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# Religion, Socio-Cultural Factors and Maternal Mortality in Bori, Ogoni, Rivers State.

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**ABSTRACT**

**The myth "I must deliver like the Hebrew women; Caesarian section is not my portion" is a misconception that has brought many paturiting women ignorantly to an early grave.**

**Religion along with other socio-cultural factors, serves as a major deterrent in the acceptance of reproduction health care services resulting in high incidence of maternal mortality in sub-Sahara Africa, especially in Nigeria. The concept "I must deliver like the Hebrew women, caesarian section is not my portion" has brought many expectant mothers to an early grave.**

**This is a five years retrospective study from January 2013 to December 2017 at Zonal hospital Bori aimed at exploring religious and some socio-cultural factors militating against acceptance of Caesarian Section with a consequent increase in maternal mortality in the area. Quantitative data was collected from the birth register and patients' folders at the hospital while qualitative data was gotten from oral interview done among selected pregnant women in mission homes and church maternities. Church and community leaders were also interviewed. The total population (2137) consisted of all child births and maternal deaths that occurred in the hospital and referrals from the alternative healthcare providers within the period. The maternal mortality ratio was 608/100,000. Almost all maternal deaths during the period occurred among those referred from the alternative healthcare providers. Most (75 %) of the pregnant women who attended antenatal care regularly had normal delivery. Religious teachings and their interpretations should be guided to emphasize the safety and well being of the mother and child during childbirth. Religious organizations (church and mosque) should upgrade their mission homes and employ trained experienced midwives who can detect obstetric risks and make early referrals. The prevailing socio-cultural norms and expectations should also be properly addressed.**

## INTRODUCTION

Maternal mortality is of global concern in low income nations in the world especially in sub Saharan Africa, particularly Nigeria. Maternal mortality ratio is 814 per 100,000 live births in Nigeria, one of the highest in the world (Bill Gate, 2018). Major causes of maternal mortality include: hemorrhage, sepsis, and obstructed labor, complications of induced abortion and hypertensive disease of pregnancy. These preventable causes of maternal death are propagated some socio-economic and cultural factors (Hogan,2010); most of these women did not receive antenatal care, reported late in hospital when they developed complications or were attended to at delivery by unqualified personnel (CIA World Factbook, 2015). According to Nigerian Demographic and Health Survey, only thirty percent of Nigerian women deliver in health institutions. Majority of them had their antenatal care and delivery Faith-based centers ((Sloan RP, 2006)

In this study the frame work is based on the theory of Functionalism developed by Emile Durkheim and updated Bn8 (2021) examines religion from a viewpoint of societal needs; that as an integral part of the sacred world, religion serves as a means of controlling human actions and behavior

Malinowski in their support for Durkheim said that religion being part of the cultural system provides general rule for human behavior and criteria for the evaluation of human conduct updated in Sociology guide.com (2021). There are countless numbers of faith-based health institutions providing healthcare services in both urban and rural areas in this country but little has been accomplished in the use of religion to boost utilization of maternal healthcare services particularly in addressing maternal mortality. Worst still, the doctrines and teachings of some religious institutions hinder reproductive healthcare utilization with fatal consequences (Udoma, Ekanen, 2008).

The myth “I must deliver like the Hebrew women; Caesarian section is not my portion” (Exodus 1 :15-21); is a misconception that has brought many women ignorantly to an early grave as stated by prophet Hosea in the Holy Bible “My people perish for lack of knowledge.” (Hosea 4:6).

## Religion

Religion has been defined as an organized system of belief, practices and symbols designed to facilitate closeness to God as well as providing foundation and support that enable people have a sense of well-being and wholeness ((CIA World Factbook, 2015).) It serves as an outstanding social institution that shapes individuals and community, heal behavior through its influence on lifestyle, world view and motivation (,(CIA World Factbook, 2015).). Some of the ways religion influences health include:

1. **Health behavior,** achieved by discouraging some harmful habits such as the abuse of alcoholic beverages, smoking, this protects and promotes healthy lifestyle.
2. **Social Support**: done by creating a network of social contacts with co-religionists (members of same Church/ mosque/organization) that can help in times of need.
3. **Stabilizes psychological states**: a better mental health, more positive mental status, more optimism which in turn can eventually lead to a better physical state, reducing stress.
4. **Strong belief in the supernatural law and t**he Supreme Being (God) that governs all things ((CIA World Factbook, 2015).).

