Influence of cultural factors on choice of childbirth place among women in Oyigbo L.G.A. Rivers State, Nigeria

NGOZI AFULENU OBIKA-NDIRI
https://orcid.org/0000-0002-4564-4630
CHIZOMA MILLICENT NDIKOM
OGOCHUKWU IMMACULATE OBIKA (obika.immaculate@gmail.com)
https://orcid.org/0000-0002-2571-8479
OMINEOKUMA TUBONEMI ASEMINASO

Research Article

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Abstract

BACKGROUND: Choices of childbirth places among women may influence the risk rate of both maternal and newborn health and some cultural practices which encourages both maternal mortality and infant death, are still a major challenge especially in developing countries like Nigeria, cultural norms and practices during childbirth are common but little is documented about how these cultural beliefs and their influence on the women of child bearing age and their childbirth place choices. The aim of this study was to find out the prevalent cultural factors that influence the choice of childbirth places among the women of child bearing age, in Oyigbo Local Government area of Rivers State in Nigeria.

METHODOLOGY: A self-structured questionnaire was used as instrument to collect data for the study through simple random sampling, and these data was analyzed using Frequency and percentage for descriptive statistics while chi-square was used for inferential statistics at 0.05 level of significance.

RESULT: The result showed that mean age of the women is 35.27 and most of them had secondary education, also there was a high level of hospital/health facility adherence among the women in Oyigbo Local Government Area of Rivers and also there was no significant association between cultural factors and choices of childbirth places among the women.

CONCLUSION: Therefore, this study has shown that there is no significant cultural influence on the choices of childbirth places of women in Oyigbo Local Government Area of Rivers State.

Background Of Study

Nigeria like many other countries in sub-Saharan Africa, has long been overwhelmed with maternal health challenges. Maternal health improvement has attracted global attention and improving women's health issues pertaining to pregnancy and delivery has become the centerpiece of national development efforts in developing countries. However, despite the relentless effort, there is little evidence to show significant decline in maternal mortality[1]. The child birth mortality rate has increased in Nigeria and statistics has suggested that 144 women die each day in Nigeria due to pregnancy related reasons, which suggests that the country is one of the worst countries for handling childbirth processes[2]. Some of the factors that determine maternal mortality include: accessibility to health services, cultural practices, socio-economic status, and the educational background of the child bearing women.

Traditional beliefs and practices, religion and ethnicity influences greatly on cultural practices that influence beliefs, norms and values that determine women place of giving birth[3]. Most African women consider the right to good health as contingent on fulfilling their purpose of taking care of and meeting the needs of their families especially, the husband, at the expense of their own physical health and well-being[1]. There is a religious and cultural dimension for this consideration such as the African traditional religion's patriarchal system and an Islamic culture that undervalues women by putting women's reproductive health capacities under strict male control and the practice of purdah (wife seclusion) which

restrict women's medical care, marriage at an early age and pregnancy often occurring before maternal pelvic development is complete, polygamy and harmful traditional medical practices among others[1].

The study by Sabit *et al.* showed that Ethiopia recorded many home births which show that home births were still a common practice[4]. Female autonomy which is the ability of a woman to make decisions in the family relative to the man, plays a vital role in maternal health care, for instance, in Tanzania, the husbands make a choice of where the wives should deliver[5,6]. The Maasai women of Tanzania shy away from hospital delivery because they perceive vaginal examinations as painful, and also, the Watemi women of Tanzania say that it is dehumanizing for a male healthcare provider to perform a vaginal examination and this makes most of the women to choose home deliveries where all traditional birth attendants are women[6].

Cultural beliefs, norms, values, and traditions have a major influence on decision making whether a mother seeks skilled delivery care or not[7]. In Nigeria, one of the commonest childbirth practices is home births and this is highly influenced by these social and cultural factors[8]. Home births usually occur in many resource-poor countries. Home births can be planned or unplanned. A planned home birth is not often associated with maternal or prenatal mortality[9]. The existence of various customs and traditions in Nigeria has also affected the maternal and child health. Nigeria has about 374 ethnic groups, with each ethnic group practicing different cultures which mostly affects childbirth in the country. There is a chance of 1 in every 13 women to die of pregnancy-related causes in Nigeria. These maternal deaths occur during labor, child delivery or within first 24 hours after childbirth[10]. The deaths that occur after childbirth are often caused by avoidable causes. Situations like infections, sepsis, eclampsia and hemorrhage after childbirth can be easily prevented in a functional healthcare system[11].

