

PATTERNS AND DETERMINANTS OF MATERNAL HEALTH CARE PRACTICES AMONG HAUSA WOMEN IN SABO, IBADAN, NIGERIA

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Abstract

Introduction: *Despite global advancement in reduction of mortality, maternal mortality remains disproportionately high in certain regions of the world, particularly in sub-Saharan African countries. Maternal health care practices have contributed to this high rate of maternal mortality in these regions. Maternal health care practices are influenced by a complex array of determinants, and the patterns vary across regions and cultures, and they significantly impact maternal mortality. Therefore, this study examines the patterns and determinants of maternal health care practices of Hausa women in Sabo, Ibadan, Nigeria. This study made use of the "behavioural model of health service use" proposed by Andersen and Newman.*

Methodology: *This study made use of qualitative data collected through in-depth interviews and focused group discussions among 20 Hausa women who have reached reproductive age and reside in the Sabongari area of Ibadan. The data collected was contently analyzed.*

Results: *The patterns reveal that there is still strong interest in home delivery, as most of them were delivered at home. It is also revealed that the women deliver in the hospital only when there is a complication during birth. Before delivery the women attend ANC and also prepare themselves through religious rites for home delivery. Religious belief, cultural belief and cost of health care services were found to significantly determine the maternal health care practice of women in Sabo.*

Conclusion: *To enhance maternal health and reduce maternal mortality in Sabo, it is essential to address the determinants through a community-based intervention and strategies that respect the religious and cultural practices while promoting safer maternal health care practices. Addressing the maternal health of Sabo women will contribute to better maternal health outcomes and wellbeing for women.*

Keywords: *Maternal mortality, health, antenatal care, postnatal care, Sabongari.*

Introduction

Pregnancy and childbirth are significant life occurrences for women, their families and society; however, this period increases the vulnerability of women and children to morbidity and mortality (Okedo-Alex, Akamike, Ezeanosike, Uneke, 2019). Annually, a lot of women are faced with maternal health issues, which are attributed to haemorrhage,

puerperal sepsis, obstructed labour, hypertensive disorders, and unsafe abortions (Akeju, Oladapo, Vidler, Akinmade, Sawchuck, Qureshi, Solarin, Adetoro, Dadelszen, Clip Nigeria Feasibility Working Group, 2016). According to a WHO (2019) report, in 2015, about 830 women died daily from preventable causes related to pregnancy and childbirth. Almost all these deaths occurred in

low-resource settings, and most could have been prevented (Okedo-Alex *et al.*, 2019). Most of these deaths are preventable with the provision of accessible reproductive health care and skilled attendance at delivery (Rosario, Gomes, Brito, Costa, 2019), as they stem from insufficient health support during pregnancy and delivery (Rosario *et al.*, 2019). Every year, more than 200 million women in the world become pregnant, and a greater percentage of these women are at risk of complications that have the potentiality of causing death (Sutton *et al.*, 2010; Agunwa, Obi, Ndu, Omotowo, Idoko, Umeobieri, & Aniwada, 2017). Of all deaths that occur to women in the world today, maternal-related deaths supersede them all.

Globally, in 2015, the risk of maternal mortality was about 1 in 180; approximately 1 in 4,900 in developed countries but about 1 in every 36 in sub-Saharan Africa (Graham, Woodd, Byass, Filippi, Gon, Virgo, Chou, Houston, Lozano, Pattinson, & Singh, 2016). Nations are aware that improvement in maternal health is important in global health discussions and in any developmental planning; this is evident in target 1 of the Sustainable Development Goal 3, which aims to reduce the global maternal mortality ratio (MMR) to 70 per 100,000 live births by the year 2030 (United Nations, 2015), and the World Health Organization (WHO) recommends four antenatal care (ANC) visits, delivery in a health facility and three postnatal care (PNC) visits for women to optimize the maternal health outcomes (Islam, 2018).

