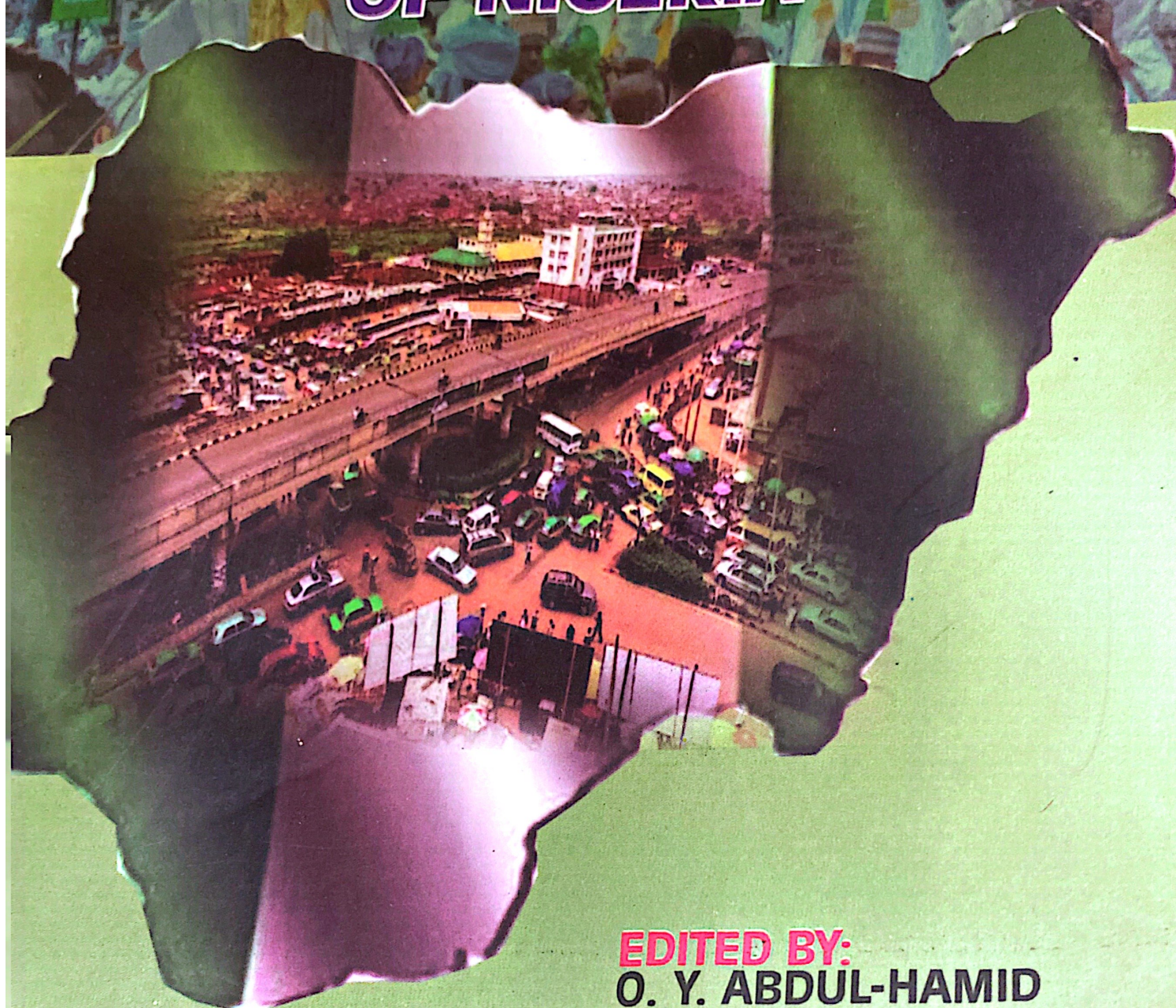


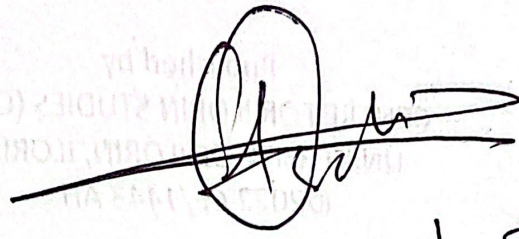


THE PLACE OF ILORIN EMIRATE IN THE DEVELOPMENT OF NIGERIA



EDITED BY:
O. Y. ABDUL-HAMID
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Complimentary



23/07/2022

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CHAPTER 9

CULTURAL AND COMMUNICATION FACTORS FOR IMPROVED MATERNAL HEALTH PRACTICES AMONG ILORIN EMIRATE WOMEN IN A DEMOCRATIC CONTEXT

