Cultural Orientation and Alternative Health Seeking Behaviour of Pregnant Women in Kwara State, Nigeria

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Abstract

Pregnant women constitute a very important group requiring effective and efficient health care delivery system. In most cases, pregnant women would require the expert knowledge and attention of doctors and other health professionals who have been trained to attend to them. Maternal health and health seeking behaviour as a concept in the past decades were perceived as solely a medical concern, neglecting the possible influence of cultural orientation on the dynamics of maternal health. Most African societies hold a shared belief and perception that conception, pregnancy, labour and delivery are events that are mysterious. Therefore, this study by its design and approach seeks to examine the relationship between cultural orientation and the alternative health care seeking behaviours of pregnant women in Kwara State, Nigeria. The study adopted a cross-sectional survey using qualitative and quantitative methods for data collection with the use of questionnaire as instrument to generate quantitative data and In-depth interviews to source for qualitative data. Eight hundred and seventeen respondents participated. The findings of the study revealed that cultural orientation has significant relationship with the health seeking behaviour of pregnant women in the study with pregnant women displaying their alternative health seeking behaviour. This means that the cultural orientation of pregnant women in Kwara State influences their alternative health seeking behaviour. It is recommended that the health seeking behaviour of pregnant women in Kwara State for institutional category must be upgraded with the health system made more robust and dynamic to meet the real needs of the pregnant women. The health seeking behaviour of the pregnant women could be better as there is ray of hope based on the findings that they displayed a positive health seeking behaviour, attitude, as well as practices. Health practitioners and policy makers should encourage pregnant women in their localities through sensitization, enlightenment and reducing the cost of public medical health treatments.

Keywords: *Culture, Health, Maternal morbidity, Pregnant Women, Alternative Health Seeking Behaviour*

Introduction

Maternal morbidity and mortality globally reflects one of the failures of human development (Digambar, Chimankar & Sahoo, 2011). Child delivery by many women in low resource nations is associated with complications, morbidity and in so many cases, maternal mortality (Kistiani, 2009). Yearly, about 525,000 women lost their lives globally as a result of pregnancy problems and maternal complexities, among which developing countries

specifically experience about 99% casualties and Sub-Saharan Africa records 66% maternal morbidity cases (Haider, Qureshi & Khan, 2017, Islam & Masud, 2018). A crucial aspect of enhancing maternal health is to identify the factors that propel or prevent women from adopting healthy choices in their lifestyle or their utilization of medical care and treatment; the underlying assumption being that people's behaviour is best understood with reference to an individual's perception of his/her social environment (Tipping & Segall, 1995).

Health seeking behaviour refers to activities taken by individuals with respect to disease symptoms experienced (Ige & Nwachukwu, 2009). There is a growing trend that factors promoting 'good' health seeking behaviour are not only rooted solely in the individual, but also have more collective, forceful and interactive elements (Owumi & Raji, 2013). Ehiemere, Ezeugwu, Maduakolam and Ilo (2017) noted that a woman's health seeking behaviour during pregnancy period depends greatly on her culture, experience, beliefs, financial level, autonomy, educational level and power to make decisions. Most African societies hold a shared belief and perception that conception, pregnancy, labour and delivery are events that are mysterious. It is this definition, understanding, belief and perception about pregnancy that determine the behaviour, rituals and customs of people towards pregnancy (Kaye, 2006 cited in Mubiru, 2012).

Women's health with much emphasis on pregnant women has become a matter of great interest such that various stakeholders in the health sector such as, women rights activists, medical doctors, international organizations, researchers and donor agencies, human rights groups, through various conferences and platforms clamor for the improvement of the health status of women and reduction in maternal morbidity and mortality to the barest minimum. Therefore, this empirical research endeavors objective is to investigate and analyze the alternative health seeking behaviour of pregnant women in Kwara State with a view to highlighting the dynamic socio-cultural factors that come to play when pregnant women attempt to utilize the health facilities available.

Research questions

1. What is the pattern of health seeking behaviour of pregnant women in Kwara State, Nigeria?
2. What is the cultural orientation of pregnant women in Kwara State, Nigeria with regards to alternative health seeking behavious?
3. What is the influence of cultural orientation on health seeking behaviour of pregnant women in Kwara State, Nigeria?

Literature Review

The World Health Organisation (2002), asserted that many factors dictate people's health, including their lifestyle, education, living environment, social status, income, gender, country's health system, and genetic makeup. Abour-Zahr and Wardlaw (2003) noted that the benefits of enhancing healthcare seeking behaviour are remarkable, particularly in environments where public health resources and social services are limited. Similarly, antenatal care is a

major key component of maternal service in enhancing a wide range of health outcomes for children and women. It is a strategy to advance intervention for enhancing maternal nutrition and to improve on skilled birth attendance at birth and utilize health facilities for emergency obstetrics care.