Maternal mortality has declined globally by 34% as a result of the increasing attention given to maternal health (WHO, 2024). And the uses of mobile clinic services, (Daniel, Akpan & Ekpo 2025). However, the

maternal mortality ratio is still very high in Nigeria. A Nigerian woman in her reproductive age has a 1 in 22 risk of maternal death, compared to the average lifetime risk of 1 in 4900 and 1 in 180 for women in high- and low-income countries, respectively (WHO, 2016). The risk of a woman in a less developed country dying from a maternal-related cause during her lifetime is about 33 times higher compared to a woman living in a more developed country (Islam, 2018). Sub-Saharan Africa and Asia account for 87% of all maternal deaths globally (WHO, 2024). Nigeria, with an estimated maternal mortality rate of 1047 per 100,000 live births (WHO 2021), is the 4th highest worldwide and contributes 10% of global maternal mortality rates (UNICEF 2018).

In Nigeria, the use of health facilities during delivery by pregnant women and postnatal care utilization is still very low, and maternal morbidity and mortality remain public health problems. Even though utilization of maternal health services is associated with improved maternal and neonatal health outcomes, the 2013 National Demographic and Health Survey stated that up to 61% of women aged 15–49 who had a live birth in the 5 years preceding the survey received antenatal care from a skilled provider, but skilled attendance at birth remains low at 38%, and only 36% of births in Nigeria are delivered in a health facility (NDHS, 2013). Under-utilization may vary from region to region and from state to state and within states.

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to ensure a

positive and fulfilling experience and, in most cases, reduce maternal morbidity and mortality (WHO, 2019). Maternal mortality is a health indicator that shows very wide gaps between the rich and poor, urban and rural areas, both between countries and within them (WHO, 2019).

Maternal mortality are deaths that can be avoided if proper maternal health practices are followed, but sometimes, due to the strong cultural and religious ties, it makes it difficult. The healthcare practice of women during the maternal period varies across cultures. While practices are recommendable in some cultures, in other cultures the practices are a complete aberration from recommended practices. These practices can have huge implications on pregnancy experience and outcomes, short- and long-term health, and a child's health, as well as huge implications on maternal mortality. Inadequate antenatal, intrapartum and postpartum care are major risk factors for maternal mortality for Nigerian women (Ariyo, Ozodiegwu, & Doctor, 2017).

Factors such as poverty; lack of access to high-quality maternal health services, including intrapartum care; religion and ignorance; and lack of education, among others, have been identified as determinants (Abubakar, Zubairu&Yohanna, 2018, and Udoh & Ekanem, 2023). The individual maternal health care-seeking behaviour is highly influenced by cultural beliefs and practices. Socio-cultural factors are associated with the traditions, norms, and values of people that affect the way and manner in which they seek help for health-related problems. Traditional beliefs have been found to influence the pattern of booking for antenatal care (ANC), (Abubakaret *al.*, 2018).

Several cultural practices have had a great impact on the maternal health of women, which gives way to the emergence of maternal mortality. Other cultural practices that are deemed harmful include direct taboos and indirect restrictions which have the capacity to prevent women from discussing their health needs and risks, especially among the Hausa women. Social seclusion in some religious settings and refusing antenatal consultation with or delivery by a male doctor are likely to result in difficulty in finding health information and taking healthy steps toward safe pregnancy and childbirth (Abubakaret *al.*, 2018).

However, existing interventions to reduce maternal mortality in Nigeria have centered on proximate determinants such as health-seeking behaviour and access to services, with little focus on the social and cultural factors that influence maternal mortality. Despite the implementation of several strategies to improve maternal health care services and reduce maternal mortality, maternal mortality has not significantly decreased (WHO, 2016). Evidence suggests that the most effective strategies are those that address the community context as well as the clinical setting (Ariyoet *al.*, 2017).

Women are part of the community and do not live in isolation; as such, some decisions women make are influenced by those around them (her husband, relatives, friends, and the community). While women may receive accurate health information from facility- and community-based health providers, their health care practices and decisions are mostly influenced by stories that circulate in the community and their observations of how others around them behave (Sinai, Anyanti, Khan, Daroda & Oguntunde, 2017).

