

Full Length Research Paper

A study of the attitudes and socio-cultural practices affecting the outcome of pregnancy and childbirth in Oyo State, Nigeria

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Background: The problems of increased maternal morbidity and mortality in the developing countries like Nigeria have been associated with attitudes and socio-cultural practices of women during pregnancy and childbirth. Knowledge, culture and experience determine expectation of pregnancy and childbirth outcomes. Social cultural practices reflect attitudes, belief held by people for generations. Every social group worldwide has unique cultural practices and beliefs, whether beneficial or harmful. Harmful practices like food restriction and traditional practices during pregnancy may result to maternal malnutrition and poor maternal health. Women with these health conditions could have babies with low birth weight, neonatal deaths and still births. This study aimed to assess the attitudes and socio-cultural practices that affect the outcome of pregnancy and childbirth. It is also aimed to identify the extent to which Social Support and Self- Efficacy perceptions influence cultural practices. **Materials and method:** Sample for the study was made up of 405 women who have delivered babies a year prior to the study. Moniya is made up of seven villages. Five villages were randomly selected for study. Systematic sampling was adopted. In each of the 5 villages studied, every third household was sampled and all the women who have had children a year prior to the study was included. Two instruments, questionnaire and focus group discussion were used for data collection. Four women of childbearing age vast with knowledge of pregnancy related risk factors were trained as interviewers. Data were analyzed with the use of EPI- INFO (version 6.0). Positive attitudes to keep healthy, like attending antenatal (ANC) regularly, eating high protein foods and vegetables were emphasized. **Results:** An important finding from the Focus Group Discussion(FGDs) was that majority of the pregnant women avoided eating bush meat "To avoid having deformed babies" that looks like animals. Green vegetables for the common belief that eating such might cause their babies to hiccough, gasp during breast feeding and Plantain delayed closure of fontanel respectively. Results also showed that 27(6.6%) with no formal education and 168(41.5%) who completed secondary education registered and regularly attended ANC. These showed that the more educated the pregnant women were, the more they registered and attended the ANC. **Conclusion:** From the findings of the study periodic health education of pregnant women on how to minimize unhealthy cultural practices is recommended.

Keywords: Attitudes, socio-cultural, practice, pregnancy.

INTRODUCTION

Attitude and socio-cultural factors exert important effects on maternal health care choices and practices. Socio-cultural practices reflect attitudes values and beliefs held by members of the community for periods often spanning generations (SM fact sheet 2005). Every social group in

the world has unique traditional cultural practices and beliefs, some of which are beneficial while others are not. For instance, the taboos and practices that prevent women from taking appropriate decision on where and when to seek medical attention during pregnancy and

childbirth are harmful. There are taboos that emphasize food restriction and also traditional practices, which negatively affect the well being of women during pregnancy and childbirth. These cultural practices, especially food taboos, to a large extent, prevent pregnant women in the developing countries from getting adequate food nutrients to sustain mother and child. Excessive restriction, of women from eating food items like proteins, green vegetables can predispose to maternal malnutrition and having low birth weight babies (Holmboe-Ohensen, 1995 Ogbeide,2008). Eating a balanced and adequate diet has beneficial effects to both the pregnant women and the unborn child. Generally, women who are malnourished are prone to anemia, infections and poor quality of life, which could give rise to death during pregnancy or childbirth. Such women may experience premature delivery (USAID, 1995, WHO, 2013).

According to Safe Motherhood Fact Sheet (2003), one out of 13 pregnant women face a lifetime risk of maternal death in Nigeria while some suffer ill health and under-nutrition. Each year, 8 million neonatal deaths, maternal deaths, stillbirths and disability occur as a result of factors that include poor maternal health, malnutrition, unhygienic environment and inappropriate management of pregnancy and childbirth (Safe Motherhood fact sheet 2003). Unfortunately, a good number of pregnant women, because of cultural reasons, do not seek proper counseling during pregnancy and childbirth even when medical services are readily available (Otolorin, 1997; Hegazy,2002). The question is what prevents pregnant women from accessing ANC services even when medical services and health workers are available?

The study aimed to assess attitudes and socio-cultural practices that negatively affect women during pregnancy and childbirth. It also aimed to determine the influence of social support and self-efficacy perceptions on women pregnancy related practices.