**Maternal Mortality**.

Maternal mortality is defined as “death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy from any cause related to or aggravated by pregnancy or its management” (Hogan,2010 )

There are three delay models by which to understand religion as a social constraint that affects maternal outcome:

1. Delay in recognizing danger signs and deciding to seek care.
2. Delay in reaching an appropriate source of care.
3. Delay in obtaining adequate and appropriate treatment, (Ugwu and de Kok ,2015).

Some religious sects do not approve use of modern drugs and medical sundries: shows lack of faith in God. b) That everything that happens to a person originates from the spiritual realm including complications in pregnancy , thus they force the women to confess their sins instead of taking them to hospital ( Maguranyanga ,2011). Child spacing in terms of limiting fertility is the first gate to avoiding maternal mortality but high fertility is doctrinally supported and contraception is believed to be contrary to God's commandment saying, “Go ye, multiply, be fruitful and replenish the earth.”( Genesis 1:28 KJV 2014). The Jehovah Witness discourage blood transfusion

e) Several other Christian groups advocate seeking spiritual counsel and faith healing should the use of medicine health problems are caused by the influence of wrath of God as punishment for sin and demon possession (Tanyi RA,2006).

f) Some religious sectors see nothing to fear in a woman’s bleeding (Hebrew 9:22 KJV 2014.); that giving birth should involve blood loss without which there cannot be life.

In prayer houses deliveries are often undertaken by unskilled attendants in a probably unhygienic environment and complications at such centers are commonly blamed on the parturient, accusing her of witchcraft or unfaithfulness to her husband(( Maguranyanga ,2011).).Even some booked pregnant women attending Antenatal Care (ANC) in hospitals still

end up having child birth/delivering in prayer houses/mission homes (Maguranyanga ,2011).

## RESEARCH METHODOLOGY

### Research Design

This study was a hospital based 5 years retrospective survey.

### Population and Sample

This consisted of all deliveries/childbirths, maternal deaths that occurred in Zonal Hospital Bori within the five year period of January 2013 to December, 2017. Referrals from mission homes, church maternities, traditional birth attendants and health centers to the Hospital within the 5 years study period were also included.

Simple serial recording of the data collected from the birth register of the maternity and the patient's hospital folders from the medical records department.

### Instruments for Data Collection

Instruments for the data collection were:

1. Birth register from the maternity departments.
2. The patients' folders from the Medical Record Department.
3. Interview of selected stakeholders

### Procedure for Data Collection

Approval was first obtained for the collection of data from the Rivers State Health Research Committee and the Medical Director of Zonal Hospital Bori respectively. Epidemiological data was collected from the birth register of the maternity and from the patients' folders at the Medical Records Unit of the Hospital. All cases referred from mission homes, traditional birth attendants and other health centers were documented.

### Method of Data Analysis

Quantitative data obtained from serial recording of the number of childbirths, maternal deaths, number of women that had normal delivery, assisted vaginal delivery and caesarian section were analysed along with the data from all the referrals using tables and pie chart.

Qualitative data were obtained from Interviews of some stakeholders.

The stakeholders interviewed included: Pregnant women attending Ante-natal care (ANC) at the Hospital, post operative mothers who were referred for prolonged obstructed labour and other complications of pregnancy from alternative health care providers. Church leaders from churches that have maternity homes for their doctrine and teaching regarding child birth.

**The alternative care providers themselves as regards the care of the parturient at their mission homes church maternities:**

The interviews provided views of the pregnant women as regards abdominal delivery (C/S). It also explored reasons behind patronage of alternative health care providers, how religious teachings/doctrines and some socio-cultural values affect the health seeking behavior of the parturient women relating to CS (Ugwuandde Kok 2015)

