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RESEARCH ARTICLE

CULTURAL AND RELIGIOUS FACTORS AS PREDICTORS OF UPTAKE OF SKILLED BIRTH SERVICES IN LURAMBI SUB COUNTY, KENYA – A CROSS SECTIONAL STUDY.

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ANC, skilled birth delivery, Kakamega county, cultural factors, religious factors, nursing.

Abstract

Introduction: Ensuring all women give birth with the help of a skilled birth attendant and access to emergency obstetric care is accepted as the most crucial intervention for reducing maternal and newborn deaths. However, this has failed as only 70% of women utilize skilled attendance globally and only 61% in Kenya

Objective. To determine the influence of cultural and religious factors on uptake of skilled birth services in Lurambi sub-County.

Methods: Cross-sectional study and Quantitative methods were adopted. Carried out in Kakamega County with a Sampling frame consisting of all the 17 government facilities. A multistage stratified sampling strategy was used and Probability sampling technique of systematic sampling method was applied to select women seeking health facility delivery services in Lurambi sub county government facilities (n = 200). Data was analyzed through descriptive statistics, chi-square and logistic regression.

Results: Majority of the women were aged 20-35 years (70.5%), 66% were married, 40% had 1-2 children and majority had attained secondary education at 48.5% as the highest educational level. Many were from other ethnic origin at 44.5%, followed by Watsotso at 31.5% and the least population are Waidakho at 24%. Majority of the women were Christians at 97.5% and only 2.5% were Muslims. Majority of the women had ever used family planning methods at 61.5% (123) and only 38.5% (77) had never used family planning method. Families believed that deliveries should be conducted at a health facility at 84% (168), 12% (24) believed that delivery must be conducted in a new homestead and only 2.5% (5) believed that they should never be assisted to deliver by a man. Majority of the women's culture or religion dictates that delivery be done in a health facility at 97.5% and only 2.5% dictates it to be done at home environment. Women who perceived that health facility delivery was dictated by culture and religion were 60% less likely to receive optimal skilled birth service unlike their colleagues who thought otherwise (OR: 0.4; 95% CI: 0.2-0.9; p=0.02).

Conclusion and Recommendation: Culture and religion are less likely associated with determination of use of skilled birth services. Antenatal

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clinic uptake interventions should target male partner buy-in and support, healthcare provider training to improve attitudes.

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Introduction:-

Globally utilization of skilled birth attendance is at 70%, in Africa it is at 50% (WHO, 2014). While in Kenya it is at 61% (KDHS, 2014). Sustainable Development Goal 3 is to improve maternal health remains global health challenge. Ensuring all women give birth with the help of a skilled birth attendant and access to emergency obstetric care is accepted as the most crucial intervention for reducing maternal and newborn deaths (Dzakpasu, Powel-Jackson, & Campbel, 2013). Factors determining maternity services utilization are diverse and yet interrelated. The factors can be grouped into five main factors namely socio-cultural factors, Physical access, and economic access, past obstetric experience and perceived benefit or quality of care. Individual factors however are also shaped by other broader factors, often beyond the immediate control of the individual or community (Bourbonnais, 2013).
Several determinants of skilled delivery have been examined and while analyzing the 2008/2009 Kenya DHS demonstrated that living in urban areas, being wealthy, more educated, using antenatal care services optimally and lower parity strongly predicted where women delivered and so did region, ethnicity and type of infrastructure used (Kitui et al.,2013). Several studies have examined the uptake of skilled delivery care, one important inference from existing literature is thus influences of individual and household level factors on the uptake of such services vary across geographic and social settings. However, the studies in question focused on individual level factors forgetting influences contextual factors exert on the uptake of health care services. The downside is that this underestimates the importance of taking contextual factors into account when planning appropriate interventions in promoting safe motherhood in the country (Kitui, et al., 2013).

In recent years, studies have also found that contextual factors are key determinants of maternal health service utilization .The argument put forward is that persons with similar socio-economic characteristics may have different health seeking behavior depending on whether they live in one community or another and therefore the contextual phenomena that cluster individual health seeking behavior within communities has become a core notion of social epidemiology literature (Markos, et al, 2017).

