

## REASONS FOR PREFERENCE OF DELIVERY IN SPIRITUAL CHURCH-BASED CLINICS BY WOMEN OF SOUTH-SOUTH NIGERIA

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### ABSTRACT

**Objectives:** To investigate the various reasons for patronizing the spiritual church-based clinics by women from South-South Nigeria.

**Design:** Forty seven spiritual church-based clinics were studied between 1<sup>st</sup> February 2003 and 31<sup>st</sup> July 2003.

**Setting:** Forty seven spiritual church-based clinics in both Akwa Ibom and Cross River State in South-South Nigeria.

**Patients:** Two thousand and sixty three pregnant women who were regular attendants of the spiritual church-based clinics.

**Results:** Various reasons for preferring church delivery included: Spiritual protection against satanic attacks and safe delivery in 975 (36.8%) lack of funds in 629(30.5%), harsh attitude of health workers in 249 (12.1%), convenience in 212 (10.3%), faith in God and previous delivery in church 83 (4.0%) each help and good care guaranteed in 48 (2.35).

**Conclusion:** It is suggested that the spiritual churches with interest in obstetric care establish properly staffed and well equipped health clinics as an annex to the church.

**Key Words:** Preference, Church-Based Clinics

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### INTRODUCTION

Several reports of the maternal health situation in Nigeria are very worrying. Maternal mortality ratio in Nigeria is estimated at 1000 per 100,000 live births. Nigerian women face a lifetime risk of maternal death of one woman in thirteen<sup>1</sup>. Five major causes of maternal mortality are haemorrhage, sepsis, obstructed labour, complications of induced abortion and hypertensive disease of pregnancy. While most of these conditions cannot be predicted, they can be treated<sup>2</sup>. It is believed that these conditions cause death as a result of adverse effect of several proximate socio-economic and cultural factors. For example several reports indicated that mothers who experience maternal deaths were those who did not receive ante natal care<sup>3</sup>, those who reported late in hospital when they developed complications<sup>4,5</sup>, or those who were attended to at delivery by unqualified personnel<sup>6</sup>. Thus, lack of antenatal care, delay in seeking orthodox medical

care and attendance at delivery by unqualified personnel are widely believed to accurately predict maternal mortality in Nigeria<sup>5</sup>. Several attempts have been made to reduce the excessively high rate of this mortality in Nigeria by Federal Ministry of Health in collaboration with various National and International Non-Government Organizations. Despite these, there is little to suggest that the situation is improving overtime, indicating that the problem is yet to be tackled at its roots. According to Nigerian demographic and health survey, only thirty percent of Nigerian women deliver in health institutions<sup>7</sup>. For example, earlier study conducted among pregnant women in south-south Nigeria revealed that majority of them had their antenatal care and delivery in spiritual churches<sup>4,8</sup>. Most studies have been focusing on the obstetric practices of spiritual churches and outcomes of pregnancy in booked patients who deliver outside health facilities in Calabar<sup>9,10</sup>. Studies reporting exclusively on the reasons why our women prefer the spiritual churches for their antenatal care and delivery are rare. It therefore becomes

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necessary to investigate the reason for high patronage of these spiritual churches by our pregnant women. Such information could be used to formulate health policies that could improve maternity health care services aimed at reducing in maternal morbidity and mortality in Nigeria.

### MATERIALS AND METHODS

The study was conducted in two states in the South-South zone of Nigeria, Calabar and Akamkpa in Cross River State and Uyo and Eket in Akwa Ibom State between 1<sup>st</sup> February 2003 and 31<sup>st</sup> July 2003. Forty seven churches identified by doctors and public health coordinators were visited, and 2063 women who were regular attendant of the forty seven spiritual church-based were studied using purposive sampling techniques. The ante-natal, intrapartum and post natal care that occur within the spiritual church premises that is based on the principles of faith, prophecies and prayers, (termed church-based obstetrics practices in this study). These clinics are also referred to as church-based clinics. The aim was to investigate the reasons for the patronage of these spiritual churches by pregnant women. They were assured of confidentiality of information obtained from them. The interviews were conducted on one to one basis using structured interview formats. Respondents were asked questions about their age, marital status, their educational level and that of husband, occupation of husband, their intended place of delivery and reasons of their preference for church delivery. The interviews were conducted in the local languages (vernacular) for proper understanding by the respondents. Each subject in the study was allotted to one of the five social classes according to a scoring system based on her education and her husband's occupation<sup>11</sup>. The social class of single mothers and widows was based on their occupation and their educational status. Educational status was divided into four categories, high, medium, low, zero or no education<sup>12</sup>. Each women's social class was obtained by adding her score from her educational attainment to that of her husband's occupation. Social classes I and II represented the elites, class III the middle class of Nurses, Clerks and Technicians, while classes IV and V represented the lowest rung of our socio economic ladder. Two thousand and sixty three patients had the intention of delivering in the church and data analysis was based on this. Data were analysed using groups and percentages.