Therefore, lack of awareness about the determinants as well as the patterns of the health care choices pregnant women make for themselves will lead to little or no decline in mortality rates and figures in some regions. Unless the patterns and factors responsible for maternal health care in Sabo areas are identified, it will be difficult to properly intervene to correct the discrepancy in health service supply and demand which occurs in Nigeria and other developing countries (Agunwaet *et al.*, 2017).

The patterns and determinants of maternal health care practices among Sabo women in Nigeria are poorly understood, as there is a general absence of studies on the determinants of maternal health care utilisation in Sabo, Ibadan, Nigeria. Although previous studies report the determinants of maternal care utilization and their importance in other Sub-Saharan African countries (Rosario *et al.*, 2019). This research is among women in Sabo, Ibadan; since evidence can be context dependent, such evidence is required to understand and reduce health inequities. This study therefore examined the patterns and determinants of maternal health care practices among women in Sabo areas of Ibadan, Nigeria.

THEORETICAL FRAMEWORK

The theoretical underpinning for this study is the behavioural model of health service by Andersen and Newman (1968). The framework was developed and was designed to understand the conditions that predict utilization of health care services in the US. This theory is adopted to describe the patterns and determinants of maternal health care practices of the Hausa women in Sabo Ibadan, Nigeria.

The model views maternal health care practices as a form of individual behaviour that is determined by individual

characteristics of people which are influenced by societal and health systems determinants. The societal determinants (societal norms such as cultures that hinder them from going to the health facility but rather prefer unskilled people such as neighbours, family, friends and traditional birth attendants) affect the individual determinants directly and through the health system determinants (socio-economic insufficient financial resources to visit the health care, distance – patient access to the medical care system, and structure – how they are treated by the health workers). The individual characteristics that predict use of health services are classified into three: (i) (i) predispositions of an individual to use health services (predisposing factors), (ii) ability to secure services (enabling factors) and (iii) illness level (need factors). Predisposing factors include demographic characteristics such as age, sex, marital status, past illness, social structure (education, race, occupation, family size, ethnicity, religion, and residential mobility) and beliefs (values about health and illness, attitudes toward health services/providers, and knowledge about disease).

Demographic characteristics of individuals predict their health behaviour. For instance, being in a marital union is associated with better health and health-related behaviour. The past illness factor suggests that past experience of pregnancy and childbirth, parity, and experience of using a health care facility may affect the use of a primary health care facility for maternal care. The enabling factors refer to the means available to individuals to achieve a need to use a health service. Enabling factors include family resources (income, level of health insurance coverage or other source of third-party payment, type of regular source of care,

the nature of that regular source of care, and accessibility of the source) and community characteristics (ratio of health personnel and facilities to population in a community, price of health services, region, and urban-rural location). This implies that women's ability to use maternal health facilities will depend on the availability of such facilities and their possession of the means to access the facilities.

The need factors include perceived illness or the probability of its occurrence by the individual or her family (disability, symptoms, diagnosis, and general state, such as the number of days during which the individual is unable to do her usual work, such as house chores and care of children, experience of symptoms, and self-report of general health) and evaluation of the condition (symptoms and diagnosis attempts to get at the actual illness and a clinical assessment of the severity). According to Andersen and Newman (2005), these factors represent the most immediate determinants of health service utilization. The need component suggests that the utilization of maternal health services can be influenced by a woman's perception of the relative importance of modern health care services versus traditional methods of care. Added to this is a woman's perception and understanding of pregnancy complications and her desire to deliver safely and attain a healthy newborn baby.

METHODOLOGY

Descriptive cross-sectional research design was adopted for this study; it aided the data collection on the patterns and determinants of maternal health care practices of the Hausa women in Sabo Ibadan. The study populations were women in the Hausa annex in the city of Ibadan known as **Sabongari**

(Sabo). Sabo in Ibadan is predominantly occupied by the Hausas and is located in different areas of Ibadan, such as Mokola, Ojoo, Iwo Road, and Eleyele, especially where the Hausa people gather, including the Hausa alms beggars. The target population for this study was the Hausa women who are up to reproductive age and who live in the Sabo area of Ibadan, Oyo State, Nigeria. These women have in-depth knowledge of the common maternal health care practices of the Hausa and Sabo areas of Ibadan.