Some studies have indicated that apart from deficient health care services in many areas, especially in developing nations, certain non-disease-specific and disease specific cultural beliefs may influence the health care-seeking behaviour of people (Feyisetan, Asa & Ebigbola, 1997 cited in Promtussananon, 2013). Aktar (2012) asserted that health seeking behaviour is not an isolated occurrence event but a major part of a woman's social status in her community and family. It is a consequence of a growing mix of her economic, personal, social, familial cum religious factors. Lucas and Gilles (2003) aver that human behaviour is an important area of focus in public health with sociologists and medical anthropologists providing precise professional expertise. The occurrence of social medicine corresponded with increasing recognition of the connection between the health of individuals, communities and social status. The goal of social medicine is to establish the major determinants of diseases and health in the community and to put in place mechanisms for alleviating ill health and suffering through political actions.

Lucas and Gilles (2003) further noted that social medicine is premised on some fundamental assumptions. Health is a birthright; it is a key responsibility of the state. Health and development are inter-related; education enhances health, social factors (behaviour, social organisation, culture, health care seeking behaviour, allocation of family resources etc) have profound impact on health. When people take decisions pertaining to their personal health, they weigh the risk involved or benefits of a specific behaviour. They do this in a way that is dictated by their social rootedness, life-style, present physical environment, religious beliefs and their overall outlook on life as a whole (Norman & Benneth, 1996; WHO, 2002; Orubuloye, 2003 cited in Iyalomhe and Iyalomhe, 2012).

Yahaya (2004) noted that Nigeria as a country is a patriarchal society by tradition where the female sex is discriminated against or made disadvantaged from childhood. In most rural areas, gender disparity is well pronounced with the female folks basically receiving less societal attention than their male counterparts. The insufficient and inadequate access to health care services is made pronounced by economic, demographic and socio-cultural factors that include the behaviour of families, communities, and culture, income, social status, education, access to health facilities, availability of healthcare services, health-decision making power, and age which play vital roles in aggravating high MMR in the country (Yahaya, 2004).

When an individual assumes a sick role, it will be observed that the person seeks medical advice and usually cooperate with medical personnel to obtain health care in the country. Health care seekers in Nigeria, like any other developing nation tend to do so premised on the available resources at the disposal of the individual family (Nyonator and Kutzin, 1999; HERFOR,

Nigerian Health Review, 2006 cited in Akande and Owoyemi, 2009). Several reasons are responsible in health seeking behaviour between households in the nation, including the seriousness of the illness, equality of health facilities, socio-cultural influences, and level of education with income. Lack of accessibility to and affordability to high cost of health care are the most familiar hindrance to optimal health seeking in urban and rural communities (Tarim et. al. 2000; Thind and Anderson 2003; Thind and Cruz 2003 cited in Taffa et. al. 2005).

According to Iyalomhe and Iyalomhe (2012), Nigerian rural populace displays objectionable health seeking behaviour on account of their ontological and cosmological motion which ascribes the root cause of ill health and diseases to entities way beyond the domain of the stethoscope. Fundamentally, religious belief, patients' interpretation of reality and utilization of traditional African medicine influence health care. Health care managers must give rapt attention to patients' interpretation of illness and underlying health beliefs during contact with consultants, in the curative and in handling evolving complications of traditional medicine and the ensuing ethical dilemmas.

Shaikh and Hatcher (2004) noted that men control almost all aspects of available resources and decide when and where pregnant women should seek care in Pakistan. Again, in most cases women were not permitted to visit healthcare providers or health care facilities independent of their relatives, or even take personal choices to utilize financial resources or money at their disposal on health care. Thus, the lack of independence to seek healthcare without strict permission of their husbands or the head of families may result ultimately to lack of attention to their health and the failure of these woman to access when needed for emergency situations.

Magadi et. al. (2006) in their apt comparative analysis of the utilization of maternal care services between teenagers and older mothers in Sub-Saharan Africa noted that the younger generation of women were more likely to embrace and go for antenatal care late, express insufficient antenatal care visits when pregnant and give birth to their babies outside the hospital facilities when compared to the older pregnant women. In their study in India, Das et. al (2010) found that absence of time to get to the healthcare facilities, poor quality of housing, custom, lack of water supply, poverty, population and hazardous population were all connected to the decision to choose where to deliver baby. They further noted that cultural norms and lack of institutional access were identified as the major factors influencing home delivery.