IMAM OMOLOSO Aisha (PhD)¹ & LA'ARO Oba Abdulkadir (PhD)²

INTRODUCTION

Improvement of maternal health and ending preventable maternal deaths/mortality (females' deaths resulting from complications in pregnancy and childbirth) have remained part of the global health priorities as reflected in the sustainable development goal no 3, which seeks to reduce global maternal mortality ratio, (MMR) to less than 70 per 100, 000 live births by the year 2030 (United Nations Development Programme, 2021). This is with the expectation that by 2030, no country should have maternal mortality ratio that is more than double of the global average (World Health Organisation, 2019). According to the World Health Organisation, most maternal deaths are associated with complications in pregnancy and childbirth, or other underlying health conditions, such deaths are mostly preventable or treatable, while maternal health can be improved by identifying and addressing barriers that limit access to quality maternal health services, not only at the health systems but also at the societal levels (WHO, 2019). Among the factors identified as preventing women from receiving/seeking healthcare services during pregnancy/delivery are poverty, distance to health facilities, lack of information, inadequate/poor services, and cultural beliefs and practices (WHO, 2019). Hence, as noted by Butreso et al. (2013), rapid reduction of maternal deaths can be enhanced by shifting attention of intervention strategies from addressing not only medical causes of maternal deaths but equally focusing on other indirect causes in an innovative and dynamic manner. This suggests a need for sustained and dynamic approaches towards addressing maternal health in sub-Saharan African and Southern Asian countries which as noted by UNICEF (2019) account for majority (86%) of global maternal mortality. The sub-Saharan African region is however declared as having the highest

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maternal mortality ratio of 533 maternal deaths per 100,000 live births, which translates to 200,000 maternal deaths a year (UNICEF, 2019).

Our focus in the present study, is Nigeria, a sub-Saharan African country which mortality ratio of 917 deaths per 100,000 and live births rank 4th on the list of countries with highest maternal mortality in the world (The World Factbook, 2021). It is interesting to note that over the years, there have been several maternal and child health interventions in Nigeria aimed at addressing some of such barriers associated with maternal healthcare as identified by the WHO. Some of these include the Safe Motherhood Initiative (Okereke, Aradeon, Akerele, Tanko, Yisa & Obonyo, 2013), Midwives service scheme, Society for Family Health Maternal and Child Health Care Project, Maternal and Child Health Integrated Programme (Maternal Figures, 2021), Subsidy Reinvestment and Empowerment Programme Maternal and Child Health (SURE-P MCH) (Uzochukwu et al., 2020). However, despite interventions, Nigeria remains among those with unacceptably high maternal mortality (WHO, 2019). This development is a pointer that efforts towards meeting the year 2030 challenge of the SDGs maternal mortality reduction, will require continued multi-dimensional approaches of addressing maternal health.

Aside medical interventions, studies have established that culture-based approaches to healthcare delivery and health communication/promotion provide an alternative means of improving maternal health among non-western communities like sub-Saharan Africa and South Asia where maternal and child health beliefs and practices are highly interwoven and determined by local culture (Finlayson & Downe, 2013; Dike, 2019; Omoloso, Ahmad & Ramli, 2017, 2018; Sharma, Jones, Loxton, Booth & Smith, 2018). While such literatures indicate that the local culture and needs of the perinatal women and other stakeholders should be considered in the design and communication and implementation of maternal health promotion/intervention efforts.

Among the WHO's strategies towards ending preventable maternal mortality is the strengthening of health systems to collect high quality data to respond to the needs and priorities of women and girls, as well as ensuring accountability to improve quality of care and equity (WHO, 2015).

However, as women remain one of the major and direct beneficiaries of maternal health care programmes and interventions, this paper explores, from a cultural perspective, the maternal health experiences, and priorities of women of Ilorin emirates in addressing maternal health facilities in the democratic setting. Specifically, the study sought to:

- i. Describe maternal health cultural practices of Ilorin women.
- ii. Identify maternal health priorities considered important by Ilorin emirate women for democratic and good governance in relation to maternal health.

- iii. Explain how communication and culture can be strategically used to improve maternal health in Ilorin emirate in a democratic dispensation.

METHODS

The study adopted the qualitative research method, "an approach for exploring and understanding the meaning individuals or group ascribe to a social or human problem" (Creswell & Creswell, 2018, p. 41). The inductive and interpretive nature of qualitative research method allows for the exploration of everyday social phenomena and illumination of the meanings and actions of participants in relation to the phenomenon in question (Keyton, 2015). The method was thus considered suitable for this study as it sought to understand the cultural practices driving maternal health in the study area, as well as explain how maternal health priorities of women in the study area can be integrated into the government/political agenda, from a cultural and communication perspective.

Phenomenological research design was employed to explore the lived experiences and meanings of women in Ilorin in relation to the objectives of the study. Women of Ilorin origin constituted the participants in the study, while eligibility for participation was based on the women being natives of Ilorin who must have experienced pregnancy or maternity, maternal health care and cultural aspects of maternal health in Ilorin. Participants were selected using a combination of purposive and snowballing techniques, while in-depth interview was used for data collection. Collection of data reached saturation point at the 17th participant as further interviews were not yielding additional information. Hence, as indicated in table 1, a total of 17 women participated in the study. These participants include pregnant women and nursing mothers to grandmothers and midwives. The data was analysed thematically using NVivo 12 software and presented based on the research questions.