It was surprising to note from the respondents that some of the pregnant women who were duly attending antenatal care at the hospital preferred to deliver at prayer houses, especially those who were counseled for operative delivery, affirming "Abdominal delivery is not my portion, I must deliver like the Hebrew women." This notion is usually worsened by "prophesies" and "visions" from some of their pastors and fellow believers who would specifically warn them against hospital delivery and going through surgery. It was also observed that most of the un-booked mothers coming from prayer houses, mission homes, and traditional birth attendant homes usually arrived at the hospital very late with obstetric complications such as postpartum hemorrhage, obstructed labor, and sepsis. Upon brief clerking on arrival at the hospital, the women saw the pregnancy complications as an "attack," a spiritual manipulation. When asked why they preferred spiritual houses, most said their pregnancies were under "attack" from their enemies, they therefore needed a place where prayers would be offered for their safe delivery. On why the late arrival at the hospital, some said the pastor in charge of the mission home was not immediately available to pray for them and release them from the home. In some cases, referrals were made very late, which means the birth attendants at the prayer houses, churches and mission homes were not skilled enough to detect the obstetric complications early. It was however observed in some cases that referrals were made late at night and fear of insecurity, and logistics arrangement for transportation and money especially if the husband was not available, made them arrive the following morning when it was too late for any meaningful intervention.

### The Setting

### Zonal Hospital Bori

Zonal Hospital Bori is a secondary healthcare facility with a capacity of 79 beds owned by the Rivers State Government. The hospital is affiliated to Rivers State University Teaching Hospital and University of Port Harcourt Teaching Hospital as a center for rural posting for training of residents in Family Medicine, Surgery, Anaesthesia, Obstetrics and Gynecology.

The Obstetrics and Gynecology Unit of the Zonal Hospital Bori runs antenatal clinic three times a week..

There is a very functional maternity unity which takes an average of one hundred deliveries monthly. Trained, skilled and experienced midwives used to take normal deliveries, while complications in pregnancy and labour are usually handled by the emergency obstetric team. The maternity unit receives referrals from the

rural communities: from the traditional birth attendants (TBAs), mission homes, church maternities, primary health centers and private hospitals. The catchment area of the hospital includes the various rural communities of Ogoni with the neighbouring Local Government Areas of Opobo-Nkoro and Andoni.W

**Ogonias a People**

Ogoni has four local government areas namely, Khana, Gokana, Tai and Eleme, with a total population of about 1,000,000 people. They inhabit the coastal plains and terrains of the Niger Delta in Rivers State, South-South Nigeria and live on an area of 650 mg kilometers resulting in a very high population density (Niger Delta Liberation Project. ,2005). Farming and fishing are their main occupation, though a few pursue their career in different works of life. The gross environmental pollution over the years affecting aquatic life and vegetation rendered the sea and the farmland unproductive for fishing and farming respectively. The people are therefore generally poor. Poverty made them more religious and hence their patronage of alternative health care providers, especially the pregnant women.

**DISCUSSION**

**Maternal Mortality in Bori, Ogoni**

**The religious factors associated with the high Maternal Mortality in BORI**

Bori people see pregnancy as a message from God and the pregnant woman as a messenger. It therefore follows that any complication in the pregnancy is usually tied to spiritual forces countering the divine purpose of God in the life of the messenger ( the pregnant woman); sad events such as maternal deaths or death of the baby during childbirth are usually attributed to the anger of ancestral spirits who are either demanding for unpaid dowry on the woman or a penalty for an offence committed by the woman making them drift to prayer meetings, mission homes and church maternities.

The firm belief that childbirth should be through vaginal delivery and must not be through operation (C.S.)

The effect of false 'prophecies and visions' concerning the pregnancy and child birth.

**Participants' views on the possible reasons why a woman may need a CS:**

Extracts from pregnant women attending Antenatal Care(ANC) at Zonal Hospital Bori.

**P1 "…. pregnancy is a message from God; God who put the baby there will know how to remove it at the right time since we are all messengers , I don't have any fear"**

**P2 " …. asa woman I must deliver like the Hebrew women, God will not allow my enemies to laugh at me; operation( c/s) is not my portion"**
**Extracts from patients referred for prolonged obstructed labour (post operative).**

**P3……" it will not be well with whoever has tied my womb, for me to have this operation. A man told me earlier in the pregnancy that he would see whether I would deliver through my mouth….."**