Okojie (1998) in his study found out that a community's belief pertaining to the cause of an ailment including the effectiveness of an alternative treatment are important determinants of health behaviour among women in the rural areas. In their study, Kruk et. al (2010) found that community beliefs about the importance of health facility delivery, knowledge of the attendant benefits of health professional-attended delivery community perception of quality of care given were seen to be related with health facility delivery. McCaw-Binns, Laa Geanade and Ashley (1995) noted that women who sense that their

immediate family friends and members were uncooperative were twice as unlikely to present themselves for antenatal care compared to other women.

Ojamiga and Gilbert (1992) in their study on access to healthcare by women in developing nations found out that socio-cultural indices impact negatively on access to health care by women in them. In their study of determinants of antenatal care, Trinti et al. (2007) found out that predisposing characteristics, need, and external environmental factors are the most significant factors associated with antenatal. In their study, Stephenson, Baschieri, Clements, Hennink and Madise (2006) observed that urban female education in the community, exposure to family planning information, residence, husband's approval of family planning in the community, religion, and mean number of women in the primary sampling unit with one former birth in a health facility were strongly related with the desire to deliver in a health facility. They also found that Muslim women were less likely to report delivering their last child in a health facility than catholic women, while protestant women were more likely to report having delivered in a health facility than catholic women. In their study, Ohasi et. al. (2014) found out that the perceived quality of women's domestic relations had an impact on their maternal health seeking behaviour. Ohasi et. al (2014) further averred that to improve women's health in developing nations, the demand for health services and associated health seeking behaviour must be encouraged and increased in addendum to enhancing physical accessibility to health facilities (Chiang et.al, 2012).

Theoretical Framework

Andersen's Behavioural Model

The Andersen behavioural model as a health conceptual model aimed at describing the factors that brings about the utilization of health services. Andersen's behavioural model sees access to health services as a consequence of decisions made by individuals in society who are constrained by their objective position in society and the availability of healthcare services. A major incentive for the development of this model was to offer measures of access. Andersen in his exposition discusses four concepts of access that can be perused through the conceptual framework. Potential access in this model is the presence of enabling resources, allowing the individual to seek care if needed. Realized access in this particular model is the actual utilization of care. Equitable access is driven by demographic characteristics and need whereas inequitable access is a result of social structure, health beliefs, and enabling resources.

The utilization of health services (ante-natal care, dental care, inpatient care, and physician visits etc.) according to this model is premised on three basic factors which are: predisposing, need and enabling factors. Predisposing factors are basically concerned with features such as age, health beliefs and race. These factors represent the inclination to utilize health care facilities. According to him, an individual is more motivated to use health care service benefits within the social structure. For example, an individual who believes that healthcare services are useful, effective and efficient for treatment will

likely take advantage of available services and utilize them. The predisposing factors are premised on the argument that a family's propensity to utilize health services can be predicted from a given set of personal characteristics which existed before the illness. This long list of characteristics can further be placed into three basic sets: health beliefs, family composition and social structure (Andersen, 1995). Other specific indices include sex, age, family size, social class, and ethnicity. These help to locate the position of the family in the society which could have impact on their lifestyle, their social and physical environment.

The Andersen's behavioural model explains the complex nature of health seeking behaviour of these pregnant women. The study at one end reflects the interplay between the cultural orientation and alternative health seeking behavior of pregnant women in the society. The social milieu in which they live determines their perception, attitudes then their final utilization of the health care facilities. The health seeking behaviour of pregnant women is influenced by their shared cultural beliefs regarding conception, pregnancy, labour and child delivery.

Research Methodology

The study adopted a cross-sectional survey research design of mixed method approach of convergent type. The study adopted both quantitative and qualitative methods for data collection. The study location is Kwara State located in the North-Central zone of the country. The Igbomina tribe, Nupe tribe, Offa tribe and Yoruba of Ilorin and many other tribes exist in Kwara state and coexist in the city of Ilorin bringing about a meeting point of culture and cultural beliefs and practices. Many Federal and State establishments can be found in the State including the University of Ilorin, Ilorin; University of Ilorin Teaching Hospital, and the Federal Training Centre, as well as the Kwara State University, Malete. Kwara State also houses the General and Specialists Hospitals owned by the State government. Private hospitals also exist in all the sixteen local government of the state and multiple of traditional medicine practitioners exist alongside with the private and public hospitals to meet the health needs of the populace. The target population consists of pregnant women who patronize public antenatal clinics in Kwara State, Nigeria. That is, those pregnant women who were duly registered with these health centers in Kwara State, Nigeria.