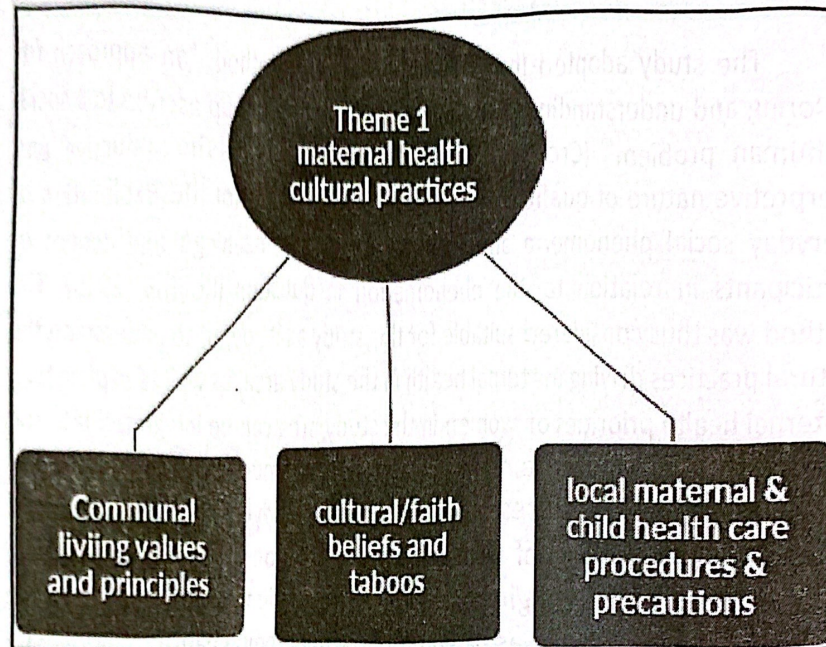
FINDINGS OF THE STUDY

An inductive analysis of the data produced three emergent themes based on the study's research questions. Theme 1 captures the maternal health practices of Ilorin women, theme 2 focuses on the priorities of the women for government, on the issues of maternal and child health, and theme 3 proposes, from a cultural perspective, communication strategies for the improvement of maternal health in a democratic dispensation. Each of these themes is discussed along with its constituent sub-themes as follows:

Theme 1 Maternal Health Cultural Practices in Ilorin Emirate

The analysis of findings captures maternal health cultural practices in the study area under three sub-themes. As shown in figure 1 these are: Communal

living values and principles, cultural beliefs and taboos, and local maternal and childcare procedures and precautions.



Communal living values and principles

Findings indicated a familial system and togetherness in handling issues of maternal health and child health among the Ilorin people. This communal system is characterized by certain practices including general support and concern for perinatal women (pregnant women and new mothers), rest and rooming-in for new mothers and the caregiving and supervisory/training roles of grandmothers/mother-in-law.

Stories of the study participants reflected a general sense of collegial spirit and concern for pregnant women and new mothers among the Ilorin people. This included concerns related to ensuring that women avoided stress/strenuous activities during pregnancy, avoided the in-take of foods considered to be harmful for the babies, and received adequate care among others. Similarly, after delivery new mothers enjoy concern and support from friends and family members and this goes with rest and rooming-in, which allows the new mother to rest while bonding with and taking care of her baby. As succinctly put by informant IN10, a grandmother, "Once a woman has delivered, everybody would be going up and down..." Similarly, the following words of informant IN9, reflect the general descriptions of all participants in this regard,

when you have just delivered, there are usually certain people who stand by you to offer support either concerning the care of the baby or the mother herself. The mother herself needs care and support

during this period because by then, she would not have enough stamina to do all things she does on normal day...people who are close to you. Such people would usually assist by washing clothes, cooking, bathing the baby and general cleaning of the house. The new mother herself would be able to have enough rest during this period not that after two days of delivery; she resumes house chores and everything as before (IN9).

Such caregiving role as described by informant IN9 is interconnected with roles and activities of the elders (grandmothers/mother-in-law) which is another notable feature of the communal living aspect of the Ilorin maternal health culture as indicated in the findings. Hence, caring for new mothers by family members is often done under the supervision of such grandmothers or mother in-law. According to informant IN2,

They will tell you this how you bath baby... They'll teach you how to carry baby...They teach you how to take care of your own personal health in terms of making herbs...They ask you to take hot water so that you can have better health. They teach quite number of things that might probably be new to you...

Although, the results further revealed that not all activities/teachings of these grandmothers/mother in-law are automatically accepted by the perinatal women, these elders are culturally considered knowledgeable and experienced and thus ascribed the responsibility of caregivers, and trainers of perinatal women under their jurisdiction (i.e., their daughters or daughter in-law of the family). This is evident in the following submission by informant IN10, as she shared her experiences on taking care of her daughter in-law,

We usually tell them that whatever you meet the elders doing, they just don't engage in it for any reason... We tell them how to take care of their children... if they are directly under me that is my son's wives, I won't let them be, I insist that they take care of themselves as appropriate (IN10).