The data for this study is qualitative data and was collected through in-depth interviews and focused group discussions. 20 Hausa women in Sabo who were of reproductive age were purposively selected for IDI and FGD. These respondents reside in different Sabo areas of Ibadan. Those areas are Sabo Iyana Cele, Mokola, Mokola Roundabout, Sabo Ojoo and Iwo Road.

A total of 12 in-depth interviews were conducted among the Hausa women who reside in Sabo Area, Ibadan. The interviews focused on the research objectives of the study. A total of 2 focus group discussions were conducted among the Hausa women who reside in the Sabo Area in Ibadan. Information was gathered in line with the objectives of the study. Data obtained for the study were contently analyzed. The data collected was in English and the native language depending on the convenience of the respondents; data collected in the local language was transcribed verbatim to the English language and then analyzed according to the objectives of the study.

RESULTS

The findings of this study are presented below in themes that reflect the different objectives of the study.

The Patterns of Maternal Health Care Practices among the Hausa Women in Sabo, Ibadan

This Study Describes The Patterns Of Maternal Health Care Practices Among The Hausa Women In Sabo, Ibadan, Nigeria. The study identified a common pattern of maternal health care practice among women in Sabo. The pattern reveals that women in Sabo seek antenatal care in the hospital whenever they are pregnant; the women in Sabo visit the hospital when pregnant for proper care and treatment. It is normal for

pregnant women to visit hospitals as soon as they realize a change in the body system. When confirmed pregnant, the women will register for antenatal care. In addition, the time at which the women start the antenatal care is very important, and it differs among individuals; women in Sabo start their treatment at different times and periods. The women in Sabo see visiting the hospital as very important for the health of both the mother and children. This pattern is as expressed by this participant:

If a woman is pregnant, she is supposed to go to the hospital for treatment. Although I did not give birth here, those that get pregnant here in Ibadan also visit the hospital. (FGD/Katsina/Iwo Road)

Another respondent reported thus:

We go to the hospital when we get pregnant; if someone gets pregnant, we advise the person to go to the hospital for antenatal care. Those that get pregnant here go to the hospital around this place. We go when the pregnancy is in the first, second or third months. At the hospital, we are also given drugs that help both mother and child. (FGD1/Sokoto/Mokola Roundabout)

The patterns further reveal that the women in Sabo Ibadan are predominantly Muslims, and they have a peculiar way in which they prepare for childbirth/delivery. When the expected date of delivery (EDD) is close, there is a religious rite the women perform to ease the delivery. These Sabo women hold their religious beliefs high and have absolute trust

in religious rites. This rite involves the process of drinking water that was prayed on or a prayer written and washed with water in a bowl, and this gives them assurance that God (Allah) will see them through the childbirth and the childbirth will be with ease. As explained by one of the respondents:

Just like when you go to hospital and you are given injections and drugs, all those drugs and injections are from God. So also Islamic teachers (IMAM) write some prayers and wash it for us to drink, or the clerics say it on water and tell us to drink it in order to ease delivery. (IDI/Kano/Mokola Roundabout)

It is revealed that after attending the complete antenatal care service, the Hausa women in Sabo who are Muslims have some preparations to be done towards achieving a safe delivery. The preparations for delivery include religious prayer done in diverse ways to ease birth or eliminate complications

during childbirth. The method of this prayer differs depending on the person conducting the prayer; because the

method is different, so also is the name. To some of the women, it is called "Rubutun Rakuna", which means the prayers are written in Arabic on the praying board; after

writing the prayer, it is washed with water into a bowl and given to the woman to drink. The other method, which is called “Alika or Kitaabah”, is done by taking a bowl of water, reciting prayers on it and then giving it to the woman to drink. The belief is that when this is done, a woman is expected to give birth with ease, except if she is not destined to give birth with ease. This process increases their faith, strength and hope in home delivery because it gets them prepared to give birth on

their own. It also means that God will take charge of the delivery because it is like inviting God to come and be their help. This

practice is done anywhere they find themselves.