Multistage sampling technique was adopted for the selection of samples required for the study. The first stage was cluster sampling which was first of all used as it was required to take sample across the three senatorial districts or across the sixteen Local Government Areas of the state. The second stage is the purposive sampling method which was adopted to select the hospitals to meet the objectives of the study in the state where pregnant women receive antenatal care. The last stage is the convenience sampling method to select pregnant women who were willing to participate in the study after they had been fully notified and sensitized by the hospital officials to do so on the days they attended their antenatal.

The data for this study were collected using questionnaire and interview with In-depth Interview. Questionnaire was the primary instrument for collecting

quantitative data for the study. This study was enhanced by making use of in-depth interview of medical practitioners, pregnant women, and elderly women who are knowledgeable in the area of maternal health practices and health seeking action of pregnant women.

Analysis of the data was first done by presenting univariate and bivariate tables of simple frequencies and percentages. Again, the data gathered analyzed with the employment of inferential statistics. Simple Linear Regression was adopted for this study to enable us know the degree of relationship between the independent and dependent variables, and the relative predictive power of the independent variable on the dependent variable. The in-depth interview was analyzed using content analysis and all categories of responses from the IDIs were processed and compared to identify common themes.

Presentation and Interpretation of Results

Socio-Demographic Characteristics

For the purpose of data analysis in this particular study, the sampled pregnant women are referred to as respondents. In analysing the socio-demographic characteristics of the respondents, the simple frequency counts and percentage was adopted. The bio-data considered here include age, religion, marital status, and ethnicity. The results of this first part of the analysis are presented in the table 1.

Table 1: Socio-Demographic Characteristics of the Respondents

S/N	Variable		Frequency	Percent %
1.	Age	14-23	197	24.1
		24-33	271	33.2
		34-43	250	30.6
		44-53	94	11.5
		54 years & above	5	0.6
		Total	817	100
2.	Religion	Christianity	387	47.4
		Islam	401	49.1
		Traditional	21	2.6
		Others	8	1.0
		Total	817	100
3.	Marital Status	Married	683	83.6
		Single	54	6.6
		Separated	32	3.9
		Divorced	27	3.3

		Others e.g. widow	21	2.6
		Total	817	100
4.	Ethnicity	Hausa	175	21.4
		Igbo	112	13.8
		Yoruba	328	40.1
		Others	202	24.7
		Total	817	100.0

Source: Researcher's Field Survey, 2022

Table 1 shows the socio-demographic characteristics of the respondents, A careful examination of the distributional percentage frequencies of the respondents by age shows that 24.1% (197) of the respondents were between 14 to 23 years old; 33.2% (271) respondents reported that they were between 24-33 years old; 30.6% (250) respondents said that they were between 34-43 years old; 11.5% (94) respondents claimed that they were between 44-53 years old and 0.6% (5) respondents were 54 years old and above. Majority of the respondents are in the age bracket 24-33 years. This age bracket is good and ripe or favourable for their reproductive health as they are well matured. However, this is a pointer to the government that the population will keep growing and they should be proactive in their health plans and policies to make adequate provision for children to be born. On religious affiliation of the respondents, 47.4% (387) respondents signified that they practised Christianity, 49.1% (401) respondents reported that they were Muslims, while 2.6% (21) respondents claimed to be adherents of traditional religion while 1.0% (8) respondents claimed that they practised other religions. The table shows that respondents that are Muslims are more than those who are Christians. This may attest to the fact that Ilorin is predominantly occupied by Muslims and one could conclude that most of the pregnant women are from Muslim homes.

On the marital status of the respondents, 83.6% (683) respondents were married, 6.6% (54) respondents were single, 3.9% (32) respondents were separated, 3.3% (27) respondents were divorced while 2.6% (21) respondents were in the others category. This shows that majority of these respondents were married. The reason for this result among the married respondents who form the majority may not be farfetched. This could be because of cultural and traditional practices ingrained in the people that encourage majority of the pregnant women in Kwara State to consummate marriage before cohabitation. On the ethnicity of the respondents, 21.4% (175) are Hausa by tribe, 13.8% (112) are Igbo and 40.1% (328) are Yoruba while 24.7% (202) are from other ethnic groups. This shows that overwhelming majority of the respondents are from the Yoruba tribe. This could be because Kwara State has a sizeable number of Yoruba dweller both indigenes and residents.