Furthermore, while many participants described the togetherness and general support in maternal health care as valuable cultural practice of the Ilorin people, some participants equally noted that such practices sometimes tend to place some restrictions on new mothers, constitute other forms of stress on these mothers or result in strained relationships within the family. Informant IN11 noted for instance perinatal women and their mother in-law often have disagreements

over maternal health cultural practices like in-take of herbs and other local practices,

The couple themselves are not eager for any mother-in-law to come because at the end of the day, when the mother-in-law moves in with them, it eventually leads to tension and problems between the daughter and the mother-in-law.

According to informant IN4,

The issue in Ilorin is that if you are leaving in your family house, all the things they do there, even if you don't like it, you must not say you don't like it... It's not as if one is usually okay with everything that they do...but a woman who doesn't want them to embarrass or pick on her or and ...she just has to persevere.

Cultural Beliefs and Taboos

Maternal health cultural practices in Ilorin emirate also revolve around certain faith/religious beliefs as well as local cultural beliefs and taboos. Many of the participants referred to culture in Ilorin, firstly from the religious perspective which is reflected in their descriptions of maternal health cultural practices. Supplications, use of *Hantu* (holy water from derived inscriptions of verses from the Quran), and belief in the teachings of the Quran, Prophet Muhammed and Islamic clerics emerged as aspects of faith/beliefs associated with maternal health practices in the study area based on the analysis of data. For instance, informant IN5 who noted that several local practices exist however emphasised the centrality of religion thus: *"as generally Ilorin people, we believe in prayers; our religion comes first but I hear a lot of things, a lot of dos and don'ts"*. Similarly, as contained in the following account of informant IN4, many participants echoed a popular supplication for easy delivery as well as the use of *hantu* by pregnant women. *"They... ask us to recite the Quran very well and use it to seek God's favours. We will be reciting "Thumma sabillah yassarahu..." in addition to drinking hantu. It's part of our culture in Ilorin to do these"* (IN4).

Participants' stories also reflected strong belief in the teachings of the Holy Quran and the Prophet Muhammed. Much respect and belief were equally accorded to religious leaders like the Imam and other Islamic scholars. The analysis indicated that maternal health issues associated with such teachings from the holy books or leaders were of much value by people of the study area. According to informant IN1 for instance, once she finds evidence from the Quran concerning any issue on maternal and child health, *"there's no need to ponder over it again"*.

However, the findings equally revealed that sometimes faith beliefs could also lead women to engage in practices that may be detrimental to maternal and

child health. Informant IN13, a midwife shared the following experience about her patients, *"it's whatever the Imam has told her. If the Imam has told her that you should not allow them to give you drip, no matter what you do..."*

The findings equally revealed beliefs/taboo including belief in jinns and outing/activity restrictions for pregnant women, food beliefs/taboo, baby care beliefs/taboo, and faith/beliefs. The belief in the existence of jinns and evil eyes which could harm or replace the fetus in woman's womb was found to be a popular cultural belief of the Ilorin people. As revealed in the analysis, outing restrictions and taboos are therefore instituted as measures of safeguarding pregnant women from jinns and evil eyes. For example, it was found that it is a taboo for pregnant women in the study area to sit on a mortar, grind stone or go out in the afternoon. The following excerpt of informant IN5 interview captures the major outing restrictions aimed at protecting pregnant women from jinns,

...they tell a pregnant woman not to go out when it is sunny; that's around 1: O'clock in the afternoon. They believe that there are evil spirits going around and once a pregnant woman goes out at that time, that period, they believe those evil spirits would...the child that is supposed to come...would be replaced or something like that.

Similarly, accounts of the participants indicated the existence of various activity related taboos believed to have adverse effects on the unborn baby. For instance, it was found that pregnant women should not bend down while washing, sit for long hours, or engage in strenuous activities like fetching water from the well. For instance, pregnant women are forbidden to bend while washing clothes *"so that the unborn baby would not sniff in water"* (IN15).

Several food beliefs/taboo cited by informants also include the avoidance of foods such as snails, toad, banana, sugary foods as well as eating directly from the pot. Many participants also noted that new mothers are made to eat very hot foods after delivery, while in-take of salt after delivery is forbidden in certain households in the study area. Some of these food taboos are associated with the belief of causing deformity in the child while others are believed to have effects on the mother. Eating directly from the pot, as explained by informant IN4 for instance, *"causes dizziness for the pregnant woman"* while eating snails will make the child to *"be salivating...other people say when it's time for the baby to start crawling, the baby will be dragging itself, using the chest"*.

Beliefs/taboo bordering on the care of the baby, as found in this study also include the belief in babies' first traditional birth. This bath involves thorough cleaning of the baby by experienced elders at home. Informant IN6 explained that *"you meet some people outside with certain body odour; elders would say it's because they didn't bath such people properly when they were newly born. They say that first bath is different from just the other everyday baths"*. The finding also

indicated that another taboo associated with the first traditional birth is the belief that a baby will die if the person bathing the baby spits during the bathing. Similarly, participants identified additional taboos that a baby must not fall from its mother's back and the belief that babies must not start teething by growing the upper tooth first.