There are different names the process is called; below are some of the names it is being called by the interviewees:

When it is time for delivery, there is a Quranic writing known as ‘rubutunnakuna’ that will be said in water for us to drink. After drinking, we are expected to give birth. (FGD2/Iwo Road/Sokoto)

Others call the process:

The prayer is called “Alika or Kitaabah”. The cleric will write prayers on the prayer board from the Quran and wash it for the pregnant woman to drink. After drinking it, the woman is expected to give birth without complications, but if there is any complication, we go to the hospital. (FGD1/Mokola roundabout/Kano)

After going to the hospital regularly for checkups during pregnancy and praying, as the expected day of delivery approaches, the women buy razor blades and keep a big and clean nylon that has been washed with antiseptic, all in preparation for home delivery. It has been revealed that the Hausa women in Sabo deliver in their own rooms without the help of medical practitioners. The women visited the hospital when pregnant

and attended all the ANC as directed by the doctor/health practitioners, but every one of them delivered at home except for those that had complications and were rushed to the hospital. At the next birth, women that had complications still tried to give birth at home despite the previous complications they experienced. The women went further to say that squatting down to give birth is the easiest way compared to lying down.

The response reveals that women in Sabo practice home delivery.

Below is one of the responses of the interviewees:

When we are about to give birth, we clean our room, have a big nylon washed with Dettol and buy a new blade in preparation for delivery in our homes. When delivering, we squat and make sure we have something strong to hold so that we can push on our own. There is a belief that squatting makes the baby come easier. It is only in the case of complications that we go to the hospital to deliver. (FGD 1/Kano/Mokolaiyanacele).

The women enjoy giving birth alone because they consider it a thing of pride. They are seen by everyone around them to be strong. Those that are not able to give birth successfully are rushed to the hospital and seen as a tragic event. Hausa women do not look forward to delivering in the hospital.

Some of the interviewees who gave birth alone speak with a smile and confidence that they delivered alone. The women who gave birth alone explained how their neighbours and friends who saw them a few minutes before the delivery were surprised to hear about their birth.

One of the respondents said,

Not long ago I gave birth, and I did it alone. I was conversing with friends then, and when I finished and went inside, after not up to one hour, I gave birth alone. When my friends and neighbour came, they marveled and said, "So you wanted to give birth, and you did not say anything, but I smiled (FGD2/roundabout/Sokoto).

After delivery, the women take the baby to the hospital for a necessary checkup. The baby is taken within two weeks after birth for the necessary treatment. The women say it is

vital for them to take the children to the hospital for treatment. One of the women responded.

If you did not experience any pain and complications, you will take the baby to the hospital after 7 days (IDI/Mokola Roundabout/Kano).

The Determinants of Maternal Health Care Practices Among Hausa Women in Sabo, Ibadan

The study examined the factors responsible for the maternal health care practices among the Hausa women in Sabo, Ibadan. The interviewees responded differently based on their experience. Most respondents were quick to point out socio-cultural and economic factors as determinants of maternal health care practices among the Hausa women in Sabo.

Cost of Health Care Services

Among the respondents who did not visit the hospital during pregnancy and after

pregnancy, they complained of the cost of treatment. It was revealed that all the Hausa women in Sabo have easy access to the hospitals, but because of cost implications, it makes it difficult for them to access the health facilities. It was revealed that the drugs collected are free, but they only pay for scanning and pay a little amount when there is a delicate situation in their health or that of the child. The women reported that the scan helped them to know the position and sex of the child. Those who could not afford the scan did not do it. Most of the women attended ANC; only a few who could not stayed away. The women expressed concern over their inability to attend due to financial constraints.

