Determinants of Home Delivery among Hausa in Kaduna South Local Government Area of Kaduna State, Nigeria

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Abstract

Utilization of maternal health services is associated with improved maternal and neonatal health outcomes. There are global and national interests in the Millennium Development Goal and Nigeria's high level of maternal mortality. Understanding the factors affecting maternal health use is crucial. Studies on the use of maternal care services have largely overlooked community and other contextual factors. This study is set to find out the determinant factors associated with home delivery; examine the socio-demographic attributes of those women who delivered at home and to know the risk factors associated with home delivery. Therefore, Effective interventions to promote maternal health service utilization should target the underlying individual, household, community and policy-level factors. The interventions should reflect the relative roles of the various underlying factors.

Key words: Maternal mortality, morbidity, infant mortality, determinant, neonatal, haemorrhage.

Introduction

Maternal and child health outcomes in Nigeria are among the worst in the world. And Nigeria contributes approximately 10% of the global burden of maternal and child death (Doctor etal.,2005). WHO estimated that 59,000 maternal deaths occurred in Nigeria in 2005 and the maternal mortality ratio (MMR) was 1,100 deaths per 100,000 live births, giving a life time risk of maternal death of 1 in 18. The situation in Northern Nigeria is particular cause of concern where maternal mortality is much higher than the national average.

Antenatal care (ANC) attendance provides a unique opportunity to improve the health of women and infants. Utilization of ANC provides opportunities of promoting services that may include weight and blood pressure measurement etc. However, distance to health facilities, inadequate Transportation, socio-cultural beliefs and the need for immediate and specialized services have hampered women's ability to access these services in many less developed countries and northern Nigeria in particular (WHO, 2003).

Research Problem

The vast majority of women who deliver outside the health facilities give birth at home, where risks of mortality are on the increase in the absence of professional attendance. However, it has been estimated that only 50% of the women in the world have access to such skilled care in developing countries, most women deliver at home for some reasons. These include distance to health services and rural locations of maternal health services.

A study conducted by Babalola (2009), shows that majority of women who deliver outside the skilled attendants delivered either in a separate room or inside the house. These deliveries are attended by neighbours, traditional birth attendants, auxiliary nurse, midwives and family members. This is compounded by the fact that reproductive health services are low and information about home delivery, people perception, attitudes and experience are rarely sought for. Today, many women have complicated or even die due to these preventable determinants of home delivery which requires detailed study.

In spite of the global awareness programmes and other initiatives such as Millennium Development Goals (MDGs) put in place by the World Health Organization (WHO) to achieve global reduction in maternal mortality by the year 2015, yet it has been on the increase. The continuing high rates of maternal death ratio in Nigeria remain worrisome.

According to United Nation (UN) and World Bank (2005), statistics estimated 144 women die each day in Nigeria from pregnancy and related complications, making her one of the worst countries for women to deliver babies in the world. The determinant of maternal mortality includes access to health services, socio-economic status, pregnant women's health status as well as the reproductive behaviour of the women. In Nigeria, the effect of education has been identified as a problem associated with home delivery. Evidence shows that illiteracy is one of the reasons why mothers choose to deliver at home in preference for institution (hospital). Some of the illiterate women always consider home child birth as natural as possible which is cheap and does not have any risk/danger involved. Cultural background and thought influence belief norms and values in relation to child birth. The cultural belief in northern Nigeria that woman's nakedness should not be seen by another man aside her husband is believed to be another reason why women choose to deliver at home. Economic accessibility is also seen as a problem associated with home delivery. The financial capacity of the family in relation to the costs of a facility delivery including transportation costs in moving to the hospital is one of the major reasons why women/ family with low financial capacity choose to deliver at home.

In most developing countries, majority of women in the reproductive age deliver at home according to the 2008 National Demographic and Health Survey (NDHS) but with regional variations, the northern part of the country having the highest. In this circumstance, most of the home deliveries are not attended by skilled personnel. Home deliveries especially with no skilled attendants are associated with high risk of pre-natal and maternal deaths. In view of the above, the questions that readily come to mind are: How prevalent is home delivery among the Hausa in Kaduna South? What are the socio-demographic characteristics of women who delivered at home? What are the risk factors associated with home delivery among Hausas in Kaduna South? What are the cultural determinants of home delivery among Hausas in Kaduna South Local Government Area?