Local Maternal and Child Health Care Procedures and Precautions

Findings revealed the existence of several local procedures and precautions cutting across pregnancy, delivery and post-delivery and bordering on both mothers and babies' health as practiced in the study area. These include local protections for mothers and babies, pregnancy pegs against miscarriages or premature labour and hot water care and massage for new mothers and babies. As indicated in the data, it is locally believed that the use of safety-pin by pregnant women serves as a form of protection against jinns and evil eyes. The following account of informant IN5 provides an example of such local protections, "...they believe is a way of protecting yourself and the baby... They believe that you should attach safety pin to your blouse... Then, they would say you should tie a stone around your wrapper; that too is a way of protecting yourself and the baby" (IN5). It is interesting to note nonetheless that despite the popularity of this belief and adoption of the practice by many of the participants, most of them do not really believe in it as religion and modernisation tend to overshadow such beliefs. According to informant IN6 for instance,

This is the tradition for pregnant women... I used to fix the pin on my cloth but in these modern times, when the clerics sensitise you that it doesn't have any meaning... there's nothing more than prayers because the pin... it doesn't prevent anything from happening to the baby; it's only God who protects us.

Other forms of protection include those used to guard against miscarriage or for delaying the delivery. Informant IN11 for instance, recalled her experience as her mother tried to prevent her from delivering her baby at home using a form of local pregnancy peg,

She picked a veil and ties a stone unto one edge of the veil after which she put the veil in-between my thighs, that is across my private part and she said; time to go to the hospital... as soon as she did that, the contractions stopped. I didn't have any more contractions until we got to the hospital. I had wanted to push before but as soon as she put the veil, I couldn't push again. But as we got to the hospital and they removed everything, the baby just came out... (IN11)

Another very popular local procedure, according to the analysis, is the hot water care and massage for new mothers and babies. This generally involves drinking hot water/fluids, having hot water baths/massage and potty steaming for new mothers as well as hot water massage and traditional baths for babies. According to informant IN7, *"they'll fetch water for you, massage your stomach and your body with hot water and they will also help you bath your baby such that the body will be very clean..."* Informant IN12, a grandmother and traditional birth attendant, gave a vivid description of the baby's first traditional, massage and hot water care as follows:

To bath a new if the baby is really dirty, we would rub palm oil all over its body; we rub all over the face and the mouth also. Once we do this...We start bathing the baby from its head. When we finish bathing ...while sitting... we would pass the baby under our right knee three times; we would repeat the same under our left knee as well. Then we would throw the baby up very well and catch it... stretch the baby's hands over its back and do the same for the legs as well. This is because of the way babies usually cuddle or curl up when they are in their mothers' wombs... After bathing the baby, we would use blade to split the umbilical cord...all the clotted blood would come out. Then we would use salt to wash it... any type of thread we have, we would use the thread to tie it...we would get hot water; someone would hold the baby's legs; the woman bathing the baby would also hold the baby ...we put the umbilical cord in the water and allow it to cook very well such that blood would stop dripping from it.

The findings further revealed that while these hot water procedures are not very comfortable for the mothers and babies, many of the participants still considered it beneficial. According to informant IN6 for instance:

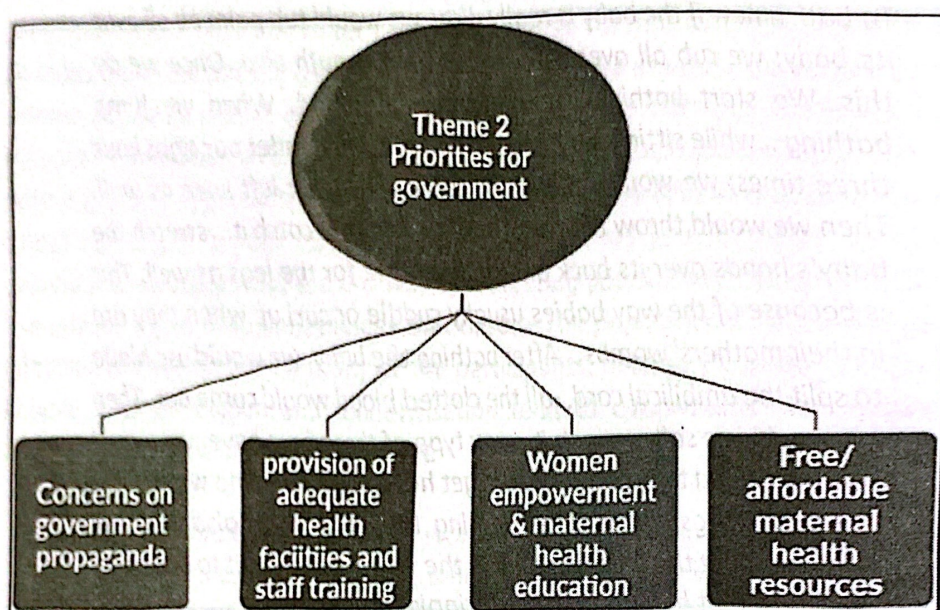
When you eat hot food and drink hot water, this would help prevent all sorts of unwanted issues. Massaging of the body with hot water as well as sitting on hot water would equally enable all the blood to flow out properly (IN6)

Informant IN13, a skilled midwife however noted that those who conduct these hot water care procedures at home often go overboard with the use of excessively hot water,

What they do here after delivery is not too good for the mothers because our people use this hot (stressed) water for bath... you don't really need hot water. All you need is warm, lukewarm water (IN13).