Alternative Health Seeking Behaviour of the Respondents

Table 2: Alternative Health Seeking Behaviour of the Respondents

S/N	Variable		Frequency	Percent %
	Healthcare facilities	Traditional healers	214	26.2
		Private Hospitals & clinics	190	23.3
		Govt. Hospitals & clinics	270	33.0
		All of the above	125	15.3
		None of the above	8	2.2
		Total	817	100
	Efficacy of traditional medicine	Yes	130	15.9
		No	687	84.1
		Total	817	100
	Traditional healer patronage	Lately	133	16.3
		Long time ago	346	42.4
		Never	338	41.3
		Total	817	100
	Health providers that is safer and more effective	Traditional healer	163	20.4
		Orthodox health provider	424	51.4
		Both	230	28.2
		Total	817	100
	Health care providers they patronized in the last four months	Doctor	524	64.0
		Traditional healer	224	27.6
		Others	69	8.4
		Total	817	100

Source: Researcher's Field Survey, 2022

Table 2 shows the variables related to alternative health seeking behaviour apart from public hospitals of pregnant women in the study setting. A close examination of the distribution of the respondents by the healthcare facilities they have in their communities shows that, 26.2% (214) respondents had access to traditional healers; 23.3% (190) had access to private hospitals and clinics; 33.0% (270) respondents had access to government hospitals and

clinics, 15.3% (125) had access to all of the above while 2.2% (8) had access to none of the above. This clearly shows that majority of the respondents (33.0%) had access to government hospitals and clinics while only (2.2%) lack access to health facilities. This shows that on maternal access to pregnancy care, many of the respondents have reasonable access to see health personnel when they need them. The data presented here implies that government hospitals and clinics are very common healthcare facilities and are available in Kwara State. This result reflects the growing mix of various health care services utilization options or alternatives available to them.

On the efficacy of traditional medicine for pregnancy care, the respondents were asked to give their opinion and the results shows that 15.9% (130) rated it has been efficacious for pregnancy care while 84.1% (687) rated it has not been efficacious for pregnancy care. As can be seen in Table 2 that majority of the respondents 84.1% (687) do not believe in the efficacy of traditional medicine for pregnancy care. To further buttress this position, a pregnant woman at Lafiagi said:

> *"Traditional medicine worked for our mothers in the past. We cannot totally put it away because it does not have all the advantages that General Hospital has".*
>
> *(IDI,Pregnant woman/32years/Lafiagi/2022).*

A more touching one experienced by a woman at the General Hospital Ilorin who said:

> *"No one can advise me not to use both systems. My sister-in-law was a victim. We were both pregnant and she was brought to Ilorin and she stopped using what the family gave us to be using for a reason. She later had complications that they could not handle and she died".*
>
> *(IDI, Pregnant woman/35years/Ilorin/2022).*

Apart from these, a pregnant woman has this to say in the interview sessions

> *"My upbringing is such that my parents have four children and my mother gave birth to all of us in the traditional way, not the hospital way. The information from my mother's experience gives me confidence to utilise the traditional birth attendants (TBA) who took care of some of us. Their power, experience and wisdom is different from that of medical doctors taking care of us here as everyone has his gift from*

heaven especially the spiritual aspect of giving birth to children. I am in Kaiama now and the hospital offer services different from the TBA. The situation that is going to be on ground will determine whether i will give birth in the hospital or with the TBA".

(IDI, Pregnant woman/37years/Kaima/ 2022).

To further buttress this position, a pregnant woman has this to say:

"My husband's sister is also pregnant but they live in the city. Her husband has so much belief in the efficacy of traditional medicine and instructed her to patronize them regularly. She only registered in the hospital for basic check-ups and immunization. The last time I saw her, she told me she has not been to the hospital for two months but has been seeing the traditional medicine practitioner. She emphasized that their services include the spiritual aspect of the pregnancy and that she is comfortable with their treatment and care".

(IDI,Pregnant woman/36years/Jebba/2022).

Another pregnant woman also has this to say:

"I patronize traditional care for some reasons and also come for check-up because there are enemies everywhere. We have seen and heard about some pregnant women who use only hospital both government and private, that are good. Yet, they went into labour room and they died while giving birth. For some it was their children that died while for some both died. It is possible that they did not protect themselves spiritually. One must protect herself since no police is going to arrest you for trying to protect yourself during pregnancy".

(IDI,Pregnant woman/40years/Lafiagi/2022).

The general impression from the quotations above is that for these pregnant women attending antenatal, though traditional care has been found to be less efficacious for pregnancy care or to be in vogue especially in the cities, yet, there are many of them who have internalised the traditional method and still romance it. Yes, the government hospitals have more to offer them than traditional care. There is need for more sensitization of pregnant women by the government and their agencies.

On the opinion of respondents on the last time they patronized a traditional healer, 16.3% (133) respondents claimed to have patronised a traditional healer lately while 42.4% (346) respondents reported that they patronised traditional healers long time ago and 41.3% (338) respondents claimed they have never patronised traditional healers. Comments made by some of these respondents in this regard are highly instructive. This shows that majority of the respondents 42.4% (346) respondents patronised traditional healers long time ago. This could be as a result of the availability of the modern healthcare facilities in their communities or change in value.