Furthermore, cultural background has played a major role to other child birth practices. The use of Caesarian section during childbirths is being avoided by some women due to cultural beliefs. Caesarian section is a procedure whereby a child is delivered from an incision made to the womb. This is in contrast with the normal vaginal birth among pregnant women. Caesarian section is often carried out to assist pregnant women who could not push the baby out from the vagina. However, some cultural beliefs have affected the attitude of some pregnant women towards Caesarian section. They refuse caesarian section even when they clearly need it while in labor[12].

In African countries like Kenya, maternal age of women is a determining factor to how the women of child bearing age indulge in childbirth practices[13]. Women are expected to get to a particular age so as to be considered old enough for marriage. In this way, women who are older are more confident and influential in making their own decisions when in marriage as compared to younger women. Hence, they can choose childbirth practices that are favorable to them.

In countries like Benin Republic and Ghana, some cultural beliefs are interlinked with religious beliefs. For instance, people who practice traditional religion do not belief in some medical services. Hence, they use locally made herbs to treat ailments related to pre-natal conditions and maternity. In other cases, some

cultural and religious beliefs do not allow child bearing women to receive treatments from male professionals. It is important that these cultural practices in these regions and how they affect women in such environment should be put into consideration when further studies are carried out on maternal mortality[14].

In some cultures, women are often given off to marriage before they get to the expected maturity age of eighteen. In Gombe, Adamawa State in Nigeria, these practices are still obtainable. Such cultural practices are known to have encouraged girl child marriage, which in turn increases maternal mortality[15]. Research has shown that only 61% of child births in Kenya take place in the hospital, under professional medical care. This implies that about 39% of child births take place at homes due to cultural influence on the women of child bearing age in the country[16].

Tribalism and ethnicism is a huge factor influencing many practices in sub-Saharan Africa. Many countries in Africa have regions that speak different languages and also practice different cultures[17]. Because of this, these individuals tend to discriminate among themselves in such a way that women of child bearing age, are selective in the hospitals they are bound to attend. Some of these women may decide not to visit the hospitals for medical care because they do not want to interact with individuals from a different tribe. This shows the extent to which cultural beliefs have massively affected childbirth practices in Sub-Saharan Africa.

Also discrimination based on religious factor affects the maternal health care of women from different backgrounds[18].

The child birth mortality rate has increased in Nigeria. Statistics has suggested that 144 women die each day in Nigeria due to pregnancy related reasons, which suggests that the country is one of the worst countries for handling childbirth processes[2]. Some of the factors that determine maternal mortality include: accessibility to health services, cultural practices, socio-economic status, and the educational background of the child bearing women. In terms of educational background, most educated women prefer hospital child delivery to home delivery[8]. This is because, they are aware of the fact that hospital delivery takes place in the presence of medical professionals who would ensure and provide basic safe delivery procedures for these women. Evidence has shown that most women of child bearing age give birth at home because of the costs of paying for a hospital birth. Hence, home births have been one of the increasing child birth practices that promote maternal mortality in Nigeria[19].

Another popular childbirth practice among women of child bearing age in Nigeria is the attitude towards allowing a male health professional to attend to them during labor. According to Bukar & Jauro the cultural background of most women of child bearing age in Northern Nigeria has made them reject medical care offered by male professionals[12]. Perhaps, this has led to the reason why most of them end up, choosing home births to hospital births. This is because giving birth at their homes reduces the chance of them getting a medical assistance from a male medical professional. In this case, these women have the cultural belief that no man asides their husbands, are worthy to see their nakedness.