Relevant Literature

(a) Maternal age: Is often presented as a proxy for accumulated experience, including the use of health service (Burgard, 2004). Older women are also possibly more confident and influential in household's decision-making than younger women and adolescents in particular. Furthermore, older women may be told by health workers to deliver in a facility since older age is a biological risk factor. On the other hand, older women may be long to more older traditional cohorts and thus be less likely to use modern facilities than young women (Navaneetham and Dharmalingam 2002).

(b) Marital Status: According to Duong etal (2004), marital status influences the choice of delivery, probably via influence on female autonomy and status or through financial resources. Single or divorced women may be power to enjoy greater autonomy than those currently married young single mothers may be cared for by their natal family which may encourage skilled attendance especially for the first birth. On the other hand, single at home because they anticipate a negative provider interaction.

(c) Economic Accessibility: Refers to the relation between financial capacities of the family and cost of a facility delivery including transportation cost. Financial capability directly affect whether women can actually reach a facility for delivery. The anticipation of high costs will affect whether a decision for a facility delivery is made in the first place. Women who are working and earning money may be able to save and decide to spend it on a facility delivery. However, in many settings, women either do not earn money for their work or do not control what they earn. On the other hand, working may be poverty induced and indicate recourse constraints which would make working mother less likely to use health service for delivery. For example, in two southern Indian States and in Nepal, working women, may signify that working is poverty induced (Sharma etal., 2005). Also, study conducted in Baglandesh by Rahman (2008)), found an interesting interaction effect the favouring gainfully employed women among those living more than one hour travel time from a health centre. While employment status does not play a role among those within one hour travel time. This could be due to employed women being better equipped to overcome access barrier including transportation costs or female mobility limitation.

(d) Ethnicity and Religion: According to Elo (2002), ethnicity, religion and traditional belief are often consistent as markers of cultural background and are thought to influence beliefs, norms and values in relation to child birth and service use by women. Certain ethnic or religious group may be discriminated against by staff making them less likely to use health care services.

More specifically, women in some cultures may avoid facility delivery due to cultural requirements of seclusion in the household during this period or because specific requirements around delivery position, warmth and handling of the placenta. Beliefs that birth is a test of endurance and care seeking is seen as a sign of weakness may be another reason for delivery at home in some context (Kyomuhendo, 2003).

(e) Distance and Transport: Distance and transport to health services exerts a dual influence on use. It is use as a disincentive to seeking care in the first place and as an actual obstacle to it (Thaddeus and Maine, 1994). Many pregnant women do not even attempt to reach a facility for delivery since walking many kilometres is difficult in labour and impossible if labour start at night and means of transport are often not available. The obstacle effect of distance is stronger when combined with lack of transport and poor roads.

Gabrysch and Campbell (2009) argued that socio-cultural beliefs and the need for immediate and specialized services have hampered women's ability to access services in many low and middle income countries including Nigeria.

"Kunya", or shame play an extremely important role in Hausa childbirth particularly in the first pregnancy. The newly pregnant girl should not draw attention to her state, and all mention of the pregnancy should be avoided in conversation and action. Older women stand ready to scold her. Should her behaviour deviate from the expected norm. This social pressure to remain modest may well prevent her from asking questions about seeing antenatal care or to deliver in hospital when labour begins. Wall (1998), observed that the situation in northern Nigeria is critical where strong cultural beliefs and practices on childbirth are fertility-related behaviours partly contribute significantly to the maternal mobility and mortality picture compared to southern Nigeria. From the foregoing, functionalist theory is used for this study. Parson's (1964), argued that society developed institutions to serve certain functions that are essential to its survival. Such institutions are the family, economic, religion, political, education and health. Society has certain basic needs which must be met for it to survive. These needs are known as functional pre-requisites and the major functions of these social institutions are those which help to meet the functional pre-requisites of the society.

The rate of home delivery in our society today which can be viewed under the health and family institution has affected the social system. Therefore, the system becomes dysfunctional and thereby affects the whole system of the society. Parsons (1937, 1964), argued that human action is directed and controlled by norms provided by social system. The cultural system provides more general guidelines for action in the form of beliefs, values and system of meaning. The norms which direct action are not merely isolated standards for behaviour; they are integrated and patterned by the values and beliefs provided by the cultural system. The starting point for Parsons is that all social actions can be understood in terms of how they help society to function effectively or not. Health is a vital sector of the society when it fails to perform its duty it will affect the entire society. For example, when there are no enough facilities in the hospital to help the sick ones, it will definitely affect women from going to the hospital to have their babies.