The opinion on the healthcare provider that is safer and more effective by the respondents indicated that 19.8% (163) respondents believed that traditional health provider is safer and more effective. 52.0% (424) respondents believed that orthodox health provider is safer and more effective while 28.2% (230) respondents considered both health providers to be safe and effective. The implication here is that we may find women in large numbers who still patronize traditional medicine for a long time. Thus, government must make provision for improving traditional medicine while expanding and improving the health facilities. This shows that majority of the respondents 52.0% (424) opined that orthodox health provider is safer and more effective during pregnancy care. However, it can also be seen that those who believe in both are relatively large. This may be due to environmental influence or factors located in their social milieu promoted as older women, other pregnant women and family members.

The opinion on the health care providers they patronized in the last four months by the respondents indicated that 64.0% (524) respondents patronized medical doctor in the last four months. 27.6% (224) respondents patronized traditional healers in the last four months. 8.4% (69) respondents patronized others in the last four months. This show that majority of the respondents 64.0% (624) reported that they patronized medical doctors in the last four months. This shows the women have multiple alternatives and exhibit various health seeking behaviour.

Cultural Orientation and Health Seeking Behaviour of Respondents

Table 3: Cultural Orientation and Health Seeking Behaviour of Respondents

S/N	Variable		Frequency	Percent %
1.	Do you independently take healthcare decisions for your pregnancy?	Yes	367	44.6
		No	450	55.4
		Total	817	100
2.	Who determines when you start antenatal care?	Husband	412	50.4
		In-Laws	52	6.4
		Self	77	9.4
		Self and Husband	276	33.8
		Total	817	100
4.	Do you conveniently go for health care when the sun is out in the morning?	Yes	128	15.7
		No	689	84.3
		Total	817	100
6.	Where will you deliver your baby?	At home	12	1.5
		Hospital	605	73.8
		Traditional home	166	20.5
		Church	22	2.7
		Mosque	2	0.2
		Others	10	1.2
		Total	817	100
7.	Why would you want to give birth in such facility?	Cost effective	334	40.9
		Spiritually secured	111	13.5
		Family influence	372	45.6
		Total	817	100.0
8.	Who determines where you give birth?	Husband	368	45.0
		Self	68	8.3
		Both	296	36.2
		Relatives	85	10.4
		Total	817	100
9.	What mostly determine your health	Income	204	25.0
		Distance of residence	163	20.0

seeking behaviour?	Cultural Orientation	250	30.5
	Level of Education	200	24.5
	Total	817	100

Source: Researcher's Field Survey, 2022

Table 3 shows the variables on cultural orientation of the pregnant women in the study. The opinion on whether they independently take healthcare decisions for pregnancy revealed that 44.6% (367) respondents independently took healthcare decisions for their pregnancy, 55.4% (450) respondents expressed contrary view. This implies that a large pool of the respondents 44.6% (367) claimed they do not take independent healthcare decisions for their pregnancy. It is only to some extent they are allowed to freely do some things concerning their health which is not too good if they know the right actions to take on health issues.

The opinion on who determines when they start antenatal care by respondents indicates that 50.4% (412) respondents opined that their husbands determined when to start antenatal care; 6.4% (52) respondents pointed out that their in-laws determined when to start antenatal care; 9.4% (77) respondents claimed that they determined when to start their antenatal care while 33.8% (276) respondents reported that they and their husbands determined when to start antenatal care. It has some implications though as some healthcare or antenatal issues that they know is right may not be done meaning they are still restricted during pregnancy to take the best decisions. This shows that the majority of the respondents sampled on this item; 50.4% (412) noted that their husbands determined when to start antenatal care. The implication of this issue is that pregnant women are subjected to their husbands when it comes to decision making on antenatal care. The reason for this could be attributed to the cultural belief that places husband as the family head.

The opinion on whether they conveniently go for health care when the sun is out in the morning by respondents revealed 15.7% (128) respondents claimed they conveniently go for health care when the sun is out in the morning while 84.3% (689) respondents reported that they do not conveniently go for health care when the sun is out in the morning. This shows that overwhelming majority of the respondents 84.3% (689) respondents did not conveniently go for health care when the sun is out in the morning. This could be attributed to the cultural beliefs that prohibit pregnant women from going out in the sun. Different things are said about pregnant women walking in the sun. The comments from some of the pregnant women are instructive. One pregnant woman from Offa has this to say:

> *"Some think that pregnancy is just a natural thing. Capital no. There are rules that are cultural and spiritual that guide pregnancy. Just like there are biological laws that guide pregnancy. One must try to adhere to*

them not to cause herself and her family problems".