According to the Nigeria Demographic and Health Survey (NDHS), the majority of women of child bearing age, deliver at home, with the Northern part of Nigeria, having the highest number of records of such births[20]. These home births are not attended by skilled personnel, increasing the chances of these women to face pre-natal and maternal deaths[8]. Because of this, these child birth practices have become common among many women of child bearing age in Nigeria.

Diversity in childbirth is a global phenomenon. Cultural diversity in Nigeria has led to the numerous differences among people in terms of ideologies, values, principles, morals and standards[21]. Having a good knowledge of the existing cultures applicable to a particular environment is a key to ensuring low maternal mortality rates and ensuring safe childbirth practices in the country. Nigeria comprises of 774 local government areas and about 250 dialects are spoken across these local governments. Each local government is dominated by different ethnic groups with their various cultural beliefs. In most cases, cultural beliefs are interlinked with religious beliefs and they influence choice of childbirth places in these areas[22].

In Northern-eastern Nigeria, Madagali is dominated by the Margi tribe and Islam is highly practiced among the people. The women are forbidden from allowing another man, who is not their husbands to see their nakedness in accordance to the laws of Islam[12]. Hence, these women fear to get registered for ante-natal care (ANC) because they do not want to be presented with the situation where male health care professionals would examine them during their pregnancy. Hence, the women of child bearing age often resort to home births, most of which are carried out under the supervision of unskilled professionals.

Among the Hausa people of Kaduna State, the findings of the study by Okeshola & Sadiq suggested that the Hausa women of child bearing age were not comfortable with male doctors/nurses attending to them in hospitals[8]. It was attributed to the cultural beliefs among the Hausa in Kaduna state of women exposing their nakedness to men who are not their husbands. This shows that the extent to which cultural practices have influenced the low turnout of pregnant Hausa women to antenatal care and hospital births in the area. Also, religious leaders often back up childbirth with spiritual reasons. They provide birth rooms and promise good delivery outcomes derived from divine/supernatural involvement. Hence, these women in such communities end up not seeking for skilled health care professionals during pregnancy since they believe more in supernatural health care[8].

Some cultural factors can be of negative influence on childbirth in a community. For instance, as seen among the inhabitants of Akinyele local government of Oyo State, some taboos and practices that prevent women from taking appropriate decision on where and when to seek medical attention during pregnancy and childbirth are harmful. There are taboos that emphasize food restriction and also traditional practices, which negatively affect the well being of women during pregnancy and childbirth. These cultural practices, especially food taboos, to a large extent, prevent pregnant women in the community from getting adequate food nutrients to sustain mother and child[23]. Some culture enforces individuals to adopt the traditional religion which has been practiced by their ancestors. Almost all tribes in Nigeria still have individuals who practice traditional religion and these individuals often reject western

education or development and would resort to the use of traditional herbs for handling pregnancy related conditions. Although, there is little documentation to whether the use of these traditional herbs helps pregnant women, it is advisable that women of child bearing age should seek for professional care when they are pregnant. This would reduce maternal mortality.

The women of childbearing age in Oyigbo Local Government need to be conversant with these cultural practices or beliefs existing in the regions where they reside or visit, and be aware of safe and unsafe childbirth places involved which would enable them to make an early and planned decision of place of childbirth. These women should be aware that the availability of healthcare professionals during childbirth is an important factor in preventing maternal mortality and align with the Millennium Development Goal of improving maternal health[12]. Therefore, this study is aimed to explore the significance of the influence of some cultural factors on choices of childbirth places among women in Oyigbo local government area of Rivers State, Nigeria.

Methodology

This chapter discusses the strategies and framework of the study as follows: Research Design, background of the sampling population, sample size, sample and sampling technique, instrumentation, reliability and validity of instrument, data collection procedure and the methods of data analysis.

3.1 Research Design

The researcher deployed a qualitative type of design which is descriptive and a cross-sectional research study approach which involves collecting, analyzing and interpreting data collected through questionnaire.

