Sociocultural Factors Affecting Maternal Mortality Among Women in Zamfara State

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A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY, FACULTY OF MANAGEMENT AND SOCIAL SCIENCES, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR'S DEGREE IN SOCIOLOGY (B.SC. SOCIOLOGY) AT FEDERAL UNIVERSITY, GUSAU

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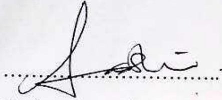
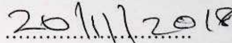
CERTIFICATION

This project by Jamila Ibrahim Mallaha 1410207014 has meet the partial requirement for the award of Bachelor of Science degree in Sociology, Faculty of Management and Social Sciences, Federal University Gusau and is Approved for Submission .





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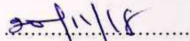
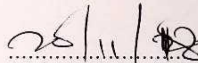


Head of Department: Sociology

Date



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External Examiner

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Date

`DEDICATION

This project is dedicated to my father (**Alhaji Ibrahim Mallaha**). I am happy and lucky that you are alive to see where your daughter has reached today; you are always an important person in my life as my prayer for you is everlasting.

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I would first like to thank Allah (SWT) for showing me this day and successfully conducted this research, (I am grateful). I have no second thought over acknowledging my graduate supervisor Mr. Targba Aondowase for his support in furnishing me with all the guidance I needed for this project over the year, (Thank you so much). Alhaji Nazir you have kept me on track and allowed me to see the bigger picture in my research and in this degree. You listened to my ideas first without judgment and gently guided me to a project I can not only feel proud of but to which I have a personal connection. Prof Dejo Abdulrahman, I do not know how to thank you, but I thank you so very much for your support in helping me to learn and develop as a social researcher.

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My beloved father Alhaji Ibrahim Mallaha, I thank you for your support throughout this entire process. Thank you for understanding the commitment involved and for your continued

inspiration. I cannot express in words how much I value your guidance and love and I promise to be around the next time you need help packing.

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LIST OF ACRONYMS

1. **WHO----World Health Organization**
2. **UNICEF-----United Nation Children Emergency Fund**
3. **NGO's-------Nongovernmental Organizations**

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Abstract

The study was conducted among the women of Zanfara State. The selected local government areas are Gusau, Bungudu, Anka, Tsafe, and Maru. The concept of Sociocultural Factors Affecting Maternal Mortality was examined. Majority 14 (35.0%) of the respondents are within the age bracket of 15-19 years. There is also a significant portion of the respondents within the age bracket of 20-24 years. It is also obtained that majority 25 (65.5%) of the respondents are Muslims while 15 (37.5%) are Christians. Majority 20 (50.0%) of the respondents are married, and those who are divorced and widowed also have a significant portion of the respondents. 5 (12.5%) of the respondents are single. It is also obtained that majority 20 (50.0%) have their highest educational qualification as secondary school certificate while 15 (37.5%) have primary school certificate. 5 (12.5%) have certificates above secondary certificates. Majority 20 (50.0%) of the respondents are unemployed while 10 (25.0%) are engaged in menial labor. It is obtained that 20 (50.0%) of the respondents earn between 0 and 5000 per annum.The major factor affecting maternal mortality is cultural, but some of the women identified cost of service and accessibility of the healthcare as problems stopping them from utilizing maternal health facilities which in return results to so many health challenges. Some of the respondents identified themselves as preferring to use traditional medicine than modern medicines. Early marriage is another sociocultural factor affecting maternal mortality. The necessary action to be taken in eradicating maternal mortality in Zamfara State is making available the services of maternal health and making it accessible and affordable. Educating husbands alongside mother in-laws should be carried on so that they would understand the importance of maternal health and the roles of maternal health facilities. High rate of maternal mortality and admission into hospital is the extent to which sociocultural factors have affected maternal mortality. Changing social norms is imperative to quality health for women .the theory adopted for the theory was intra household bargaining power theory. Gender disparity leaves women powerless over certain issues concerning their health. Women should be empowered economically in rural areas through micro credit and increasing employment opportunities. Improvement should be made on availability and accessibility of health facilities in order to enhance and promote health care delivery system in rural communities, and Improving awareness of obstetric complication among members of a pregnant women's immediate and wider social network is very important. In other words, effort should be directed towards involving men in certain reproductive health issues since they are the dependent factor in most families especially in rural communities.

CHAPTER ONE

1.1 Background to the Study

Maternal health has been the most important issue that determines global and national wellbeing in recent time. This is due to the fact that every individual, family and community is closely involved in pregnancy and the success of child birth. Regardless of the honor conferred on woman hood and the indebtedness of the birth of a new born baby, pregnancy and child birth and still considered a risky journey. In contemporary time the growing concern on improving reproductive health has created a demand for research especially in the area of maternal health. Maternal health has been a major concern of several international summits (For instance, Reflects on Merck for Mother's Efforts and What is Next, International Day to End Obstetric Fistula, Global Adolescent Health Conference, etc.) and conferences since the late 1980s, which culminated to the Millennium summit in 2000 (Abouzahr, 2003).