(IDI, Pregnant woman/Offa/2022).

Another pregnant woman said this:

"It is better for someone to listen to what the elderly women say about the spiritual and cultural aspect of pregnancy. There is reality about this and one must help herself for God to help her. One must listen to the words of the elderly".

(IDI, Pregnant woman/Omu-Aran/2022).

Yet, another woman has this to say:

"When some pregnant women think they are wiser and more knowledgeable than the older people who have seen things and have experience about pregnancy, then they are joking and may soon be in trouble".

(IDI, Pregnant woman/ Share/2022).

Opinion on where to deliver their baby shows that 1.5% (12) respondents wanted to deliver their babies at home, 73.8% (605) respondents wish to deliver their babies in the hospital, 20.5% (166) respondents wanted to deliver theirs in the traditional home, 2.7% (22) respondents prefer to deliver their babies in the church, 0.2% (2) respondents wished to deliver their babies in the mosque. The remaining 1.2% (10) respondents wanted to deliver their babies in other places. This shows that majority of the respondents representing 73.8% (605) wished to deliver their babies in the hospital. This is a reflection of the fact that modern women know the benefits of modern health services.

The opinion of 40.9% (334) respondents to give birth in the desired facilities is due to cost effectiveness. A group 13.5% (111) respondent wanted to give birth in the facilities due to spiritual security while the remaining 45.6% (372) respondents wanted to give birth in their facility due to family influence. This shows that a good number of the respondents patronized hospital for antenatal care based on family influence. This may point our attention to the ability of the family to influence healthcare decisions for women. Additionally, 45.0% (368) respondents reported that their husbands determined where to give birth, while 8.3% (68) respondents claimed they themselves determine where to give birth. A good number 36.2% (296) respondent said their husbands and they determine where to give birth and 10.4% (85) respondents believed that

their relatives determine where to give birth. This revealed that majority of the respondents questioned, 45.0% (368) signified that their husbands determined where to give birth. Again, a reason for this could be attributed to the cultural belief that recognises husband as the head of the family.

Cultural Orientation and Alternative Health Seeking Behaviour of Pregnant Women

This section thus sets out to determine whether or not cultural orientation and alternative health seeking behaviour of pregnant women are statistically significant and related. With this method, it was possible to appraise the strength and predictive relationship existing between the dependent and independent variables.

Table 4: Summary of Simple Linear Regression Test of Significance between Cultural Orientation and Alternative Health Seeking Behaviour

Variables	Co-efficient	Standard Error	t-statistics	P-value
Constant	0.240	0.040	6.062	.000
Culture	0.279	0.070	3.895	.000
R square: 0.705 No. of Observation: 817 Adjusted R square: 0.704 R: 0.840				

Source: SPSS computation 25.0

Interpretation of Findings

Judging from the regression analysis results in Table 4, it is clear that there is a direct and positive relationship between cultural orientation and alternative health seeking behaviour of the pregnant women. Thus, the figure 0.240 represents the intercept. This intercept means that whether there is cultural orientation or not, there will be the existence of 24% alternative health seeking behaviour in the study setting. Cultural orientation (0.279) represents the magnitude of their relations to alternative heath seeking behaviour. Standard Error used as the parameter estimate to check the significance of the hypotheses. Any hypothesis will be taken to be statistically significant when the computed standard error is less than half of the numerical value of the parameter estimate. From the outcome of the regression analysis, it so obvious that the computed standard errors of the regression model are (0.040) for intercept, while B1 (0.070) is for the slope. From the standard errors, the null (H0) hypotheses should be accepted and we therefore conclude that the standard error of the parameter estimate (cultural orientation) validate the contribution of the parameter estimate to alternative health seeking behaviour of the pregnant women used for the study.

The empirical value of T-test for the intercept is (6.062) while the slope is (3.895) with its theoretical value at 0.05 level of significance as 1.960. Since

the empirical values of the intercept (B0) and the slope (B1) that is 6.062, and 3.895 respectively are greater than the theoretical value (1.960), therefore, we reject the null hypotheses and accept the alternative hypotheses. Thus, the independent variable (cultural orientation) has significant bearing with alternative health seeking behaviour. Hence, the test is statistically significant.

Furthermore, the R-Square (R2) measures the goodness of fit of the regression model. It represents the proportion of total variation of the dependent variable that is explained by the independent variable. Based on this regression result, about 70% of the total variation of the dependent variable (alternative health seeking behaviour) is explained by the independent variable (cultural orientation). Hence, it shows us the best fit of the regression model.

