

SOCIO-CULTURAL FACTORS INFLUENCING PREGNANCY OUTCOMES AMONG TRADITIONAL BIRTH ATTENDEES IN TANKE AREA OF ILORIN, KWARA STATE

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Abstract

The quality of pregnancy outcomes depend solely on the health and lifestyle of the mother. This study investigated the socio-cultural factors influencing pregnancy outcomes among traditional birth attendees in Tanke area of Ilorin. The objective of the study was to examine the influence of lifestyle and dietary intake on pregnancy outcomes among traditional birth attendees in Tanke, Ilorin South Local Government Area of Kwara State. A descriptive research of survey type was adopted for the study. The population for the study comprised all traditional birth attendees in Tanke Area of Ilorin. A sample of two hundred respondents was selected using a purposive sampling technique. A researcher designed questionnaire validated by three experts in related field was used for data collection. The reliability of the instrument was ascertained using the split-half method and the results were correlated using Spearman Rank Order method which yielded a correlation coefficient (r) of .82. Four trained research assistants helped in data collection. The hypotheses were tested using Chi-Square at 0.05 alpha level of significance. Findings of the study showed that lifestyle and dietary intake contributed to poor pregnancy outcomes such as low birth weight, preterm birth and spontaneous abortion among traditional birth attendees in Tanke, Ilorin South Local Government Area of Kwara State. It was concluded that taking of alcohol, lack of physical exercise, stress and poor dietary intake such as less consumption of fruits and vegetables and other food supplements were responsible for complications and impaired child development in Tanke area of Ilorin. The researcher recommended that, traditional birth attendees in Tanke area should engage in mild physical exercise, reduce stress and take healthy diet and dietary supplements in order to guide against poor pregnancy outcomes.

Keywords: *Social, cultural, pregnancy outcomes, traditional birth attendees*

Introduction

Pregnancy outcomes is one of the most important reproductive health issues globally. Worldwide, an annual estimate of 600,000 women between the age 15-49 died of pregnancy related cause and 99 percent of these deaths are coming from developing world, Nigeria inclusive (Population Reference Bureau, 2002).

Usually our cultural backgrounds to a large extent have tremendous impact on our lives. Culture, according to Alexis and Christies (2007) refers to an integrated pattern of belief and behaviour which varies from local group to group and it coexists with members of people in a particular society, such as education, occupation, income, ethnicity, religion, political affiliation and so on. Social and cultural affiliations inevitably

interact with the body's biology to influence health and these varieties of factors determine people's experiences and definitions of health and illness, access to health care, response to diseases and disabilities, experiences of pains and healing, health outcomes and lots more.

Pregnancy outcomes is the final result of a fertilization event. These may include still birth, spontaneous abortion, induced abortion, low birth weight and congenital malformations. Ajiboye and Adebayo (2012) opined that evidences and researches have shown that maternal processes in Africa, especially Nigeria are prone to complications as a result of multiple socio-cultural and economic factors. For example, low socio economic status of women, high fertility, poverty, cultural beliefs and practices influence pregnancy outcomes in most societies in the African continent, especially sub-Saharan Africa.

Although, with few exceptions, indigenous Nigerian societies take men as the alpha and omega of all decisions, as a result, norms, values and practices are determined by men in almost all aspect of life. In most cases, women are pressurized to repeat child bearing at short intervals in order to meet the desire of their darling husbands to have a large family size or as a means of proving themselves to be brave women in the community. The situation is further complicated with cultural values, rites and norms, poor attitude of health personnel towards emergency care, poor health care delivery system and lack of access to health facilities during emergencies, low socio-economic status, low educational background and so on. The implication of this is that men take decisions on maternal health issues and this may result in poor pregnancy outcomes. Hence, activities that impact pregnancy outcomes may be handled nonchalantly (Ajiboye & Adebayo, 2012).

Traditional birth attendants (TBAs) are lay midwives or community midwives who provide maternal care during pregnancies and delivery. TBAs provides the majority of primary maternity care in developing countries. World Health Organization (WHO, 2010) reported that traditional midwives provide basic health care, support and advice during and after pregnancy. These people base their care on experience and knowledge acquired informally through the traditions and practices of the communities they came from. The United Nation's Population Fund (1996) stated that TBAs usually work in remote, local and underserved areas. TBAs may not receive formal education and training in health care and there is no specific qualifications such as certification or licensure to practise. They often learn their trade through apprenticeship or are self-taught. Some communities do not accept any woman who do not have motherhood experience as a TBA.

In the context of this study, people who patronize TBAs are referred to as traditional birth attendees. There are so many reasons women patronize TBAs, one of these is the belief that the TBAs have local charms and spiritual powers that will prevent complications during pregnancy. Some women also patronize them because of poverty, husband's desire, ignorance and many other factors.