MATERIALS AND METHODS

The study subjects were made up of 405 women who had delivered babies a year prior to the study. These women were selected from Moniya wards. Moniya ward comprises seven communities. Out of these communities, five were randomly selected. Names of communities are Balogun, Asunmajana, Alase, Apapa, Alade, Abiola and Apomade. In each of the communities chosen every house hold was sampled. All the women who had babies a year prior to the study were including. Eight-one women were selected from end to the five communities randomly selected, given a total of 405. The choice of Moniya ward was based on the researcher's observation during her several visits for health education programme, most pregnant women who came for ANC service presented with sign of anemia and malnutrition.

The researcher was motivated to determine the factors responsible for the women health condition.

Data collection methods were focus group discussion (FGDS) and questionnaire. Ten FGDs were conducted in the five villages. FGDs sought to explore food taboos, preferences, attitudes and socio-culture practices during pregnancy. These were needed to frame and code main study instruments, the questionnaire. Each FGDs session composed of eight participants. The groups were homogenous to allow free flow information. The FGD guide was pretested through a simulated FGD session that trained and familiarized the moderators and recorders with their expected roles. Each session lasted for 60 minutes.

The questionnaire comprised of both open and closed ended questions. It has four sections. The first section was introduction used by the trained research assistants to establish rapport with the respondents, explained purpose of the study and gained their consents. The second was socio-demographic information that supplied information on independent variables for the study, the third sections elicited information on their activity during pregnancy such as registration and attendance to ANC during pregnancy. Last section sought information on the attitudes and socio-cultural practices during pregnancy. And to identify to what extent that socio-support and self-efficacy perceptions influence the cultural practices.

Ten (10) copies of the questionnaire were pretested on women who had their babies within one year in similar community away from the study areas. The content and face validity were enhanced through review by researchers. Pretest result necessitated final adjustment and served as a means for training of research assistants and aided researcher to correct logistic and procedural problems. Pretesting of the instrument ensure reliability. Also double translation of the questionnaire from English into Yoruba ensures standardization, consistency and equivalence of the instrument.

Likert's four points scale was used in scoring. Opinion scores for each items ranged from agreed 4 points to strongly disagreed one point. This was collapsed into two (Positive and Negative). Higher scores mean agreement and lower scores were disagreement.

The trained women research assistants administered the questionnaire. Each lasted between 40 to 50 minutes. Data were analyzed, qualitatively and quantitatively using EPI – INFO (Version 6.0).

Ethical committee of the University of Ibadan approved the study. Community leaders were approached as well as women groups and sought their consent.

RESULT

Findings showed several positive Attitudes to keep healthy. These include attending antenatal (ANC)

Table 1. Comparison of Antenatal attendance and Respondents level of education.

Registered	Level of Education			Total
	None	Minimum of Primary	Completed Secondary	
No	17(4.2%)	28(6.9%)	16(4%)	61(15.1%)
Yes	27(6.6%)	149(36.8%)	168(41.5%)	344(84.9%)
Total	44(10.8%)	177(43.7%)	184(45.4%)	405(100%)

$$\chi^2 = 25.02 \text{ d.f} = 2: P < 0.000004$$

Table 2. Comparison of the respondent educational level and eating or avoiding green vegetable during pregnancy.

Avoided Vegetables	Educational Level (%)				TOTAL
	None	Primary	Secondary	Post Secondary	
No	35 (75.4)	116 (65.5)	100 (74.6)	42 (84.0)	293
Yes	9 (20.5)	61 (34.4)	34 (25.4)	8 (16.0)	112
TOTAL	44	177	134	405	

$$\chi^2 = 8.98: \text{d.f.} = 3: p < 0.03$$

Table 3. Women's attitudes towards Antenatal care and registration during last pregnancy.

Registered	Number	Mean Attitude score		Median	Std dev.	
No	61	22.1		22.0	3.845	
Yes	334	24.6		25.0	3.823	
Difference		-2.4				
ANOVA Variation	SS	DF	MS	F statistic	P value	T value
Between	309.592	1	309.592	21.143	0.000006	4.598
Within	5900.986	403	14.643			
Total	6210.578	404				

regularly, eating high protein foods and vegetables. These positive attitudes were adopted by the pregnant women. For education, 118(29.1%) of the women had primary school, 59(14.6%) had junior secondary school, 134(33.1%) had senior secondary school, 50(12.3%) had tertiary education, while 44(10.9%) of others, had no formal education.