3.2 Study Area

Oyigbo Local government is one of the 23 local governments of Rivers State of the South-South geopolitical zone of Nigeria. It's headquarter is in a town known as Afam, with an estimated population of about 209,841[24]. Oyigbo is made up of towns, villages and districts such as Umuosi, Okoloma, Azusogu, Ndoki and Okponta. The area hosts members of the Oyigbo sub-division of the Igbo ethnic group. The Obigbo dialect is the language commonly spoken in the local government. The practice of Christianity and traditionalism dominates the towns within the local government with Aanang language also spoken in the area. Because of the closeness to Aba, a popular Igbo town in Abia state, Oyigbo also has some part dominated by Igbos. The traditional ruler in the local government is known as the Eze of Oyigbo. There are notable festivals held in the area with the most popular one as the Ekpe masquerade festival[24].

3.3 Study Population

The study population was women in Oyigbo Local Government Area, this included both women of childbearing age who are resident in the area of the study and women who failed or refused to give

consent because they were morbidly ill and afraid of losing their privacy. Women of childbearing age were randomly selected to participate but only 384 responded in the study.

3.4 Sample and Sampling Technique

The sample was randomly selected from women of child bearing age, who are indigenes and also resident in Oyigbo Local Government area in Rivers State. The sampling method employed was the simple random sampling.

According to Charan and Biswas (2013), the sample size was determined using the Fischer's formula: $\mathbf{n = (Z^2 x p x q)/d^2}$ with **n** as the sample size Z is the normal variable associated with significance level α (1.96 is the normal deviate associated with 95% confidence interval); **p** is Proportion of the population with the desired characteristic; **q**= 1-p; **d** is the required level of precision/discrepancy =5%;[25]

Sample size was calculated as 384

$$\frac{1.96^2 \times 0.5 \times (1-0.5)}{0.05^2}$$

$$= \mathbf{384}$$

3.5 Sources of Data

In this study, statistical source of data was implored through sample survey from the community leaders and women of child bearing age.

3.6 Method of Data Collection

Data were collected primarily from the respondents through the formal administration of questionnaire. The instrument was administered in person by the researchers to 384 women of child bearing age in Oyigbo Local Government area. The service of a research assistant was used to collate and assemble the instrument.

Questionnaire: research subjects were given multiple choice questions to answer, this was subdivided into three sections namely; Bio-data, Common childbirth places, and cultural factors influencing choice of childbirth places.

For the unlearned women the questionnaire was interpreted into local languages and they were helped recording their response.

3.7 Reliability and Validity of Instrument

The reliability of the instrument was determined through the test retest method. To ascertain the reliability co-efficient, 10 copies of the instrument were administered to a sample of 10 randomly selected women

of childbearing age in Oyigbo Local Government Area of Rivers State, to respond to the items presented and the instruments were retrieved for analysis.

The same copy of instrument was given to the same sample after two weeks of the initial one. The initial and final analysis was correlated and the reliability co-efficient was 0.81. To ensure further validity of the instrument, it was given to the research supervisor for corrections and proper adjustments.

3.8 Method of Data Analysis

Data was analyzed using the Statistical Package for Social Sciences (SPSS) Version 22 (SPSS Inc., Chicago, IL., USA). Results of research question one to three were presented as frequency tables and percentage, and the hypotheses used to test the association was carried out using Chi-square, with level of significance set as $p < 0.05$.

3.9 Ethics Approval

The research subjects were thoroughly informed of the objectives of the study and of their right to opt out of the study at any point when they feel the need to do so, and they provided their written informed consent. Also, the research subjects reserve the right to privacy of non-disclosure of their details. These rights were observed also. The research received ethical approval from research ethics committee of University of Port Harcourt office of research management and development UPH/CEREMAD/REC/MM68/025 on 20th December 2019. And acceptance and permission for research in OYIGBO by the HRH Eze Mike Nwaji JP on 22nd April 2020