One of the interviewees said:

We have a particular hospital we visit, and we pay for everything, including drugs. I am a visitor in this place, and I don't know any traditional birth attendants but only hospitals. But where I come from, the family or husband will invite the traditional birth attendant to check me up without any need to go to the hospital. But here the only place is the hospital, and whenever I don't have money to pay for a scan, it gives me concern because I will not be able to go to the hospital. (IDI/mokola Roundabout/Sokoto)

Another respondent said,

There are some tests, treatments and scans you have to pay for when you go to the hospital, so if you don't have money, do not go because no matter how you beg, it won't come free. (IDI/Ojoo/Kaduna)

Religious Belief

From the findings, it was revealed that women in Sabo, Ibadan, have strong religious beliefs; the women have the faith that God will see them through childbirth and make the delivery easier for them if they engage in certain religious practices during pregnancy (before birth). It is shown that since the Hausa women in Sabo deliver at their various houses, there are rites they perform to make the home delivery a success. Part of the rite is the prayer and the water they drink. Every Hausa woman in Sabo who gave birth there or in their states before coming must do this.

It is a way of calling God to come and take charge of their birth, although it is done different ways. Some just get water, and prayers are being said on the water before giving the woman to drink or prayers written on the prayer board and washed with water into a bowl for drinking. They both have the same aim, which is to make childbirth easy and successful – where the mother and child will be alive. The method used is dependent on the religious leader (the person who prepares the prayer water for her to consume).

One of the women said:

When it is time to give birth, we give birth at home. Before then, we take herbs that wash our body and also prayers said in water by the imam. If we are lucky, we do not need the health practitioners. (IDI/Iworoad/Sokoto)

Cultural belief

The result showed that the Hausa women in Sabo Ibadan still keep to their culture of

giving birth at home. According to them, a woman goes to the hospital for delivery only when there is a complication.

One of the interviewees said:

At the time of delivery, we will bring out the nylon and blade and then squat, but if there is a complication, we will be rushed to the hospital, and then the husband will be called that his

wife has been rushed to the hospital. (FGD 2/ Mokola/ Kano)

From the response above, it was revealed that women who visited the hospital and attended ANC still ended up giving birth without medical assistance. No matter the training or advice they were given at the hospital (health facility) or by people around them, their

In addition, despite the environment the women find themselves in, they still keep to the tradition of giving birth at home. There is another cultural practice: few of them adhere strictly to it; they do not allow only a male health practitioner to attend to them always. From the response above, the women keep to the culture of staying away from people,

One of the responses of the interviewees is:

Male health workers are not allowed to attend to us from ANC till the end. It is against our culture. (IDI/Iworoad/Katsina)

However, it is not seen as a strong cultural practice because most of the women do not care about that. This might be as a result of the social environment they find themselves in; they are in Ibadan, which is different from where the women came from. Some of the women explained that the medical health practitioners work according to shifts; the person on duty is the one who attends to you. Other women went further to explain that during childbirth, when there are complications,

One of the interviewees gave an example of how this cultural practice or belief has affected the health of their loved ones.

Some women do not allow a male health attendant to attend to them or even help with labour. That was what made me lose my cousin, " and even when she got to the hospital, she did not allow the male health practitioner to touch her. Before we know it, she has died. Personally I don't care about the sex of the health practitioner; whenever I visit, anyone can attend to me (IDI/Ojoo/Gombe).

cultural practice still prevails. The women attend antenatal care (ANC) to help them know the health of the baby and their health. After taking all the necessary drugs and injections, the women deliver their baby on their own.

especially the opposite sex. The women see it as a taboo to come in contact with the opposite sex even if it has to do with their health. Some of the interviewees revealed that even when they go to the health facilities, they do not allow the male health practitioners to treat them.

one will not even care about the sex of the health practitioner. The interviewee revealed that according to their culture, the women's sex preference has always had an implication on the maternal health of the women, especially when the women are in critical conditions like childbirth. Despite the implication, the women still keep to the cultural perception of waiting for a male skill attendant. However, most of the women do not have a sex preference for health practitioners.

Discussion of Findings

Understanding the patterns and determinants of maternal health care practices of women in Sabo Ibadan is important in designing context-specific strategies and approaches to addressing maternal and child mortality in the Sabo area. This study examined the patterns of maternal health care practices and the determinants of maternal health care

practices of Hausa women in Sabo, Ibadan, Nigeria.