Politics and power is essential for the survival of social system from shared values derive collective goals that is, goals shared by member of society. Collective goals such as economic expansion and high living standard can be seen to steam from this value. It can also be provision of basic amenities like good roads, hospitals, and electricity etc. which help raise living standard of the society as a whole and be of help to women not to deliver their babies at home. In view of the above, functionalist theory was adopted for this study because it explains the reasons for home delivery. Economic, socio – demographic factors have a lot of impact upon the refusal to use health facilities. Culture or tradition also plays a crucial role in influencing women's perception of delivery.

Methodology

This study was conducted in Kaduna South Local Government area of Kaduna State. The State occupied an area of approximately 48,473.2 square kilometres and has a population of more than 6 million (NPC, 2006). It is mostly populated by Hausa, Gbagyi, Adara, Ham, Atyap, Bajju, Ninkyob, Kurama, Koro, Zango Kataf, Mada and Agworok ethnic groups. Kaduna State is divided into 23 local government areas one of which is Kaduna South local government area. Its headquater is Makera town. It has an area of 39km and a population of 402,390 as at 2006 census. The area has a mixed population, but the dominant ethnic group is the Hausas and the major religion is Islam.

The targeted population was women of childbearing age between the ages of 15 and 49 years. Multi stage sampling technique was adopted because it was difficult to obtain an exhaustive list of the population. Thereafter, simple random sampling was used for the selection of 130 women of child bearing age. There were 13 wards, 10 respondents were selected from each ward to make up the 130 respondents in this study. Both quantitative and qualitative methods were adopted in this study. Questionnaire was the instrument used in quantitative, while in-depth interview was utilized in qualitative. A total of 130 copies of questionnaire was distributed and five (5) in-depth interviews were conducted with two (2) medical personnel, one (1) traditional birth attendant and two (2) elderly woman in the community. Data gotten were analysed. Frequency and simple percentage were utilized for quantitative data, while data from the in-depth interviews were transcribed to complement the quantitative data.

Findings

The sample of 130 respondents were drawn and given questionnaire, but 124 questionnaires were successfully filled and returned by respondents. Five key informants were interviewed. These are two medical personnel who work in female delivery ward in some selected hospitals, two experienced mothers and one traditional birth attendants. Data obtained from the in-depth interviews was used to complement the qualitative data collected.

Socio-Demographic Attributes of Respondents

This section examines the age, religious affiliation, marital status, occupation and educational attainment of respondents. Majority of the respondents 68% (84) are between 20 and 29 years of age. Islam was the dominant religion in the study area. As regards the marital status of respondents, 72% (89) are married, while 10% (12) are either divorced or widowed. About 18% (22) of the respondents claim to be single during this study. As regards the occupation of respondents, 36% (44) are civil servant, 33% (41) are full time house wife while 22% (27) are still students. It was revealed that majority of respondents are either in the civil service or are full time housewives. It was also found that 77% (83) of the respondents had secondary education. Those with primary education are 18% (22), while 15% (18) of the respondents had no formal education.

Determinant Factors to Home Delivery

This section examined the factors that determine where a woman delivers her baby. These include culture, level of education of pregnant mothers, financial capacity of women.

Table 1: Prefer Place to Deliver by Respondents

Prefer Place to deliver	Frequency	Percentage
Home	15	12.1
Hospital	103	83.1
Traditional Birth Attendants	6	4. 8
Total	124	100.0

The Table above indicates that majority (83%) of the respondents would prefer to deliver in the hospital, while only 12% prefer to deliver at home.

Table 2: Factors Determining Respondents' Place of Birth

Determining Factors	Frequency	Percentage
Financial capacity	28	22.6
Quality of services offered in the last delivery	22	17.7
Safety of the mother and child	67	54. 0
No response	7	5. 6
Total	124	100.0

From the above Table, majority (54%) of the respondents mentioned safety of mother and child as a determinant of place of delivery. Also, 23% said financial capability is a determining factor to their place of delivery, while 17% opined to the fact that quality of services offered in the last delivery determined their place of delivery. This clearly shows that it is the safety for mothers and their babies that determines place of delivery.