Results

Analysis of Demographic Data

Table 1: Socio-demographic Characteristics of the Respondents

Demography	Frequency (n = 384)	Percent
Age		
20-25yrs	65	16.9
26-31yrs	198	51.6
32-37yrs	99	25.8
45yrs & above	22	5.7
Educational Level		
No Formal Education	22	5.7
Primary Education	11	2.9
Secondary Education	219	57.1
Tertiary Education	110	28.6
Post-Graduate Education	22	5.7
Marital Status		
Married	351	91.4
Single	22	5.7
Separated	11	2.9
Income		
< ₦30,000	263	68.5
₦30,000-₦79,999	66	17.2
₦80,000-₦149,999	22	5.7
₦150,000-₦349,999	22	5.7
₦350,000 & above	11	2.9
Occupation		
Public Civil Servants	33	8.6
Private Civil Servants	77	20.1
Business/Traders	230	59.9
Others	44	11.4

From the socio-demographic characteristics of age of the women of child-bearing age in Oyigbo, (65) respondents representing 16.9% are 20-25yrs, 198 respondents representing 51.6% are 26-31yrs, 99 respondents representing 25.8% are 32-37yrs, 22 respondents representing 5.7% are 45yrs and above. On the educational level of the respondents, 22 respondents representing 5.7% had no formal education, 11 respondents representing 2.9% had primary education, 219 respondents representing 57.1% had secondary education, and 110 respondents representing 28.6% had tertiary education while 22 respondents representing 5.7% had post-graduate education. On the marital status of the respondents, 351 respondents representing 91.4% are married, 22 respondents representing 5.7% are single while 11 respondents representing 2.9% are separated. On the income of the

respondents, 263 respondents representing 68.5% earn less than ₦30,000; 66 respondents representing 17.2% earn ₦30,000-₦79,999; 22 respondents representing 5.7% earn ₦80,000-₦149,999; also, 22 respondents representing 5.7% earn ₦150,000-₦349,999 while 11 respondents representing 2.9% earn ₦350,000 & above income. On the occupation of the respondents, 230 respondents representing 59.9% are businessmen/traders; 77 respondents representing 20.1% are private civil servants; 44 respondents representing 11.4 are for others while 33 respondents representing 8.6% are public civil servants.

Common choices of childbirth place among the women in Oyigbo

Table 2: Choice of childbirth place among the women of childbearing age

CHILDBIRTH PLACE	YES		NO	
	Frequency	Percent %	Frequency	Percent %
Hospital/Health Facility	351	91.4	33	8.6
Traditional Birth Attendant Homes	19	4.9	365	95.1
Home delivery	9	2.3	375	97.7
Others	5	1.3	379	98.7

YES: represents number of respondents that chose the childbirth place.
NO: represents number of respondents that did not choose the childbirth place.

Table 2 shows choice of childbirth place among the women of childbearing age in Oyigbo. The result revealed that 351 respondents representing 91.4% choose hospital/health facility, 19 respondents representing 4.9% choose traditional birth attendant homes, 9 respondents representing 2.3% choose home delivery while 5 respondents representing 1.3% choose others as their choice of childbirth place in Oyigbo Local Government Area of Rivers State.

Cultural factors influencing the choice of childbirth place among the women in Oyigbo

Table 3 shows the cultual factors affecting the choices of childbirth place of the women in Oyigbo. The result revealed that 37 respondents representing 9.64% indicated that family traditions affected their choice, 32 respondents representing 8.33% indicated their religious beliefs affected their choice, 31 respondents representing 8.1% indicated that lack of confidence in health facilities affected their choice, 134 respondents representing 34.9% indicated that the presence of a male skilled birth personnel in a birthing place affected their choice, and 212 respondents representing 55.21% indicated that patriarchal system of the community affected their choice; consequently, the husband choose the birthing place.

Table 3: Cultural factors affecting the women's choice of childbirth places in Oyigbo L.G.A

CULTURAL FACTORS	YES		NO	
	Frequency	Percent %	Frequency	Percent %
Family traditions	37	9.64	347	90.37
Religious beliefs	32	8.33	352	91.67
Lack of confidence in health facilities	31	8.1	353	91.9
Presence of male skilled birth attendants	134	34.9	250	65.1
Patriarchal system	212	55.21	172	44.79

YES: respondents affected by factor. NO: respondents not affected by factor.