Patterns of Maternal Health Care Practices among Sabo Women in Ibadan

The finding on the patterns of the maternal health care practices among the Hausa women in Sabo Ibadan strongly reveals that most of the study respondents (Sabo Women) register and attend antenatal care and even complete the ANC process till childbirth. The women claimed that ANC is very vital for the health of a woman and also said that it is usually the first thing to be done after getting to know of the pregnancy. This is in line with a study done by Alkema *et al.*, 2016; Adedokun&Uthman, 2019; etc. Based on the findings, ANC utilization is high among the Hausa women, especially those that reside in Ibadan.

The patterns further reveal strong agreement amongst the women that in spite of their appropriate ANC visitation, they still hold firm to their religious belief and practice of drinking the “prayer water” given to them by the imam or religious leader, and this water may be prepared in unhygienic conditions, which may cause maternal illness, further leading to complications or stillbirth.

It was observed that on the day of delivery, the women deliver in their own homes. The practice of home delivery is common among

the Hausas; this practice still exists among Sabo women in Ibadan despite the fact that they reside in Ibadan, a town with a different culture, and the women feel proud when they deliver at home. This is in accordance with the research findings by Abubakaret *al.* (2018) and Okeshola & Sadiq (2013). Also, the findings of this study are supported by the findings of Muazu and Amria (2014), which reported that unattended labour and delivery is a major practice among women. This means that the pregnant woman delivers at home and might ask for help to cut the placenta from the traditional birth attendant, family member or neighbour, and this may be done in an unhygienic environment, which may lead to tetanus and possibly the death of the child or the mother. Though participants of this study were northerners but residents in Ibadan (west), a change in birth patterns was expected due to the change in the socio-cultural environment in which they found themselves, yet no obvious change in birth patterns was observed.

The pattern also reveals that women in Sabo practice home delivery but usually seek medical attention in the hospital only during complications. The finding of this study is keeping up with the results of the finding of research on the maternal health care practice of Hausa women by Abubakaret *al.* (2018), which reported that when a woman is experiencing complications during delivery and is rushed to the hospital for safe delivery. The women who gave birth alone are seen as very strong and are praised, whereas women who were not able to give birth at home till they were rushed to the hospital were seen to have experienced a tragic event. When the neighbours announce the birth of their baby to people, they say she couldn't give birth until she was taken to hospital, and this will

evoke pity. From the findings it was revealed that despite the fact that the women now reside in Ibadan and attend ANC, the tradition of home delivery still keeps on.

However, the Hausa women in Sabo believe that anything can happen; if any complication occurs during delivery, the woman is rushed to the hospital. The women are therefore motivated to register for ANC in case of emergency and that some people who seem not to be strong enough for home delivery go to the hospital. Since women who registered at the clinic for ANC are given prompt attention at the hospital when complications arise, while those who did not register are charged before being attended to or rejected in most cases. The fear of being rejected when they did not register prompts Sabo women to register and attend ANC during pregnancy. It seems the ANC treatment helps the mother know the state of her health and the baby to know if she is in a perfect condition to give birth at home.

From the result gotten, the women have proper knowledge of the benefits of visiting the hospital during pregnancies. Apart from having proper knowledge, the women also passed through the entire test required of them and took all the drugs given to them by the doctors. The most acceptable time for a hospital visit is at 2-3 months, which is acceptable because it is within the first trimester.

The patterns of maternal practice of women in Sabo further revealed that while the women who do not visit the hospital during pregnancy either use the traditional method or nothing at all, if the delivery is successful, the women will continue the traditional method of hot water baths with lime tree

leaves and other herbs that will promote the health of both the mother and babies. This finding is supported by Muazu & Amria (2014), which reported that after birth, the women use the cultural method of having hot baths using the leaves of the neem tree twice daily for forty (40) days. A process known as “*Wankanjogo*” However, though the women claim to enjoy it because it makes them feel good after the bath, this practice is inimical to their wellbeing because it may cause infection in the women.