Theme 2 Priorities for Government

Four major areas illuminate the priorities of women for the government on issue of maternal and child health. As indicated in Figure 2, these are the women's concerns over government propaganda concerning health care, provision of free or affordable maternal health resources, staff training and attitudes of health workers, and maternal and child health education.



Concerns on Government Propaganda

The findings indicate the need for government and politicians to be truthful when relaying information to the public about campaign promises, achievements and availability of maternal and child health resources or services. Participant IN13, a midwife for instance, expressed concern about the way the government deceitfully portrays the government owned hospital in which she works to the public, *"I feel that if our policy makers can be a bit fair enough to us because they're not fair; they paint...they give the hospital another name outside as if they come here, they're coming...when nothing is made available"*. Such propaganda, according to this informant tends to raise false hopes among the populace, and eventually leads to conflicts between the patients/their relatives and health workers.

Provision of Free and Affordable Maternal and Child Health Resources

Another area that participants perceive as one that government should prioritize regarding maternal and child health care, is the provision of free and affordable maternal health care services. The findings indicate that availability of such free/affordable services can induce the Ilorin woman to utilise skilled maternal health care services. According to informant IN1 for instance, such free or affordable services tends to bring health care closer the people. She noted that this serves as a means of, *"encouraging and enlightening women in Ilorin on family planning, provision of free birth control and contraception...also through provision of affordable resources for maternal healthcare within Ilorin metropolis..."*

Similarly, informant IN4 recalled that there have been instances where free drugs, diapers and immunisation have been made available to perinatal women, and these served as incentives for utilisation of hospitals, *"...they can still continue that... If people are aware of these, it would serve as an encouragement for them to go to the hospital..."*

Staff Training and Attitudes of Health Workers

Accounts of the participants revealed that staff training and governments' focus on the attitudes of health workers constitute part of the priority areas that the women want the government address. As participants shared their experiences, many of them emphasised the need for government to ensure that nurses and other health workers become more friendly and accommodating as their attitudes constitute part of determinants for women's skilled health care seeking. The following words of informant IN12 captures the views of the informants in this regard:

I feel it is the nurses and health workers that can encourage the people... if they start telling them things like if they are not calm or if they don't behave themselves, we would just give you tears anyhow. When people are pregnant for the first time hear such threats, they would become scared but if they try to treat them nicely, talk to them with caution and pray for them, this would encourage the pregnant women too to be going regularly to the hospital (IN12)

Similarly, informant IN7 also buttressed the need for politeness on the part of the health workers as follows:

... They should make people see reasons why some things are good or bad; they should explain to people about the way the things should be done in a polite manner... if they are not arrogant and harsh, people would tend to get what they're saying (IN7)

Women Empowerment and Maternal and Child Health Education

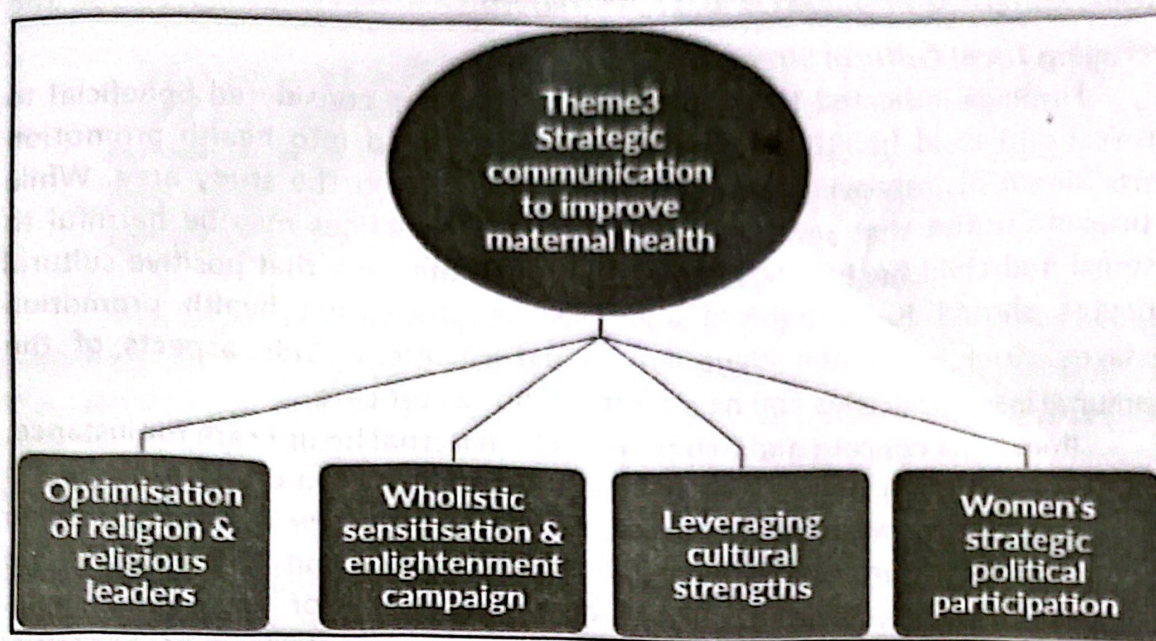
Another priority area as revealed in the analysis of data is provision of sensitization campaigns and education on the issues of women empowerment and maternal and child health. According to informant IN13,