Most mothers are neither restricted to go to hospitals for delivery nor home but what they are after is the safety place. However, from one of the key informant (an experienced mother) in the in –depth interview, she stated that:

> The same way the hospital is safe for delivery, birth at home is also safe for me and my children. My great grandmothers gave birth to all their children at home and they are all alive and safe. Therefore, the same thing is applicable to me as a mother. I have 7 children. I delivered all of them at home.

Furthermore, as to whether culture influence the place of delivery, 65% (81) of the respondents said it does, while 35% (43) said culture does not influence place of delivery. From the data, 65% of the respondents affirmed that culture has influence on the choice of place of delivery. This means that majority of the respondents in Kaduna South agree that their culture determines where women usually deliver when they are pregnant. The culture of Hausa people does not encourage their women to deliver in the hospital rather, it encourage them to always deliver their babies at home. This is the reason why most Hausa women still give birth at home till today. Although there are other factors that influence this cultural belief. According to one of the key informants (a traditional birth attendant), she said:

> Ah! Actually the culture of we the Hausa people restrict women from coming outside, except at night. Women are not allowed to visit hospitals. When a woman is pregnant and when it is about one month to delivery she will go to her mother's house where she will deliver her baby. This is our culture.

Reasons for the cultural belief were sought. It was found that 29.5% (13) of respondents who opined to the cultural influence as regards the place of delivery mentioned that the privacy of women should not be exposed to others. Also, 70.5% (31) affirmed that their culture perceived child delivery as natural and as such children should be delivered at home. The influence of education on women's choice of place of delivery was looked at. Findings reveal that 70% (87) of the respondents, which is the majority affirmed that educational qualification influences women's choice of place of delivery, while 29% (36) declined to that. This means that majority of the respondents (Hausa women) in Kaduna South are aware that the level of education determines women's place of delivery. Women that are educated are more likely to go to hospitals for delivery. This is because of their level of enlightenment. On the other hand, uneducated women are likely to deliver their babies at home or in traditional birth attendants place among others.

Risk Factors Associated with Home Delivery

This section focuses on the risk factors associated with home delivery; this includes awareness on risk associated to home delivery and whether home delivery could lead to maternal death. Findings reveal that about 89% (110) of the respondents affirmed that there are risks associated with home delivery, while 10% (12) had a contrary opinion. Reasons for their answers above were sought. In this vein, 19% of the respondents said there is lack of professionalism, which may lead to long hours of delivery; 48% said excessive bleeding is a risk associated with home delivery. Also, 21% of the respondents mentioned maternal death as one of the risk factor.

In an in-depth interview conducted with, one of the key informant (a medical doctor), according to him,

> One major health risk associated with home delivery is that, most of these women usually face the problem of haemorrhage (excessive bleeding) and if not properly treated will lead to death of the women. This is why we always advice women to always come for antenatal and post natal care.

Table 3: Views of Respondents on whether Home Delivery can lead to Maternal Death

Maternal Death	Frequency	Percentage
Agree	108	87.1
Neutral	11	8.9
Disagree	5	4.0
Total	124	100.0

From the above Table, 87% of the respondents agreed that home delivery could lead to maternal death because of inadequate medical attention; while only 4% disagreed that maternal death could occur due to home delivery. We can therefore state that home delivery is a contributing factor to high maternal mortality and infant mortality in Kaduna South local government area of Kaduna State. However, views of respondents were sought as to whether lack of experience can be a risk factor in home delivery. It was found that about 81% (100) of respondents agreed that lack of experience could be a risk factor. On the other hand, 19% (24) of the respondents disagreed with the assertion that lack of experience could be a risk factor.

According to one of the key informant (a traditional birth attendant):

> A woman who is to deliver for the first time should endeavour to either visit a traditional birth attendant or visit the hospital. Inexperience could lead to mistake and this could lead to complication in birth. I always educate first time mothers on how to go about delivery when they visit my place.

Economic Determinant of Home Delivery

This section examines the cost of delivery, cost of antenatal and distance to the hospital.