The Virtual Medical Centre (2015) reiterated the importance of lifestyle changes during pregnancy by relaying some consequences of unhealthy lifestyle during pregnancy. It emphasized that smoking or exposure to tobacco smoke before or during pregnancy is associated with varieties of poor pregnancy outcomes including risk of complications during pregnancy, reduced fertility and impaired child development. Kaiser and Allen, (2010) emphasized that women of child-bearing age should maintain good nutritional status through a lifestyle that optimizes maternal health and reduces the risk of malformations, poor foetal growth and development and chronic health problems in their children. The components of health-promoting lifestyle during pregnancy may include normal weight gain, moderate physical activity, consumption of a variety of healthy foods and taking vitamins and minerals supplements, avoidance of alcohol, tobacco and other harmful substances and hygienic food handling.

Kaiser and Allen, (2010) further said that pregnant women with excessive weight gain, poor dietary patterns, certain chronic health problems or a history of substance abuse should be referred to a registered dietitian for medical nutrition therapy. Moderate prenatal weight gain has been associated with better pregnancy outcomes. Most pregnant women need 2,200 to 2,900 kcal a day, but pre-pregnancy body mass index, rate of weight gain, maternal age, and appetite must be considered when tailoring this recommendation to the individual. The consumption of more food to meet energy needs, and the increased absorption and efficiency of nutrient utilization that occurs in pregnancy are generally adequate to meet the needs for most nutrients.

Shehu and Kinta (2011) opined that diet is very important for a good pregnancy outcome. If a pregnant woman's diet is good, she has a much better chance retaining the pregnancy and delivering a very healthy baby. However, if the diet is not enough, she stands a higher risk of developing a number of diseases during pregnancy and of giving birth to a child with low birth weight.

Statement of the Problem

Despite the efforts by Government, World Health Organization, United Nation Population Fund, USAID and other international health agencies campaign and support to reduce maternal death and poor outcomes of pregnancies, there seem to be little effect on the indigenous people of Tanke as they still prefer to patronize traditional birth attendants.

From interactions with some of the women in the area, the researcher observed that there may be socio-cultural factors influencing this patronage. Some of these women are poor and some husbands insist that their wives must patronize TBAs so as to reduce the bills they will pay after delivery. If these women do not attend ante natal clinics at the certified health facilities where they will be enlightened on the consequences of negative socio-cultural practises in their localities, then, the tendency of poor lifestyle, unhealthy food patterns and lack of preparation for complications may be a common practise among them. This situation may have a devastating effect on the health of both the mother and

unborn child as it may lead to birth defects, stillbirths, premature delivery, foetal death, maternal mortality and so on.

In order to improve the awareness about the causes of poor pregnancy outcomes among the indigenous people of Tanke, the researcher was prompted to investigate the socio-cultural factors influencing pregnancy outcomes among traditional birth attendees in Tanke, Ilorin South Local Government Area of Kwara State.

Research Hypotheses

The following assumptions were raised to guide this study:

Lifestyle will not significantly influence pregnancy outcomes among traditional birth attendees in Tanke area of Ilorin, Kwara State.

Dietary intake will not significantly influence pregnancy outcomes among traditional birth attendees in Tanke area of Ilorin, Kwara State.

Methodology

The study is a descriptive research of survey type. The study population comprised all the women in Tanke area of Ilorin. Tanke area of Ilorin was originally a settlement of the Fulanis. However, with the location of University of Ilorin, a federal university in Nigeria at a strategic location in Tanke, it became an area with diverse culture, ethnicity and civilization. However, even with the civilization, the culture and customs of Tanke people are still very dear to their hearts. During pregnancies, most women in Tanke area tend to go spiritual in their quest for safe and sound delivery. This may be a contributory factor to the high number of home deliveries and traditional births in the area. Due to lack of health education on nutrition, lifestyle changes during pregnancy and lack of preparation for complications, most of them end up with poor pregnancy outcomes.

The target population for this study comprise all women within 20 to 35 years who patronize TBAs in the area. A sample of two hundred (200) respondents was selected from two traditional delivery homes in Tanke area. A purposive sampling technique was used to select the two major TBAs in the study area. A purposive sampling technique was also used to select all the clients met at the delivery homes on their days of service. In all, a sample of 200 (95 and 105) was used for the study. A researcher developed questionnaire tagged Socio-Cultural Factors and Pregnancy Outcomes Questionnaire (SCFAPOQ) which was validated by three experts in related field was used to gather data for the study. The instrument was also tested for reliability using a test-retest method and the results were analyzed with Spearman Rank Order method. A correlation coefficient of .82 was obtained, this was high enough to show that the instrument was reliable. Data for the study was gathered by the researcher with the help of four trained research assistants. Consent of the respondents was sought before the administration of the instrument.

Data for the study was sort, coded and analysed using Chi-Square for the hypotheses set for the study. This was done by subjecting the coded data to SPSS version 20.0.