if there is a kind of enlightenment that women should be empowered... you don't have to wait for white collar jobs. Even if you are at childbearing age, you can start selling some petty petty things...so if the radio and other media can help to tell them that they should not depend solely on the husband considering what our economy is now.

The importance of health education was also emphasised by informant IN17 as follows, "education should be a major concern...for pregnant women and nursing mothers, children's health issues..." According to informant IN1, education on maternal health should be regarded as a fundamental right for women in the study area, "health is a human right so is education. Women in Ilorin should be well educated on maternal health care and know their fundamental human rights..." Participants considered such health education as vital, not only for all categories of women in the study area, but even the men too.

Theme 3 Strategic Communication to Improve Maternal Health

Four sub-themes describe the cultural and communication strategies that can be employed to improve maternal health in the study area, as conceived by the participants. These themes, as indicated in Figure 3, are optimization of religion and religious leaders, leveraging cultural strengths, wholistic enlightenment and sensitisation campaigns, and women's strategic political participation.



Optimisation of Religion and Religious Leaders

The analysis revealed that the way of life of the Ilorin people is intertwined with the religion of Islam, which also reflects in matters of maternal and child health. As suggested by many of the participants, the strong influence of faith and religious beliefs, along with the respect and belief associated with religious leaders by people in the study area, are aspects that can be strategically harnessed for the development and communication of health promotion messages aimed at improving maternal and child health in the study area. This, as reflected in the findings include weaving messages around Islam and suitable tenets of the holy Quran or sayings of Prophet Muhammed, as well as engaging religious leaders who the people regarded as trusted sources.

Informant IN5 for instance, was of the view that campaigns on maternal and child health should be taken to mosques and other religious associations given the trust people have in such institutions. Similarly, informant IN4 noted that in Ilorin, women mostly have religious gatherings or associations they attend regularly, and they are also mostly dependent on what their *Alfas* or *mallams* (religious leaders/teachers) in these groups say. According to her, "...they usually belong to certain associations called *Assalatu*, I think it's a best medium one can talk to these mothers..." (IN4). Furthermore, in the view of informant IN12, many people like to listen to Islamic programmes and sermons on the media particularly during Ramadan. Hence, she suggested that maternal health and child health messages could be incorporated into such programmes. In her words, "government can do it in such a way that...maternal health programmes can be inserted in between those Islamic programmes..." (IN12).

CULTURE AND COMMUNICATION FACTORS FOR IMPROVED...

Embracing Local Cultural Strengths

Findings indicated that aspects of local culture considered beneficial to maternal and child health care should be incorporated into health promotion efforts aimed at improving maternal and child health in the study area. While participants noted that some cultural beliefs and practices may be harmful to maternal and child health, they were however of the view that positive cultural attributes should be recognised and used to strengthen health promotion messages. Such attributes identified by participants include aspects of the communal living principles and new mothers' hot water care.

Regarding concern and togetherness in maternal health care for instance, while many of the participants noted that communal system of maternal health care comes with downsides like invasion of privacy of new mothers, strained relationships between mothers and daughters in-law, and stress/depression among new mothers, which should be addressed, Many of these participants equally viewed local practices associated with communal living as beneficial aspects that should be promoted in health messages. These include cooking for the new mothers, doing various house chores, and generally taking care of the mother and child. Such practices as indicated by participants are considered as beneficial, since they encourage care giving for the new mother and child thereby encouraging rest and recuperation, as well as bonding between the new mother and child. According to informant IN12 for instance, such an experience is quite a recommendable aspect of culture for maternal and child health promotion, "...I can describe that as a very good cultural experience. In fact, they did not allow me to do anything..." (IN12).

Similarly, the new mothers' hot water care was identified by many participants as a beneficial aspect of local maternal health culture of the Ilorin women. However, while participants asserted that hot water care and massage for the new mother is usually not a comfortable activity, the benefits often outweigh the associated pains.

According to informant IN6,

This is one of the cultural traditions relating to the mother's health. It is very good because when you just deliver, if you eat things that you are not supposed to eat, your body would not heal on time but when you eat hot food and drink hot water, this would help prevent all sorts of unwanted issues. Massaging of the body with hot water as well as sitting on hot water would equally enable all the blood to flow out properly (IN6).

Similarly, informant IN9 noted that given the benefits accruable to the use of hot water in maternal health care, such cultural practice should be promoted,

...hot water is good for you especially after delivery... some people would say they don't like to sit on hot water. This is compulsory because it helps the healing process of the private part. All these kinds of things are areas which require intensified education for women of childbearing age (IN9).

