCLUSION AND RECOMMENDATIONS**

From the result of the study, it is concluded that women makes use of faith based maternity centres because of the high cost of accessing maternal health services in the formal settings. Apart from cost, it is also concluded that incessant strike action, attitude of health care workers and distance of formal health centres also influence preference for maternal based settings over formal maternal health centres. Consequently, the followings were recommended:

1. There is a pressing need to address the issue of the financial implications of accessing maternal and child health services. It is greatly recommended that a special fund be set aside to cater for maternal and child health services thereby making them accessible without cost. The federal ministry of health can enter into partnership with other tiers of government along with developing partners and international agencies to make this proposal possible.
2. Reorganization of the formal health care delivery system in Nigeria to address ethical and moral guidelines of care providers is very important. Providers must be sensitized to understand that there will not be care providers if there are no service utilizers. As such, they must understand that clients satisfaction is key to sustaining their jobs as they are only required on the job so long people need their services. When clients are scared off through poor and unfriendly attitude, providers will have no one to attend to. Therefore, the issue of poor attitude of care providers towards end users must be given the seriousness it deserves.
3. The location of maternal health service centres equally deserve due attention. These services can only be used if they are accessible to the people. Decentralization of maternal health services to neighbourhoods might help in stimulating positive attitude towards these services and help in empowering people to use them.
4. The issue of lingering crisis in the health sector must be considered as a major threat to health and well-being in Nigeria. Many strike actions are only suspended and not totally resolved. As a result, different strike actions are embarked upon at the slightest excuse. Government and health unions must set up a committee to harmonize health unions and their activities as well as clearly spell out government's obligations which they in turn must honestly meet. This is required to restore confidence in public health services which has been eroded by incessant strike actions.

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