Results

Hypothesis 1: Lifestyle will not significantly influence pregnancy outcomes among people in Tanke area of Ilorin

Table 1: Chi Square analysis of the influence of lifestyle on pregnancy outcomes among people in Tanke area of Ilorin

S/ N	ITEMS	SA	A	D	SD	TOTAL	Cal. X ²	Table Value	DF	DECISION
1.	Alcohol intake during pregnancy may put a pregnant woman at risk of having malformed baby during childbirth.	52	24	12 2	02	200				
2.	Inability to engage in mild physical exercise may make the muscles of the body of a pregnant woman very weak during pregnancy which can make the woman to have preterm birth	143	47	08	02	200				
3.	Exposure to tobacco smoke during pregnancy is associated with varieties of poor pregnancy outcomes including risk of complications during pregnancy, reduced fertility and impaired child development	87	110	1	02	200	96.01	16.92	9	H ₀ Rejected
4.	Not having enough rest during pregnancy may affect pregnant woman	172	24	02	02	200				

Significant at 0.05 alpha level

Table 1 shows that the calculated Chi-Square value of 96.01 which is greater than the table X^2 value of 16.92 with degree of freedom 9 at 0.05 alpha level of significance. The hypothesis is therefore rejected. This implies that lifestyle significantly influence pregnancy outcomes among people attending traditional delivery homes in Tanke area of Ilorin. Majority of the respondents belief that Not engaging in mild physical exercise may make the muscles of the body very weak during pregnancy which can make a woman to have preterm birth.

Results

Hypothesis 2: Dietary intake will not significantly influence pregnancy outcomes among people in Tanke area of Ilorin

Table 2: Chi-square analysis of the influence of dietary intake on pregnancy outcomes among people in Tanke area of Ilorin

S/N	ITEMS	SA	A	D	SD	TOTAL	Cal. X^2	Table Value	DF	DECISION
1.	Good dietary intake of pregnant women may help them to retain the pregnancy	42	45	52	61	200				
2.	Inadequate nutrition during pregnancy may lead to retarded mental development of the foetus of the pregnant women	174	20	03	03	200				
3.	Women with poor nutritional status are at greater risk of preterm birth	160	29	02	09	200	139.68	16.92	9	H_0 Rejected
4.	A pregnant woman who do not take sufficient protein may have a child with low birth weight.	42	90	46	21	200				

Significant at 0.05 alpha level

Table 2 shows that the calculated Chi-Square value of 139.68 which is greater than the table X^2 value of 16.92 with degree of freedom 9 at 0.05 alpha level of significance. The

hypothesis is therefore rejected. This implies that dietary intake significantly influence pregnancy outcomes among People attending traditional delivery homes in Tanke area of Ilorin. Majority of the respondents belief that a pregnant woman who do not take sufficient protein may have a child with low birth weight.

Discussion of findings

Hypothesis 1 which stated that lifestyle will not significantly influence pregnancy outcomes among traditional birth attendees in Tanke area was rejected. Findings of hypothesis 1 revealed that there is a significant influence of lifestyle on pregnancy outcomes among traditional birth attendees in Tanke area of Ilorin. The respondents believe that exposure to tobacco smoke during pregnancy is associated with varieties of poor pregnancy outcomes including risk of complications during pregnancy, reduced fertility and impaired child development. They also believe that Habit of taking alcohol during pregnancy may put a pregnant woman at risk of having malformed baby during childbirth. This finding is supported by Virtual Medical Centre (2015) which reiterated the importance of lifestyle changes during pregnancy by emphasizing that smoking or exposure to tobacco smoke before or during pregnancy is associated with varieties of poor pregnancy outcomes including risk of complications during pregnancy, reduced fertility and impaired child development. The researcher also perceive unhealthy lifestyle such as smoking, lack of exercise, alcoholism and lack of rest as very harmful to the pregnant mothers and their foetus as it could cause developmental problems and complications during pregnancy.

Hypothesis 2 which stated that dietary intake will not significantly influence pregnancy outcomes among traditional birth attendees in Tanke Area of Ilorin was rejected. This implies that dietary intake significantly influenced pregnancy outcomes among people in Tanke area of Ilorin. This implies that the people in Tanke area belief that inadequate nutrition during pregnancy may irreversibly retard mental development of the foetus and that A pregnant woman who do not take sufficient protein may have a child with low birth weight. This finding is in line with Shehu and Kinta (2011) who opined that diet is very important for a good pregnancy outcome. If a pregnant woman's diet is good, she has a much better chance retaining the pregnancy and deliver a very healthy baby. However, if the diet is not adequately enough, she stands a higher risk of developing a number of diseases during pregnancy and of giving birth to a child with low birth weight. As it was reported that lack of essential nutrients and food supplements may result in poor birth outcomes.

Conclusion

Based on the findings of this study, the researcher concluded that:

1. Unhealthy lifestyle during pregnancy contribute to negative pregnancy outcomes such as spontaneous abortion, preterm birth and malformed children.

2. Poor dietary intake also contribute to poor pregnancy outcomes in Tanke area of Ilorin.

Recommendation

The researcher therefore recommended that:

1. Traditional birth attendees in Tanke area should encourage their pregnant mothers to engage in mild physical exercise, reduce stress and take healthy diet and dietary supplements in order to guide against poor pregnancy outcomes.
2. Traditional birth attendees in Tanke area should also be given more sensitization and enlightenment on the importance of change of lifestyle and improved dietary intake during pregnancy.

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