Informant IN13, a skilled midwife, however cautioned against the use of extremely hot water for the new mothers' hot water baths and potty steaming, as this, according to her could be risky for the new mothers, *"...recent researches have shown that you don't really need hot water. All you need is warm, lukewarm water"* (IN13).

Wholistic Sensitisation and Enlightenment Campaigns

Results revealed that maternal and child health enlightenment and sensitisation campaigns should be all encompassing such that they will target, center on and involve relevant stakeholders including the perinatal women and their partners/spouses as well as other relevant family members like the grandmothers and family heads. Participants also noted that females in general, including young girls, unmarried ladies and women trying to conceive should equally be inclusive in maternal and child health enlightenment and sensitisation campaigns, just as nurses and other health workers should not be left out. According to informant IN6 for instance apart from the pregnant women and nursing,

it is good to start educating the teenagers ahead of when they get married and are expected to start having children so that they will be prepared and have knowledge of what to do...the father of the baby also. Such men should know that pregnant women are not supposed to engage in strenuous activities... the father of the child, if he's around, should equally assist the woman ... to avoid overstressing the woman. The family and other people around the woman should equally assist (IN6).

Similarly, informant IN8 noted that such sensitisation is, *...also useful for other women too who have may be two or three children even if they are not pregnant or nursing... men too; the partners of pregnant women or nursing mothers because they tell us at the hospital too that our husbands should come with us to the hospital as a means of supporting us. It's also useful for the elderly women at home. These women take care of us at home when we deliver...* (IN8).

Male involvement and engagement of religious leaders in maternal and child health promotion are equally observed as priority areas for maternal and

child health sensitisation, as recommended by informant IN13 in the following excerpt:

Our policy makers, they should try to...there should be more... male involvement...maybe during antenatal...Then...our religious leaders, they have a role to play because some people, it has to do with their faith...

Wholistic sensitization, as described by the participants, also reflects the use of various means of communication ranging from the mass media to hospital health talks and outdoor campaigns. In the words of informant IN13, sensitisation on maternal and child health should engage multiple channels, *"public avenues...like campaigns, like mass media; there should be enlightenment even if it is on social media, and radio"*. Similarly, informant IN5 suggested taking such campaigns to schools to reach out to the teenagers and young girls, as well as to other public places like the markets and places of worship.

Women's Strategic Political Participation

Reflections of the informants also highlighted that women's strategic political participation with an agenda to focus on issues of maternal and child health can serve as a strategy for promoting maternal and child health in the study area. According to informant IN1 for example, by increasing women's political representation in government, women may prioritize health care because of personal experience. Similarly, informant IN17 noted that women can constitute representatives to channel their affairs to the government, *"they can simply set up a team, have a team leader who will collect their concerns and make it known to government"*.

DISCUSSION OF FINDINGS

Findings of this study on the maternal health cultural practices mainly corroborate previous literatures which confirm the existence of various ethnic and religious beliefs and norms that shape maternal health care seeking, beliefs and practices (Adeusi, Adekeye & Ebere, 2014; Finlayson & Downe, 2013; Dike, 2019; Igberase, 2012; Iliyasu, Abubakar, Galadanci, & Aliyu, 2010). It is evident from the findings, as explained by PEN-3 cultural model (Airihienbuwa, 1995), that maternal health care in the study area is highly cultural and communal in nature as it revolves around perinatal women/their babies, their immediate and extended family members, as well as their neighbourhood or community within which they are situated.

All these serve as cultural identity markers of the perinatal women which tend to influence the maternal and child health cultural practices in the study area. As noted by Airihienbuwa (1995), in the relationships and expectations domain of the PEN-3 model, such factors have both positive and negative attributes which

have implications for maternal health promotion. For examples, findings of this study show that aspects of communal living principles like the support and togetherness constitute positive attributes like focused healthcare, and rest and rooming in for new mothers and babies. Such factors, as indicated in the findings should be promoted in health promotion, while attending negative attributes of the same communal living, like tension between grandmothers and daughter in-law should equally be addressed.

The study findings further contribute to knowledge by highlighting the maternal health concerns that the government needs to prioritise regarding the improvement of maternal health care in Ilorin as perceived by participants in this study. These include governments' transparency and actual fulfillment of promised made to the people, in terms maternal health care.

CONCLUSION AND RECOMMENDATIONS

The importance of focusing on the improvement of maternal health practices among women cannot be over emphasized. In a community like Ilorin with high influence of Islamic and traditional culture on the practice of maternal health, this study's interest was to gather relevant data that can be integrated into government policies on maternal health. The data contained in the findings indicate a deep sited maternal health practices that is collegial but not entirely favourable to maternal health outcomes. Based on the findings of this study and the observation of the interest of Ilorin women in political participation, the study recommends that government should priorities maternal health of women in Ilorin Emirate as a way reaping their own dividend of democracy. Since Ilorin women are known for their zeal in sustaining democratic practice through effective participation in political rallies and voting process.

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