Determinants of Maternal Health Care Practices Among Sabo Women in Ibadan

The finding of the study reveals that socio-economic factors, such as the cost of health services, were seen to determine the maternal health care practices of women in Sabo, Ibadan. The cost of health care was seen to be a strong determinant of maternal care practice – access to a health facility or hospital, which is in line with the result found in the research conducted by Benova, Campbell, Sholkamy, and Ploubidis (2014) on socio-economic factors associated with maternal health-seeking behaviours; Ononokpono and Odimegwu (2014) on maternal health care utilization; and Ayele Belayihun, Teji, & Ayana (2014) on factors that determine the maternal health care behaviour of women.

Despite women’s socio-economic status and complaints about the fees, women still saw the need to visit the hospital because of the benefits – the women want to ensure through ANC that the baby is in a good condition and that they will deliver safely. ANC services are free, and the drugs are given to the women; they are required to pay for scanning, and also those with complications are required to pay. The women strive to pay for the fees,

while those that could not afford the fees do not pay them and, as such, may discontinue. Some of the Hausa women in the Sabo areas are beggars, and alms begging is their main source of income; this could explain why some of them cannot afford to pay for the scan in the hospital. The women were able to adopt the norm of visiting the hospital despite their socio-economic status, and if the economic situation of these women were to improve, their maternal health would improve.

After birth, the women that attended ANC went to the hospital for a postnatal checkup. This shows that there is a strong relationship between ANC visits and PNC, just like what was reported in research by Haruna, Dandeebo and Galaa (2019), Adedokun and Uthman (2019), etc. The study also revealed that culture and religion are determinants of the women's ANC visits; this is not different from the result in research by Okonofua, Ntoimo, Ogunbangbe, Anjorin, Imongan, & Yaya (2018), which said that culture and religion were strong determinants of health care utilization. This reveals that religion is a determinant of the maternal health care practice of women in Sabo.

Religion of the women in Sabo was also found to be a strong determinant of maternal health care practice, as all the women that participated in the study revealed to have faith in the "prayer water" they take before birth, which they reported gives them strength for home delivery with or without assistance from a TBA or anyone. Even after attending ANC adequately, women see ANC visits as very vital to their health and that of their baby. The women have at no point in time during their ANC visits heard of the importance of giving birth at home, yet they

still prepare for home delivery by buying the necessary items they need, such as a razor blade to cut the placenta. They only visit the hospital when there is a complication during childbirth. This result is similar to the result gotten from research conducted by Ayeleet *et al.* (2015), Abubakar *et al.* (2018), etc., which says that women gave birth at the health center only when they were ill or as a result of complications at birth.

Conclusion

The maternal health care practices of a woman affect the health outcome of women and children. This study investigated the patterns and determinants of maternal health of Sabo women. The patterns and determinants of maternal health care practices of women in Sabo highlight the critical role of cultural, religious, and socioeconomic factors in shaping the maternal care choices of pregnant women and, consequently, the outcome. While the world continues to make efforts in increasing access to maternal health care services and curbing maternal mortality, several factors continue to determine the maternal health care practice. Addressing these challenges requires a context-specific and multifaceted approach that improves health care accessibility, promotes community engagement and health education, and tackles religious and economic barriers.

The study concludes that to enhance maternal health and reduce maternal mortality in Sabo, it is essential to address the determinants through a community-based intervention and strategies that respect the religious and cultural practices while promoting safer maternal health care practices. Addressing the maternal health of Sabo women will

contribute to better maternal health outcomes and wellbeing for women.

Recommendations

Based on the findings of research, the following recommendations are made:

- i. The government and all relevant stakeholders should provide free health centers for the women and those that are of a very low socio-economic status very close to them.
- ii. There should be increased sensitization of the negative effect of home delivery and what could be avoided when allowed to deliver under the supervision of a health practitioner.
- iii. Policies and community-based interventions and strategies that respect the religious and cultural practices while promoting safer maternal health care practices should be encouraged.
- iv. Religious leaders should be made to understand the implications of some of the rituals they perform for pregnant women.
- v. Women should be encouraged to prioritize delivery in a health facility over home delivery.
- vi. Efforts should be made to intensify ANC visits, as women who attended ANC also follow up with PNC.

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