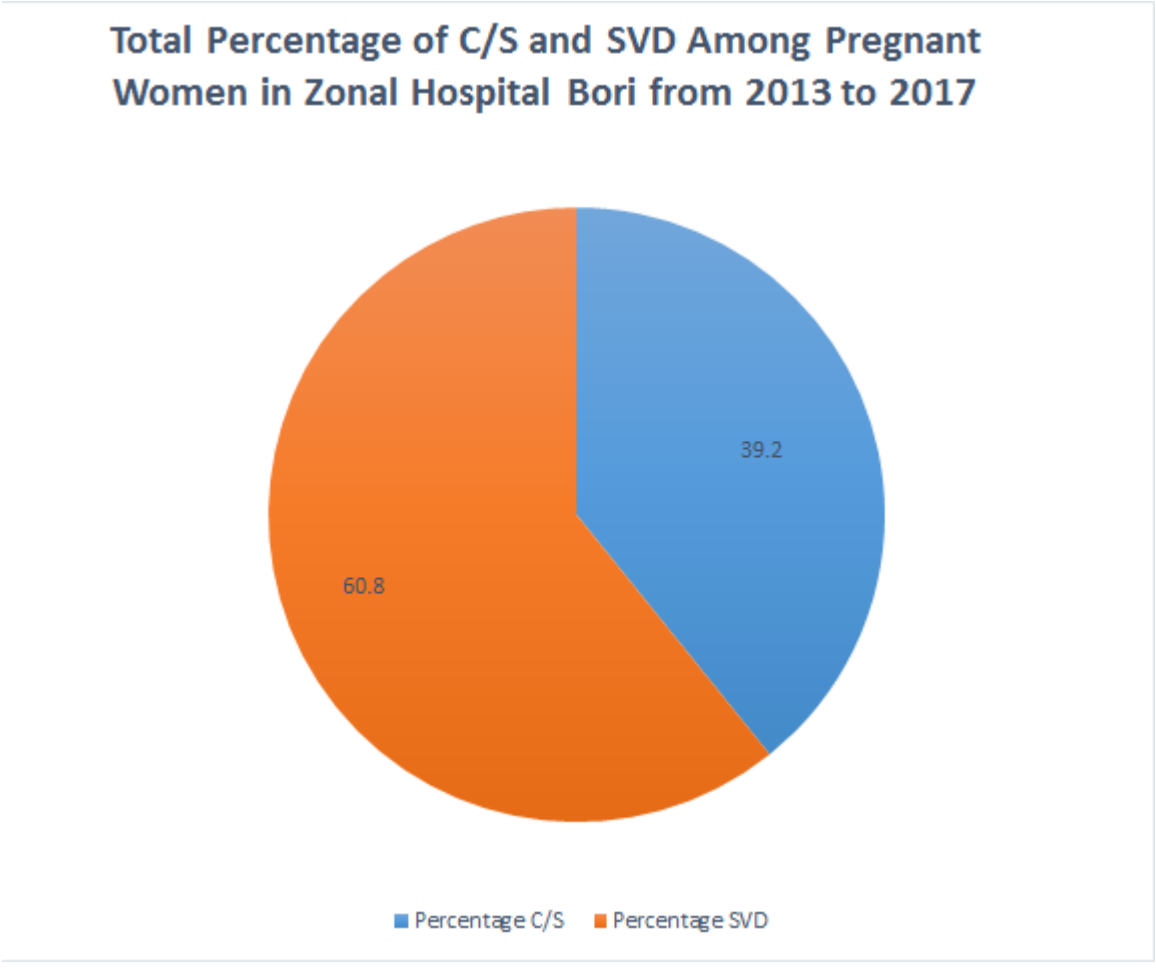
**From Table 1. A Yearly Distribution of Maternal Deaths among Booked and Unbooked Mothers in Zonal Hospital Bori from 2013-2017.**

| Year | Booked Cases | Maternal Death | Unbooked (Referral from | Maternal Death | Total Maternal Deaths |
|---|---|---|---|---|---|
| 2013 | 442 | Nil | 96 | 1 | 1 |
| 2014 | 376 | Nil | 104 | 4 | 4 |
| 2015 | 416 | Nil | 78 | 3 | 3 |
| 2016 | 344 | Nil | 78 | 3 | 3 |
| 2017 | 359 | Nil | 67 | 2 | 2 |
| Total | 1734 | 0 | 423 | 13 | 13 |