Table 4: Economy Determinant of Home Delivery by Respondents

Cost of Delivery	**Frequency**	**Percentage**
Yes	101	81.5
No	23	18.5
Total	124	100.0
Cost of Antenatal	**Frequency**	**Percentage**
Yes	104	83.9
No	20	16.1
Total	124	100.0
Distance to Hospital	**Frequency**	**Percentage**
Yes	85	68.5
No	39	31.5
Total	124	100.0

Table 4above indicates that about 82% of respondents affirmed that cost of delivery determines women choice of delivery. Also, the cost of antenatal is an hindrance as attested by 84% in the study. This means that the cost implication of delivery at most hospitals in the study area is usually high. Therefore, women who their husbands cannot afford to pay hospital bills usually encourage their wives to either deliver at home or in a birth attendants place. This is in line with the information gotten from the in- depth interview conducted. According to an experience mother who was one of the key informants, she said:

> Most of these western hospitals are very expensive. Whenever you go there, they will ask you to buy drugs, blood, drip etc, Aside, the poor people cannot afford money to purchase all these. This is why we prefer to deliver at home. It is cheaper and affordable.

Moreover, distance from the hospital also impact on the place of delivery. About 69% of the respondents opined that distance to the hospital is an important factor to choice of place of delivery. We can conclude that most women in Kaduna South would prefer to deliver their babies in hospitals but due to the distance of hospitals from their place of residence most of them prefer home delivery than hospital. This is similar with an in-depth interview conducted with a nurse:

> Most women usually complained of the distance of government hospitals from their places of residence, one patient that I met in the hospital, said the only hospital that is close to her house is a private clinic and their cost of treating patients is very high. To me (the nurse) this is one reason why most Hausa women prefer to deliver at home than in hospitals.

Cultural Determinants of Home Delivery

This section deals with how culture determines the way women deliver at home in Kaduna South. Here we look at the acceptability of services provided in the hospital and how hospital attendants violate women's privacy.

Table 5: Cultural Determinants of Home Delivery by Respondents

Hospital services accepted	**Frequency**	**Percentage**
Yes	61	49.2
No	63	50.8
Total	124	100.0
Attendants Violate women's privacy	**Frequency**	**Percentage**
Yes	69	55.6
No	55	44.4
Total	124	100.0

Findings show that 49% of the respondents affirmed that culturally, the services provided by hospitals are accepted by the Hausa people of Kaduna South, while 47% of the respondents declined that culturally the services provided by hospitals are not accepted. This implies that the culture of the respondents has effect on whether they will accept the services that hospitals provide for her pregnant women during pregnancy, delivery and after delivery in the study area or not.

Regarding the violation of women's privacy, about 56% said women privacy were violated by hospital personnel, however, 44% were of the opinion that women privacy was not violated. We can conclude that on the average, women privacy was violated by medical personnel in the government hospitals and clinics available in the study area.

Conclusion

Factors influencing maternal health services utilization operate at various levels – individual, household, community and state. Depending on the indicator of maternal health services, the relevant determinants vary. Effective interventions to promote maternal health service utilization should target the underlying individual, household, community and policy-level factors. The interventions should reflect the relative roles of the various underlying factors.

There are various determinants of home delivery among Hausa people of Kaduna South. These are financial incapacity, safety of both mothers and babies, cultural practices. These places of child delivery have some risks associated with it. Some of these risks are excessive bleeding, lack of professionalism, maternal death. However, majority of the women who deliver babies at home do that because of high cost of medical bills in hospitals, cost of antenatal care, and distance of hospitals. The cultural practice of the Hausa people plays a major role in determining women's choice of place of child delivery. This problem of home delivery can be solved if women are properly educated by Government and Non –Governmental Organizations (NGOs). Government should abolish any cultural practice that encourage this barbaric practice, only then can the problem of child mortality; infant morbidity and maternal mortality be completely eradicated in Kaduna South Local Government Area of Kaduna State.

Recommendations

- The study revealed that women who chose to deliver their babies at home were because of financial problems. It is therefore recommended that Government should make provision for free medical treatment of pregnant women right from pregnancy stage to postpartum stage. This will encourage these women to always go to hospital for child delivery.
- Medical personnel in collaboration with Non –Governmental Organizations (NGOs) should carry out enlightenment campaign where Hausa people will be educated on the health benefits of hospital delivery to the women in the community.

- Government in collaboration with Ministry of Health should organize orientation programmes to district leaders, religious leaders on the risks associated with home delivery. These people will in turn pass this information to their wards and more especially to their babies.
- From the study, it was realized that majority of the Hausa women are not comfortable with male doctors/nurses attending to them in hospitals. It is recommended that hospital management board should make sure they employ more of female medical personnel in hospitals. This is to enable Hausa women have free mind to come to hospitals and to continue adhere to what their culture prohibited on other men seeing other women's nakedness apart from their wives.

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