Cultural and religious factors

Factors determining maternity services utilization are diverse and yet interrelated. The factors can be grouped into five main factors namely socio-cultural factors, Physical access, and economic access, past obstetric experience and perceived benefit or quality of care. Individual factors however are also shaped by other broader factors, often beyond the immediate control of the individual or community (Bourbonnais, 2013). These individual factors include, education, household factors including family size and household wealth, marital status, parity, maternal age and community and environmental factors. Others include region, community health infrastructure, available health facilities and distance to health facilities. These factors have been identified to operate in diverse contexts to determine place of delivery (Esena & Sappor, 2013).

Kitui et al. analyzing the 2008/2009 Kenya DHS demonstrated that living in urban areas, being wealthy, more educated, using antenatal care services optimally and lower parity strongly predicted where women delivered. Other factors noted were region, ethnicity and type of infrastructure used. In Ghana, a recent study by Amoakoh-Coleman et al. using the 2008 Ghana demographic health survey to identify the demographic, maternal and community determinants of skilled attendance at birth by women who attend at least one ANC during their term of pregnancy found that factors such as religion, health insurance coverage, wealth status, residency, complications with previous pregnancy, and to be significant predictors of skilled attendance at delivery (Esena & Sappor, 2013). Many women in many communities in the African sub-region lack the decision-making capacity to choose where to deliver and that this decision usually rests on the household head (mostly the husband), especially if such a decision would have some element of cost attached (Esena & Sappor, 2013).

Poor maternal health service utilization indicators in sub-Saharan Africa (SSA) have been linked to women's socioeconomic dependency on men, and unequal gender relations arising from religious and cultural influences (UNAIDS, 2014 and Ganle,2015). Spirituality and faith-based practices play an integral role in coping with psychological difficulties in illness and in health-seeking behaviors (Hussen et al, 2014). The influence of Religion

can therefore inform some of the differences in uptake of available healthcare services within or between some populations.

To encourage utilization of available maternal health services, important strategies to consider include advocating to and educating male partners on the importance of supporting access to and payment for facility-based maternal services without undermining their traditional decision-making roles. Where necessary, alternate family members should be nominated to facilitate pregnant women's attendance at facility appointments or deliveries if a husband was unavailable. In addition, healthcare providers especially in rural areas should be made aware of the impact of negative or disrespectful attitudes to the success of ANC (Al-Mujtaba et al., 2016). Other possible barriers include lack of confidence in healthcare facilities, financial cost of healthcare, domestic workload, and traditional practices that include a preference for birthing at home under the supervision of a traditional birth attendant (King, et al., 2015).

The community's beliefs and practices including religion play a crucial role as critical determinants of use of maternal health services. Accessibility of health services has been shown to be an important determinant of utilization of health services in developing countries (Muckle, Sprague, & Fergus, 2013). The broad objective of the study was to determine predictors of uptake of skilled birth services in Lurambi sub-County. The specific objectives were to determine if cultural and religious factors influence uptake of skilled birth services and to analyze health facility related factors that affect uptake of skilled birth services in Lurambi sub-County. The findings will be utilized for planning and implementation of programs to improve uptake of skilled birth services in Lurambi sub-County.

Methods:-

The study was conducted in Kakamega county and ethics approval was obtained from Masinde Muliro University of Science and Technology ethics board..

Research Design:

Study design was quantitative design whereby the cross-sectional design was used due to time factor available for the study to be conducted hence requiring data to be collected in a point in time and secondly it was to facilitate the collection of original data necessary to realize the research objectives, and lastly it was appropriate in collecting useful data that was quantified and reported as a representation of the real situation or characteristic in the study population. Descriptive study design was ideal as the study was carried out in a limited geographical scope and hence it was logistically easier and simpler to conduct considering the limitations of this study (Mugenda& Mugenda, 2008).

Study setting and Participants

Sampling frame consisting of all the 17 government facilities were used. A multistage stratified sampling strategy was used, since the facilities are not homogenous in terms of services offered. They were grouped into three strata which are homogenous in themselves i.e. those offering comprehensive emergency obstetric and neonatal care (CEmONC), those offering basic emergency obstetric and neonatal care (BEmONC) as health centres and as dispensaries. At each of the drawn facilities, three departments. MCH/FP, labour ward and maternity will be put into consideration and sample apportioned equally to the three departments as follows.