A total of 274(67.7%) women regularly attended ANC. Table 1 showed the education of the respondents who regularly attended ANC. From the result, the higher the education of women the more regularly they registered and attended ANC. This is statistically significant ($P < 0.00004$).

The highest degree of avoidance was demonstrated by 177 who had at least primary education of whom 61(34.5%) did not eat green vegetables during pregnancy. Among 134 who completed secondary school, 34(25.4%) did not eat vegetable. Among 50 women who had post secondary education, only eight (16.0%) avoided eating green vegetables. Interestingly

among the 44 illiterate women only 9(20.5%) avoided vegetables. These differences were significant.

Food Beliefs and Practices

When asked the food they actually avoided during pregnancy? From the words of two participants during FGDs "we do not eat bush meat such as antelope, snails, grass cutter, and monkey". "Other foods avoided were vegetables "ebolo", "bitter leaf" and plantain. When asked to provide reasons for not eaten these foods.

Bush meat: "To avoid having deformed babies" that looks like animals.

Grass cutter: Causes prolong labour

Snails: "Make the baby, salivate too much."

Vegetables: "To prevent hiccoughing and gasping by the baby when sucking breast milk, 'and to the pregnant women to prevent stomach pain and gas."

Plantain: "Delay in closure of the Fontanels." During FGDs, women were asked to provide reasons for the food they

Table 4. Women's attitude towards eating vegetable during the last pregnancy.

Avoided vegetables	Number	Mean Attitude score			Median	Std dev.
No	293	3.3			2.0	1.846
Yes	112	2.6			2.0	1.307
Difference		0.7				
ANOVA Variation	SS	DF	MS	F statistic	P value	T value
Between	39.737	1	39.737	13.522	0.0003	3.677
Within	1184.327	403	2.939			
Total	1224.064	404				

Table 5. Women's belief on keeping pregnancy secret during trimester of ANC registration.

Trimester Registered	Number	Mean Attitude Score			Median	Std Dev.
First	67	3.54			4.0	1.70
Second	233	4.14			5.0	1.36
Third	41	3.71			5.0	1.76
ANOVA Variation	SS	DF	MS	F statistic	P value	T value
Between	22.237	2	11.118	5.068	0.007	
Within	741.471	338	2.194			
Total	763.707	340				

Table 6. women and perceived social support for ANC Registration. Compare with Actual Registration for Last Pregnancy.

Registered	Number	Mean Support Score			Median	Std dev.
No	60	15.9			16.0	7.36
Yes	343	20.9			23.0	5.46
Difference		-5.0				
ANOVA Variation	SS	DF	MS	F statistic	P value	T value
Between	1273.079	1	1273.079	38.141	0.00000	6.176
Within	13384.782	401	33.379			
Total	14657.861	402				

actually ate. Three women responded, "We ate fish, meat (from domestic animals only), eggs, amala, rice, crayfish, and fruits generally among others".

REASONS: "To keep healthy during pregnancy"
 "For easy digestion"
 "For healthy growth of the baby in the womb" and
 "To get enough blood"

There was need to find the mean attitude of the pregnant women towards ANC and registration. Table 3 contains this

Table 3 shows a strong positive relationship between women's attitudes towards ANC and actual registration during the last pregnancy. Those who registered scored an average of 24.6 points. Attitudes towards ANC were also found to increase with level of the women's education

education. The higher the women's education, the more positive their attitude towards ANC registration mean score 24.6. Mean score for those with no formal education are 22.5, while score for those with primary education is 24.1.

The above table shows that those who actually avoided vegetables had a lower food attitude score (2.6) than those who did not (3.3).

There was need to find out the women's belief on concealing their pregnancy from others before the trimester of ANC registration.

Opinion scores for individual items range from 5 points strong agreement to 1 point for strong disagreement. The issue of keeping one's pregnancy secret met with agreement, having a mean score of 4.07 and median of 5.0 points. Those 67 (16.5%) who registered during the

Table 7. Comparison of Self- Efficacy to Register for ANC and Whether Registered for ANC at last Pregnancy.