### RESULTS

There were 2063 pregnant women studied during the period under study. The socio-demographic findings revealed age range between 15 and 48

Years, with the peak age group being 20 and 29 years (Table 1). One Thousand Nine Hundred and thirty three (93.7%) were married, 95 (4.6%) single, 23 (1.1%) widowed and 12 (0.6%) divorced. The educational status revealed that 1376 (66.7%) had no formal education, 600 (29.1%) had low level of education, 60 (2.9%) had medium education while 27 (1.3%) were of high educational class. The social class showed that 54 (2.6%) were of social class I, 101 (4.9%) were in social class II, 421 (20.4%) in social class III, and 664 (32.2%) were in social class IV whereas 823 (39.9%) were in social class five. Various reasons given by respondents for preferring church delivery included spiritual protection against satanic attacks and safe delivery in 759 (36.8%), lack of funds in 629 (30.5%), harsh attitude of health workers in 249 (2.1%), convenience 212 (10.3%), faith in God 83 (4.0%), previous deliveries being in church 83 (4.0%) and help and good care guaranteed in 48 (2.3%).

Table 1: Age Distribution of Women

Age Group	No	Percentage
15-17 yrs	204	9.9
20-24 yrs	656	31.8
25-29 yrs	805	39.0
30-34 yrs	268	13.0
35-39 yrs	64	3.1
40-44 yrs	37	1.8
45 and above	29	1.4
<b>TOTAL</b>	<b>2063</b>	<b>100</b>

Table 2: Reasons For Preferring Church Delivery

Reasons	No	%
Spiritual protection against satanic attacks and safe delivery	795	36.8
Lack of Funds	629	30.5
Unfriendly attitude of health workers	249	12.1
Convenience	212	10.3
Faith in God	83	4.0
Previous deliveries (have been) in the Church	83	4.0
Help and good care are guaranteed	48	2.3
<b>Total</b>	<b>2063</b>	<b>100</b>

### DISCUSSION

The study has shown the socio-demographic characteristics of women who attended the spiritual churches, for their antenatal care and delivery. It has also revealed that majority of these women were aged between 20 and 29 years, representing the peak period of their reproductive life. Majority of these women were of low social class and education and financial reasons was the cause in 30.5% of them. Nigeria is one of the

poorest nations in terms of gross National product per capita income<sup>8</sup>. With the sudden increase in hospital fees, more women are patronizing the spiritual churches seeking refuge in God and also using cheaper health services<sup>9, 13</sup>. This is not surprising as earlier studies had shown that many spiritual churches attended to pregnant women in labour at no cost<sup>9, 13</sup>. People willingly or unwillingly count economic cost in almost every situation in life<sup>13</sup>. The cost of ante natal care and delivery in an orthodox health clinic in Nigeria ranges between 227 and 303 United States Dollars (N30,000.00 N40,000.00)<sup>12</sup>. This is far out of reach of the poor. Although majority of these women had low level of education, it was however observed that even some educated women of high social class also attended the spiritual church clinics. Harrison et al<sup>3</sup> in their study noted that formal education was the most consistent factor associated with acceptance of hospital delivery. The truth is that formal education may reduce the likelihood of a woman towards the patronage of traditional birth attendant but may not change the faith of a highly educated women<sup>4</sup>. Previous studies have however shown no maternal mortality from these groups of patients as there were able to identify early onset of complications and therefore report to orthodox health facility early. They were able to pay hospital bills for the care<sup>4</sup>. Faith is a very important explanation to their utilization. Non conformity to the tenets of faith may be upheld by diffused sanctions to which defaulting members could be exposed to by their fellow members<sup>13</sup>. For example, some churches usually refuse to perform the christening ceremonies for children not delivered in the church<sup>13</sup>. The major motivation in this study for choosing to deliver was the desire to obtain divine support during the critical stage of labour and that help and good care were guaranteed avoiding the harsh attitude of health workers. Many women also believe that baby delivered in the church would have received divine blessing early and therefore are more likely to survive the first few years of life and be more successful than child born outside the church<sup>12</sup>. It is also known that women who had earlier received antenatal care in the orthodox system have been known to deliver in the church for this reason<sup>9</sup>. For this same reason, highly educated women as in this study have sought maternity care in the church<sup>9</sup>.

The question now is, what should be the government attitude towards the maternity care provided by spiritual church based clinics especially when there are evidence that women who pass through them experience high rate of maternal and perinatal complications<sup>4, 5</sup>. Integrating them into the

health care system will not be easy since they are ideologically opposed to some of the practices of the modern health care system<sup>9</sup>. It will also not be easy to outlaw their services unless an alternative system can be found which takes into consideration some of the concerns of women who use the services provided by them. The prevention of these factors therefore relies not only by eradication of illiteracy amongst our women but a change of dogmatic religious conviction and inclination through health education. Again there should be an integration of health education in the curriculum of secondary schools and creating more job opportunities to improve the social class of our populace. There should also be a grass root mobilization of the community and church leaders, with a large scale public education to create awareness concerning the problems of maternal morbidity and mortality with the need to utilize orthodox maternity services for adequate care during pregnancy and delivery. Spiritual churches with interest in obstetric care should be made to establish properly staffed and well equipped health clinics and register with the health ministry with regular monitoring of their activities and monthly return to the health ministry. Hospital routines and practices should be reassessed in order to identify areas that may hinder utilization of health services by our pregnant women. It is believed that these will encourage higher patronage of orthodox health care services and reduce maternal morbidity and mortality in our environment.

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