Table 1:-Sampling frame

STRATA	**NUMBER OF FACILITIES**	**SAMPLE SIZE**	**SAMPLE SIZE PER FACILITY**
CEmONC- 50%	1	103	103
BEmONC-Health centres-30%	2	62	31
BEmONC-Dispensaries-20%	14	41	3
Total	17	206	

complications with previous pregnancy, complications with previous pregnancy,

Table 2:-Demographic Information

Variable	**Categories**	**n**	**%**
Age groups (in years)	**10 – 14**	5	2.5

	25 – 34	32	16
	35 – 44	141	70.5
	≥45	22	11
Marital status	**Single**	37	18.5
	Married	132	66
	Divorced	3	1.5
	Widow	15	7.5
	Separated	13	6.5
Level of education	**None**	2	1.0
	Primary	49	24.5
	Secondary	97	48.5
	Tertiary	52	26
No. of children	**One to two**	80	40
	Three to four	66	33
	Five to six	45	22.5
	Seven and above	9	4.5

It can be deduced from the above table that majority of the women are aged 20-35% (70.5%), are married (66%), have 1-2 children (40%) and majority have attained secondary education at 48.5% as the highest educational level.

Cultural and religious factors

Figure 1 reveals that Lurambi sub county is a cosmopolitan area where majority are from other ethnic origin at 44.5%, followed by Watsotso at 31.5% and the least population are Waidakho at 24%. Majority of the women were of Christian origin at 97.5% and only 2.5% were Muslims as revealed in figure 2. Figure 3 reveals that majority of the women had ever used family planning methods at 61.5% (123) and only 38.5% (77) had never used family planning method. From figure 4 majority of the families believed that deliveries should be conducted at a health facility at 84% (168). This was followed by belief that delivery must be conducted in a new homestead at 12% (24) and that they should never be assisted to deliver by a man at 2.5% (5). However, a small number of women believed that all deliveries must be conducted at home at 1.5% (3). Figure 5 reveals that majority of the women's culture or religion dictated that delivery be done in a health facility at 97.5% and only 2.5% dictated that it should be done at home environment.