Registered	Number	Mean self – Efficacy score	Median	Std Dev		
No	61	2.4	3.0	1.324		
Yes	340	3.3	4.0	1.181		
Difference		-0.9				
ANOVA						
Variation	SS	df	Ms	F statistic	p value	t value
Between	37.610	1	37.610	25.958	0.000001	5.094
Within	578.100	399	1.449			
Total	615.711	400				

first semester had a significantly lower mean score 3.5 and median 4.0 showing less agreement when compared with those who registered in the second semester 4.4, 5.0 median, and third 3.7 mean, 5.0 mean respectively.

Reason for late registrations for ANC were explored during FGD. From the responses during FGDs, majority said pregnancy must be kept secret for fear of losing the pregnancy. They argued that if pregnancy is made known to the public early in the first trimester, there is a chance of losing the pregnancy to witchcraft. "From the words of one of the participants "I lost one of my pregnancies when I revealed to my neighbor that I was pregnant.

Perceived social support of the women was examined. Women were asked about perceived level of social support coming from five sources during their pregnancy (husband, her mother, mother in-law, sisters and friends). The score of support from sources was based on seven items whose individual scores ranged from 1-5 points and as a total score from 7-35 points. Husband demonstrated the most support with a mean score of 27.5%. following closely where the women's own mothers (26.8 points) both sisters and friends score an average of 26.7 points while mother in-laws were seen to offer the lowest level of social support with the average of 25.3 points.

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From the above table perceived social support was significantly higher 20.9 points, for those who actually

registered for ANC, than those who did not register (15.9 points).

SELF EFFICACY PRECEPTION: Seven items sought to determine how confident women felt to take actions during their next pregnancy. On a scale of 1-4 points ranging from no confident to very confident

. Important findings, women were not confident in telling their friends and relatives as soon as they knew they were pregnant (1-7 points). Women were indecisive when it came to eat whatever you want during pregnancy including vegetable (2.2 points). They were most confident about going to ANC at 3-4 points and going to maternity centers to deliver (3-6 points).

Confidence to register for ANC was matched with having registered at the last pregnancy. Those who did not, had a mean score of (2.4) compared to the significantly higher score of (3.3) for those who did register. Women express more confidence in registration for ANC, ($p < 0.000001$).

DISCUSSION

Attitude and socio-cultural practices during pregnancy were discussed. The influence of cultural beliefs and taboos was directly addressed by this study. It was found that cultural beliefs played significant roles in determining the kinds of food pregnant women would consume. Although many ate balanced diet during pregnancy, those who avoided some nutritious diet as taboos during pregnancy would be at risk of giving birth to low birth weight babies and experienced poor pregnancy outcome as revealed by (UNICEF, 2006).

"WHO and UNICEF 2006 emphasized that pregnant women need a variety of the best foods available to the family such as milk, fruits, vegetables, meat, fish, eggs, pulses and grains; there is no reason to avoid these food during pregnancy". Eating a balanced and adequate diet not only has beneficial effects for the yet to be born child (Holmboe Ottesen 1995, Ogbeide, 2008), but it protects the health of pregnant women. Women who are malnourished

rished are more prone to diseases and reduced quality of life.

A major activity during pregnancy for most women was registration and attending Antenatal Care (ANC). The fact that the respondents considered ANC services important, registered and attended implied that the respondents had sound understanding of the benefits of ANC in guaranteeing Safe Motherhood. It is fortunate that majority registered for ANC but the age of pregnancy at the time of registration was relatively late; that was into the second and even the third trimester. This period contradicted the purpose of ANC wherein early registration is synonymous with early detection of pregnancy risks factors and allows for prompt and adequate management, necessary and timely referral. Several authors confirmed that pregnancy outcome is better if potential risks or complications are detected, treated or referred as early as possible during the antenatal period (Moore 1990, and Harrison 1999).

The relatively late registration of many women coincides with the strong local belief confirmed in this study that one should not let one's pregnancy be known publically until it is obvious in order to avoid risks from the male factions of evil doers.

The positive association between educational level and utilization of maternal Antenatal care services confirmed with that documented in other studies. Giwasogie (1998) pointed out the value of specific reproductive health knowledge, such as nutrition and the timing of registration.

Jacobson (1991) confirmed that women with little or no education are less like to seek for ANC. The results emphasized the female education as the women's level of education was positively associated with her registration and attendance of ANC, as well as none avoidance of eating high protein food due to cultural reasons.