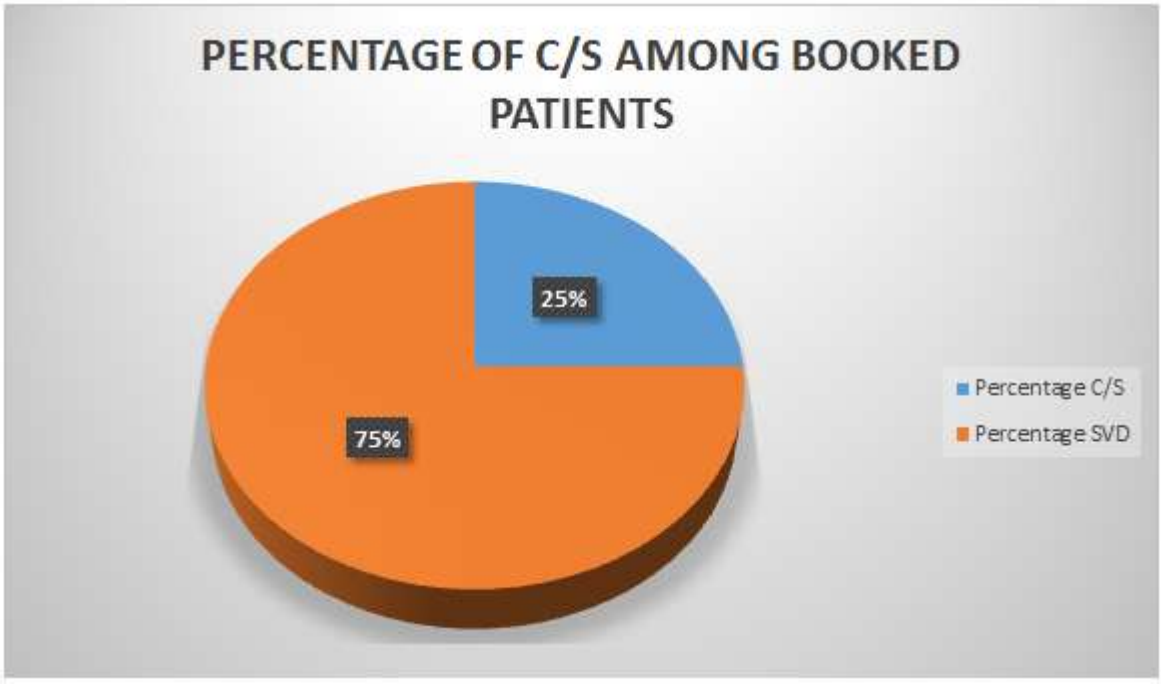
It was observed that almost all the maternal deaths in the period of study were all among the people referred from alternative healthcare providers.

When interrogated, most of the women who arrived very late to the Hospital said they were waiting for the pastor in charge of the Mission to pray and release them while some said they were waiting for the husband to give them permission.