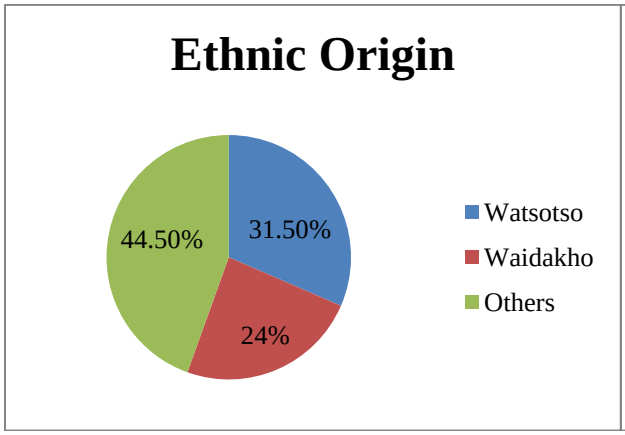

Figure 1:-Ethnic Origin

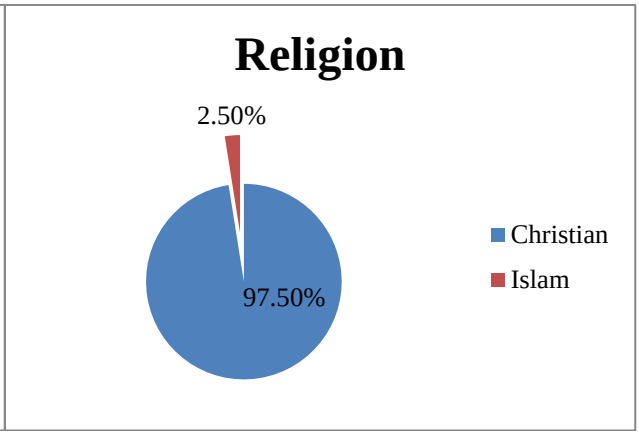

Figure 2:-Religion

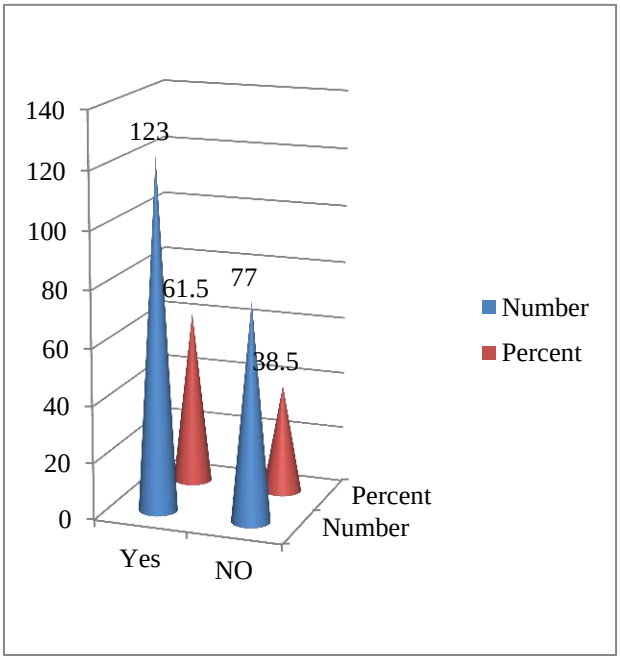

Figure 3:-Ever used family planning before

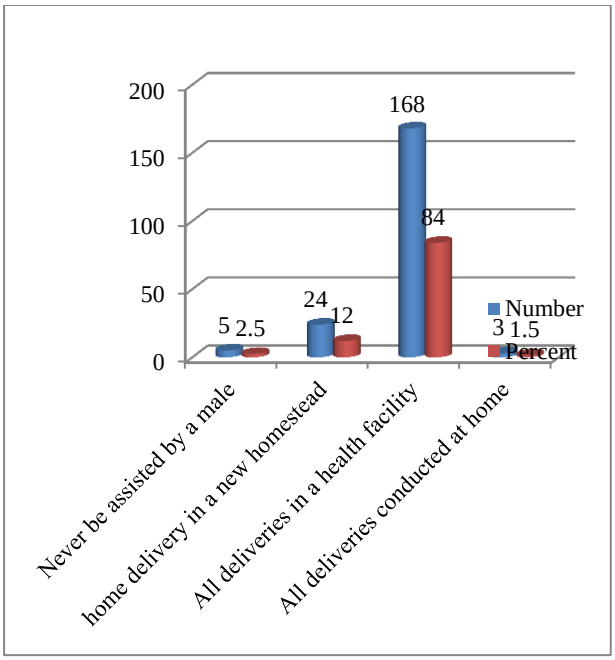

Figure 1:-Culture in relation to delivery

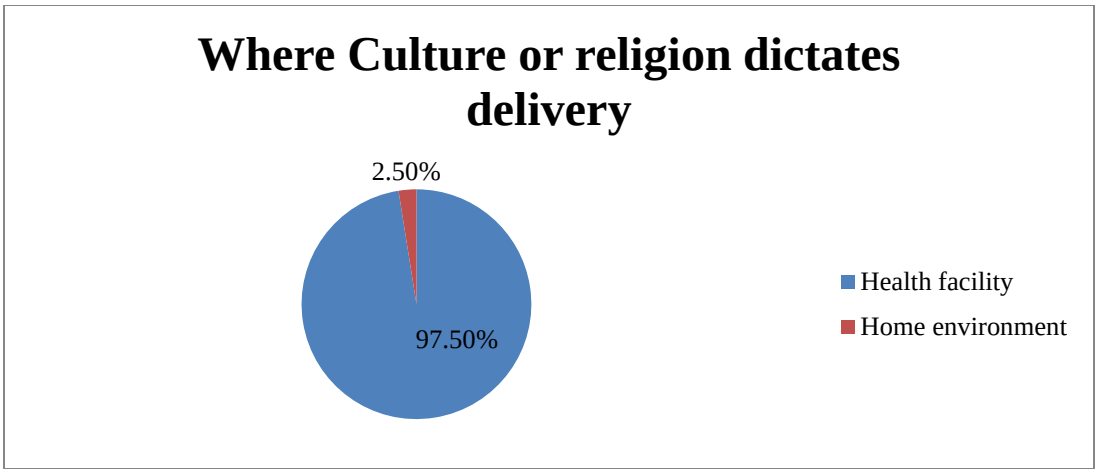

Figure 2:-Where Culture or Religion dictates delivery

Bivariate analysis of the relationship between individual factors and uptake of skilled birth service