Discussion of Findings

Attempt is made in this section to clearly discuss the findings of the study. Results from the findings show that the characteristics of the pregnant women are derived from their bio-data. That is, personal indices as specified by the findings such as age, religious affiliation, marital status and ethnicity. However, this summary forms the major finding of the research: the pregnant women who are the main respondents in this study utilized other health care alternatives; the study shows that people from the various ethnic groups took part in the study because of the inclusion of the three senatorial districts in the state as well as the nature of the facilities being used as referral centres; the study reveals that use of traditional medicine is part of the health care seeking behaviour of the pregnant women attending antenatal in these government facilities as traditional health care providers were still available to them reflecting their alternative health seeking behaviour.

Result from the finding shows that alternative health seeking behaviour of pregnant women is predicated on their cultural orientation. Cultural orientation was found to be related to the health seeking behaviour of pregnant women in the study with pregnant women displaying their alternative health seeking behaviour. This means that the cultural orientation of pregnant women in Kwara State influences their alternative health seeking behaviour. For example, pregnant women require the help and support of their husbands and significant others during pregnancy. This is expected because pregnancies of healthy women when channeled properly are expected to end with a positive live outcome. The decision to take healthcare actions is influenced by their husbands because of the patriarchal nature of the society and this may bring about certain problems to the women such as delay in going for healthcare, late booking to see doctors, no-booking to see doctors, and skipping of necessary appointments with the doctor. In giving credence to this position, Akhtar, Hussain, Majeed and Afzal (2018) noted that maternal deaths are not only the result of failure to receive care but, an outcome of complex social, cultural and economic factors. In a study by Egbunime, Egboka, and Nwankwo (2015) in Anambra State, it was found that husband's decision was seen as the major factor determining health seeking behaviour of pregnant women. In the same vein, Akande and Owoyemi (2009) reported in their study that cultural beliefs are a major influence on health seeking especially on delays caused in reporting very early in health facilities.

On the issue of pathways in health seeking in the study, the study shows that obtaining antenatal cares entails so many paths as pregnant women seek healthcare. Modern medicine is the most viable and most patronized option as far as health seeking is concerned for the pregnant women in the study. This is as a result of the advantages and benefits it has over all other pathways or options. Orthodox medicine that was introduced by the west has not been able to erase traditional medicine and the cultural values of the people. However, because of the cultural background of the people, many still hold on to their beliefs in traditional medicine rooted in their background beliefs. That is modern medicine has not been able to totally replace traditional medicine that some see as inappropriate. It is therefore established in this study that pregnant women still hold on to the traditional treatment though they have subscribed to modern health care. This result is corroborated by Fakeye, Adisa and Musa (2009) in their study in Nigeria where they reported the wide use of herbal medicine by pregnant women highlighting the immediate need for healthcare givers and practitioners to be very aware of the situation and make possible efforts to obtain information about herb usage during antenatal care.

Conclusion

The concept of health seeking behaviour, maternal and child health in the past decades were perceived as solely a medical concern, neglecting the possible influence of cultural factors on the dynamics of maternal health. With new developments through research, multidisciplinary and interdisciplinary approach to health matters, it is now glaring that a holistic approach to the phenomenon of maternal health seeking behaviour for pregnant women would go a long way to help resolve issues and throw more light into alternative health care seeking behaviour of pregnant women to help reduce the worrisome maternal mortality rate in the country. This particular study by its design and approach has utilized various methods and theory to glance through the alternative health care seeking behaviour of pregnant women in Kwara State, and has contributed to knowledge, thus enhancing our understanding of the health seeking behaviour of pregnant women in an institutional setting in Kwara State especially from a sociological perspective.

Drawing from the findings of this particular study, it was concluded that the health seeking behaviour of pregnant women in Kwara State for institutional category must be upgraded with the health system made more robust and dynamic to meet the real needs of the pregnant women. The health seeking behaviour of the pregnant women could be better as there is ray of hope based on the health seeking behaviour they displayed with their attitude, as well as their practices.

The health seeking behaviour of pregnant women always differs from one society and cultural background to the other. This work examined the alternative health seeking behaviour of pregnant women visiting ante-natal clinics in Kwara State with a view to highlighting cultural orientation that hinder pregnant women from utilizing the health facilities and also their practices of antenatal. From this study, it could be concluded that the pregnant women that were studied varied in terms of socio-cultural features. This had varied implications for the pregnant women observed alternative health

seeking behaviour. Age, religion, marital status, and ethnicity were all examined in the study to have implications for the alternative health seeking behaviour of these pregnant women. In view of the findings from this study, it is the contention of this work that explanation for the alternative health seeking behaviour of pregnant women in Kwara State depends largely on the cultural orientation inherent in their social milieu.

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