Significance of the influence of Cultural factors on the women's choices of childbirth place

Table 4 shows that a small difference was observed and expected count between the variables and the way the variables are distributed into categories does not change. The null and the alternate hypothesis are as stated below;

H = There is no significant association between cultural factors and choices of childbirth places among the women

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Table 4: Extent to which cultural factors affect the women's choices of childbirth places

		CHILDBIRTH PLACE			
		HOSPITAL	TBA	HOME	OTHERS
CULTURAL FACTORS	YES	271	15	8	3
	NO	348	19	9	5

Pearson Chi-Square Tests

		CHILDBIRTH PLACE
CULTURAL FACTORS	Chi-square	8.573
	Df	8
	Sig.	0.380

The table revealed that the $^{2}_{cal}$ is 0.380 with $df = 8$ and $p > 0.05$. The obtained p-value of 0.564 is greater than the level of significance *0.05*. Therefore, the null hypothesis stating that there is no significant association between cultural factors and choice of childbirth places is accepted. This is to say that the way cultural factors are distributed into categories does not changes at different level of childbirth places among the women of childbearing age in Oyigbo Local Government Area of Rivers State.

Discussion

From the findings of the study as revealed in Table 4.1, a high percentage (91.4%) of the respondents choose hospital/health facility as childbirth place than traditional birth attendant homes, home delivery and others. This implies that the respondents are aware of the presence of skilled medical professionals in hospitals/ health centres which is the assurance of their safe delivery[19]. This suggests that the women of childbearing age in Oyigbo are mostly educated, which agrees with Okeshola & Sadiq (2013) in their study that in terms of educational background, most educated women prefer hospital child delivery to home delivery[8]. Other studies like Nigeria Demographic and Health Survey (NDHS) may have divergent opinion that majority of women of child bearing age, deliver at home[20]. But unlike the northern part of Nigeria which has the highest number of records of such births[12], the southern part of Nigeria is lower.

In this study, more than half percentage (55.21%) of respondents agrees to patriarchal system of the community affecting their choices of childbirth places as previously noted by Matseke *et al*. in their study on gender differences[26]. According to them, most African societies present males to dominate the females and this system has led to the concept of 'Patriarchy'. Hence, women do not have the right to decide where to deliver their babies. Only what the man says is what stands, whether it is in favour of the unborn child and mother or not[26]. In a related study by Aluko-Arowolo and Ademiluyi they noted that in Madagali which is located in North-Eastern Nigeria, a significant number of home births take place and are supervised by unskilled individuals approved by their husbands or the man responsible for the pregnancy[27].

Findings from Table 4.6 revealed that there is no association between cultural factors and choice of childbirth practices among the women of childbearing age in Oyigbo Local Government Area of Rivers State, and this disagrees with Leslie and Gupta who have different opinion to this as indicated in their study that some cultural and religious beliefs do not allow childbearing women to receive treatments[3] to which, any birthplace that is not vetted by the family tradition or that has male attendants as health workers is not considered proper for child delivery. However, because of the level of education and the occupation of the people of the area, cultural factors do not determine their choice of childbirth place among the women. Furthermore, the background of most women of child bearing age in the area matters as some of them may come from rich homes, even where the culture of the man had influence on choice and decision arises, the family of the woman opts for medical care in hospitals and health centres for the safety of their children[12].

Conclusion

Based on the findings of the study, there has been a high level of hospital/health facility adherence among the women in Oyigbo Local Government Area of Rivers State, this exposure could be attributed to the urbanization of the area and most cultural and traditional hindrances have been curtailed with growing modernization, like; the autonomy, interethnic relation, religious beliefs and societal status of the women and their family. And for this reason, would not be hell-bent on obeying dangerous cultural practice but rather choose the safest health care for both the mother and child. Therefore, the cultural factors presented in this study, shows no significant influence on the choices of childbirth places of women in Oyigbo Local Government Area of Rivers State.

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Declarations

Competing interests: The authors declare no competing interests.