Table 3:-Facility factors associated with uptake of skilled birth service

Characteristic	N	Skilled birth service		Overall OR	95% CI	p value
		Good service	Poor services			
Ethnic origin						
Watsotso	63	54.0	46.0	1.0	0.7 – 1.4	0.9
Waidakho	48	54.6	45.6			
Others	89	43.0	57.0			
Religion						
Christian	195	54.1	45.9	1.0	0.7 – 1.8	0.99
Islam	5	54.2	45.8			

Ever used family planning						
Yes	123	54.9	45.1	1.1	0.8 – 1.5	0.7
No	77	53.3	46.7			
Culture in relation to delivery						
Never be assisted by a male	5	54.4	45.6	1.0	0.6 – 1.4	0.9
Home delivery in a new homestead	24	54.0	46.0			
All deliveries in a health facility	168	54.1	45.9			
All deliveries conducted at home	3	55.0	45.0			
Culture/religion dictate delivery						
Health facility	195	54.5	45.5	0.4	0.2 – 0.9	**0.02**
Home environment	5	50.0	50.0			

Table 3 presents findings on cultural and religious factors and reveals a significant relationship between cultural/religious dictates on delivery and uptake of skilled birth service. Women who perceived that health facility delivery was dictated by culture and religion were 60% less likely to receive optimal skilled birth service unlike their colleagues who thought otherwise (OR: 0.4; 95% CI: 0.2- 0.9; p=0.02). The rest of the other factors were not significantly associated with optimal skilled birth service

Discussion:-

The specific objectives were to determine the cultural and religious factors that influence uptake of skilled birth services in Lurambi sub-County. The correlation between cultural norms, values and beliefs and its influence on skilled birth deliveries is well documented in literature (Moyer, 2013; Dako-Gyeke et al,. 2013), but the study did not find a clear correlation of hospital delivery and religion as the high number of Christianity (97.5%) as shown in figure 12 compared to Islam would be due to the fact that majority of the residence of Lurambi sub county are of Christian origin. Lurambi Sub County has two main ethnic origin Watsotso and Waidakho but the study found that majority of the women were from other ethnic origin (44.5%) as illustrated in figure 11, this could be associated with the fact that Lurambi Sub County is cosmopolitan area as majority of the residence are from other areas. This may be in agreement with Studies that have demonstrated association between ethnicity and utilisation of skilled care (Van Malderen et al., 2013; Sakeah et al., 2014). A study carried out in Northern Ghana, found ethnicity as a predictor for utilisation of skilled birth attendance.

Conclusion:-

The study concludes that Culture and religion were less likely associated with determination of use of skilled birth services

Recommendations:-

1. The researcher recommends that sensitization of the elderly women and adolescent girls be done on importance of early access of antenatal clinic and hospital delivery through the community health volunteers.
2. The county government should make access to health facilities easier to mothers by availing ambulance services to transport mothers from the community to the facility.
3. The community to be sensitized to plan and have a community ambulance in which they own and can be sustained with the available resources.

Declarations

Ethics Approval

The study Ethical clearance was done bym Masinde Muliro University of Science and Technology Ethics Committee. Consent and approval were also obtained from Kakamega county director of heath Chair of the identified health facilities and the local administration in each of the sub counties.

Authors& contributions
Beatrice Mukabana and Victor Mukaka conceived, designed and performed the study. Micky Olutende Oloo analyzed the data. All authors read and approved the final manuscript.

Disclaimer
The findings and conclusions presented in this manuscript are those of the authors and do not necessarily reflect the official position of Masinde Muliro University.

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