**The prevalence of caesarian section (C/S) in Zonal Hospital Bori, Ogoni.**




**Hospital Bori**

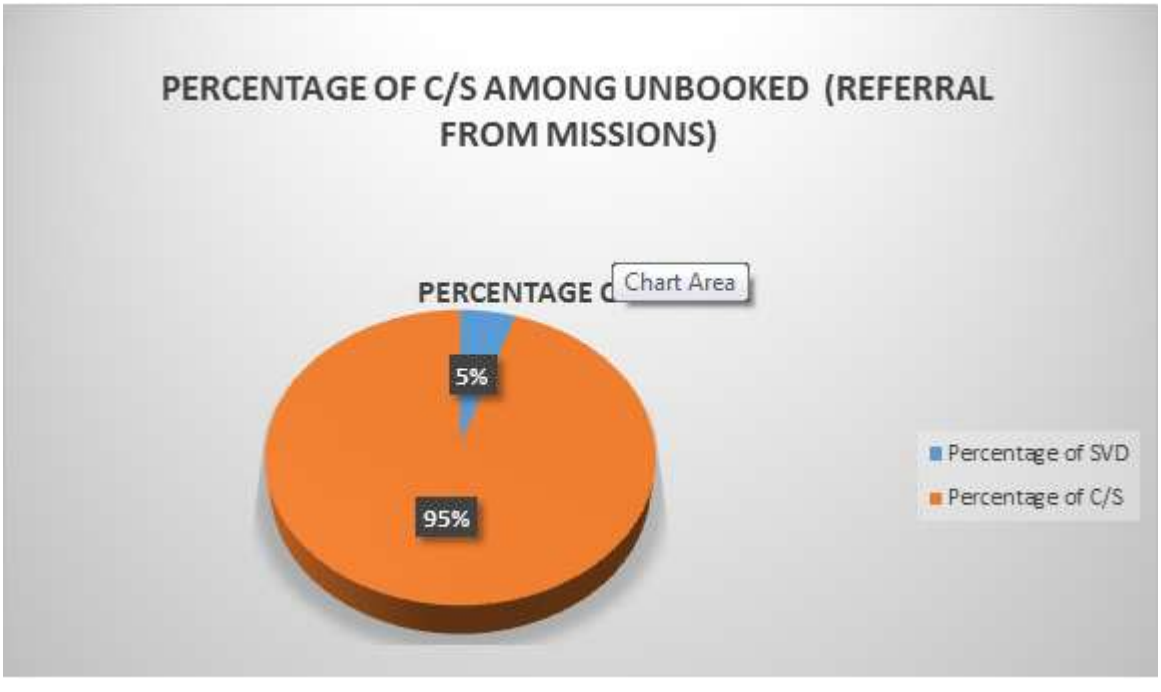


Majority of the booked pregnant women in the hospital had SVD (75%), while only 25% had caesarian section. C/S was very common among referred cases from Mission Homes in church maternities and all were done as emergencies with very poor outcome (95%). Only 5% had SVD.

**Extract from a men whose wives were referred from a church maternity for obstructed labor.**

**P4 "…..we were there for four days, when the 'nurse'**
**asked us to go to general hospital for operation I traveled home to look for small money, that is the reason we arrived late in the hospital"**

**P5….." … as at the time the 'nurse' asked us to go, it was already very late in the night, we could not get any means of transportation, that is why we arrive this late".**




There were three cases of very big babies, 4.5kg which caused prolonged obstetrics labor, the babies died in the womb before arrival in the hospital.

For the elective C/S done:

i. 2 were for two previous caesarian section.
ii. 5 were cases of placenta praevis.
iii. Two were cases of transverse lie.

These risks factors were detected early in pregnancy and their deliveries scheduled at term (38 weeks) of the pregnancy. The surgeries were safe and very successful.

**Other socio-economic and cultural factors that contributed to high maternal mortality in Bori, Ogoni.**

Poverty, ignorance, their belief system and gender inequality (especially where only the man (the husband) can take vital decisions) were culprits causing delay in accessing health facility early enough for appropriate care.

**Some ways that religion can be appropriately applied in the reduction of maternal mortality in Bori, Ogoni (Recommendation).**

1. Religious organizations (churches, mosques etc.) that run maternity homes in Ogoni should properly upgrade them with employment of well-trained and experienced midwives, and other health workers who can effectively detect obstetric risks in pregnancy and counsel / refer such persons to designated Hospitals for continuation of care instead of rushing them as emergencies.

2. Religious teachings and their interpretations should emphasize the safety and wellbeing of mother and child in childbirth and not so much on the mode of delivery.

3. Religious organizations can form pregnant women group in their churches or mosques where experienced midwives, medical doctors and other Health workers can occasionally be invited to educate the women on mode of delivery and their indications. So that the women would be knowledgeable and well informed about their condition.

4. The Hospitals should incorporate Religious/ spiritual care into the Antenatal care program and delivery of the pregnant woman. Formally having chaplaincy in the hospital, where pastors/ministers of God are officially engaged for teachings, counselling and prayers for the pregnant women during their antenatal care, and delivery in the Hospital will increase \ patronage of the Hospital and reduce maternal Mortality. These women need prayers as they attribute most of their sickness to attacks or manipulation from their enemies or witchcrafts, making them to seek for prayers/help in prayers houses and mission homes.

5. Basic Health education especially on reproductive Health and maternal mortality should be incorporated in the curriculum of Religious institutions/ Bible Colleges for the training of pastors so that these pastors who are supervising this mission homes and prayer houses can effectively collaborate with the staff at the center for the benefit of the mothers.

6. False "prophesies" and "visions" should be discouraged in religious gatherings or churches.

## CONCLUSION

Religion as an agent of social development has shaped individuals and community behavior through its influence on lifestyle motivation and world view. Its role in healthcare utilization and improved health outcomes cannot be overemphasized but much has to be done in the area of reproductive health and maternal mortality in Bori, Ogoni

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