The influence of culture beliefs and taboos was directly addressed by this study. it was found that many woman did act in accordance with their beliefs. However certain food taboos may prove harmful. The desire to avoid bush meat by many women may deny them some protein but in reality, because of its rarity and cost, bush meat is not a regular part of the average person's daily diet in the community, so the potential nutritional threat does not actually exist. The concern about green vegetable is based on the belief that these cause stomach ache and gas, which is possibly seen as a threat to the pregnancy. Avoiding vegetables was reported by 36.8% of the women and could have nutritional implications as it denies them an important source of folic acid. Of major concern are dietary behaviors. Specifically, a pregnant woman needs a variety of the best foods available to the family: milk, fruits, vegetables, meats, fish, eggs, pulses and grains, there is no reason to avoid any of these foods during pregnancy (UNICEF, UNESCO and WHO 2013). Eating a balance and adequate diet not

only has a beneficial effects for the yet to be born child but it also protects the health of pregnant woman.

Women who are malnourished are more prone to disease and reduced quality of life. They also have higher risk of death associated with pregnancy and childbirth than other women because they are more likely to experience haemorrhage and infection associated with anemia and malnutrition (kobhinsky, 2004).

A strong positive relationship exists between attitudes towards ANC and actual registration during last pregnancy. This finding agrees with Chen 1989 that attitudinal and emotional factors exert important effect on women's care seeking during pregnancy. In some developing world pregnancy and child birth are seen as normal life processes which should not require special attention. In such a situation, the joy of having a new baby may be reduced. The positive association found between the women's education and attitudes towards registration for ANC confirms that education empowers women to take right decision concerning their health and that of their babies.

The issue of keeping pregnancy secret was associated with late ANC registration and attendance. Understanding health belief system, particularly where traditional cultures persist among a significant segment of the population is an essential first step in modifying maternal health behaviours.

The positive influence of perceived social support or approval on behaviour was demonstrated in this study. In Jamaica social support from close friends was found to be a prerequisite to initiates ANC among pregnant adolescents (Wedderburn, 1990). Social support from friends, family and peers has been found to help women overcome some of the negative psycho-social effects experienced by women who may be carrying an undesired pregnancy (Ladipo, 1999). More specifically, Schaffer and lia-Hoagberg (1997) found that social support provided by partner's correlated positivity with adequately of antenatal care. A connection between higher level of social support and higher level of maternal education was also documented in this study. This again buttressed the need for female education in the society at large. While it is not likely that education itself directly influence levels of perceived support, it is likely that educated women have a broader world view and greater opportunities to make friends and contacts outside the more narrow confines of and indigenous rural community.

In this study perceived self – efficacy or self confidence was associated with a number of designed ANC behavior and including diet. Both Stretcher and Becker (1988) documented that maternal self – efficacy exerted a powerful influence on a wide range of maternal care choices and behaviours. Self-efficacy was associated with the desire to undertake some activities capable of encouraging healthful living during pregnancy and childbirth. For instance, a good number of the women registered and attended ANC regularly, while others are

others are balanced diet notwithstanding their husbands' objection.

CONCLUSION

In this study, 405 women who had delivered a baby in the previous year in Moniya, Akinyele of Oyo State were studied. Registration and attendance of ANC was adopted by most women (86%) but mean gestational age of registration was well into the fifth month of pregnancy, meaning that many would have registered too late to benefit from preventive care and monitoring of risks.

The study result emphasized the education was positively associated with her registration and attendance of ANC and not avoiding vegetables. The study documented indigenous beliefs exists that have implication for the health care seeking during pregnancy. A good number of women reported that they did not eat vegetables during pregnancy. Others believed that they need to protect their pregnancy by keeping it secret until it shows. The desire to avoid vegetables an important source of folic acid, may have negative consequence. Attitudes influenced registration for ANC, perceived social support and self – efficacy influenced registration for ANC and other health care choices (delivery in maternal homes).

RECOMMENDATIONS

1. Increase girl child education as women's education was related to their utilization of ANC services.
2. Enhancing social support: since social support was associated with ANC registration and regular attendance during pregnancy.
3. Community existing social clubs and association both male and female should serve as for health education on how to provide support for women during pregnancy and need for green vegetables as an important source of folic acid.
4. Enhancing self – efficacy: since this and previous studies have identified the positive role of perceived self – efficacy on accessing health care services. Self - efficacy could be boosted when women hear information and received encouragement from health workers, during health education sections.

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