It is no doubt that maternal health care has a vital role to play in the development of reproductive health and that woman warrant to be well knowledgeable and empowered to have unimpeded access to safe, effective, affordable, acceptable and appropriate health care services. This will enable them to go safely through pregnancy and child birth and provide couples with the best chance of having healthy infant (Osubar, 2006). While motherhood is often a positive and fulfilling experience for too many women in sub-Saharan Africa, it is associated with suffering, ill-health and even death more pathetic is the fact that, pregnancy related complications are avoidable if appropriate measures are taken and adequate care is available (Idris, 2010). Again, more than half a million women die annually due to pregnancy related complications with 99% of these coming from the

developing world (UNICEF, 2005). The maternal mortality ratio in developing countries in 2017 was 239 per 100,000 live births versus 12 per 100,000 live births in developed countries (UNICEF, 2017). Nigeria is second to India in terms of absolute number of maternal deaths and regrettably despite abundant resources. The country contributes more than 10% of all global maternal deaths (Kullma, 2009).

Although maternal deaths in Nigeria are mainly due to complications from pregnancy and delivery, also socio-cultural factors in some communities in Nigeria pave way for complication and deaths (Okaro, 2010). Many studies have only accessed the socio-cultural factors in relation to health care utilization not in relation to adequate quality of maternal health (Okoro, 2010). Individual living in extremely rural or highly populated urban areas are more at risk to have health problems, which can be attributed to increasing environmental hazards such as population and increased stress. Socio-environmental conditions such as gender, biases, combined with poverty, stressful work environment and poor quality of life force many more women into sickness, poor nutrition, early marriages and repeated pregnancies there by exacerbating maternal mortality.

Some scholars have attributed poor maternal health in Nigeria and other African countries to certain cultural practices. For instance, WHO (2009) opined that a number of socio-cultural factors such as early marriage, genital mutilation, genital mutilation, preference for male child affect the health of women in Africa. In West Africa for instance women's knowledge complications that occur, what they should do about life threatening complications and whether they can decide to take necessary action are all determined by a complex of socio-cultural factors that vary widely within a country and between countries.

In recent time, maternal mortality has been o the rise in most states in Nigeria. Zamfara state is not an exception. The state is faced with high rate of mortality due to socio-cultural factors such as religion, female genital mobilization childhood marriage among others (Musa. 2006). Despite the wide range of maternal health services available, maternal mortality in Zamfara state continues to rise (Musa, 2006). This is not unconnected with the weak management and implementation of health, politics and services compounds with the socio-economic and cultural factors. In reducing maternal mortality in Zamfara state, the state government introduced some strategies like free antenatal care for all pregnant women, skilled care delivery during child birth, post-partum family planning counseling and services, training of community midwives to bridge the gap in the rural areas, advocate effective referral system right from primary to tertiary level health care and the recent pre-health insurance scheme for all pregnant women (Musa, 2006). However, years after instituting most of these programs, Zamfara women still face the same factors operating at community health care levels in the rural as well as urban areas that increase maternal mortality. It is based on the foregoing that the researcher would examine the socio-cultural factors affecting maternal mortality among women in Zamfara state.

1:2 Statement of the Problem

In spite of all the policies, declarations, conferences and other efforts aimed at reducing the scourge of maternal deaths across the globe, records have shown that only modest gains in maternal mortality reduction appear to have been achieved in many countries in the past 20 years (Shah and Say, 2007). Countries in Africa may have actually lost ground while many developing countries have fallen far short of the standards set by the World Health Organization's initiative on Safe Motherhood. In Nigeria, the Federal Ministry of Health

had set Year 2006 as the target year that maternal mortality would have been reduced by 50 percent. However, not only were these targets not achieved but also the maternal health situation in Nigeria is now much worse than in previous years (Ujah, Aisien, Mutihir, Venderagt, Glew, and Uguru, 2005).

In view of this lack of success, the study seek to assess whether the lack of success in maternal mortality is linked to socio-cultural factors in Zamfara State.

Okaro (2016), ascertained that early pregnancy r and early child bearing which in most cases result from early marriage (a custom that is prevalent in northern Nigeria) present a much higher list of complications during pregnancy and delivery. He further opined that the risk of maternal deaths are even greater for certain Nigerian women such as those in the northern region of the country.

1.3 Research Questions

1. Does a socio-cultural factor affect maternal mortality among women in Zamfara State?
2. What are the socio-cultural factors affecting maternal mortality in Zamfara State?
3. How do socio-cultural factors affect maternal mortality in Zamfara State?
4. What is the rate of maternal mortality in Zamfara State?
5. What are the measures to improve maternal health in Zamfara State?

1.4 Objectives of the Study

The main aim of this research is to investigate the socio-cultural factors affecting maternal mortality in Nigeria, with specification focus of Zamfara State, while the specific objectives are:

1. To examine if socio-cultural factors affect maternal mortality in Zamfara State

2. To identify the socio-cultural factors affecting maternal mortality in Zamfara State.
3. To assess how socio-cultural factors affect maternal mortality in Zamfara State.
4. To examine the rate of maternal mortality in Zamfara State.
5. To access the measures used to improve maternal health in Zamfara state.

1.4 Research Assumptions

1. There are no socio-cultural factors affecting maternal mortality in Zamfara state.
2. Early marriage is one of the factors affects maternal mortality in Zamfara State
3. There is a high rate of maternal mortality in Zamfara State
4. Education is the necessary potential in reducing maternal mortality in Zamfara State.

1.5 Significance of the Study

This study is significant for a better understanding of socio-cultural factors affecting maternal mortality among women in Zamfara State. It is also considered important because the findings emanate from it could serve as a guide that can be used by the government and other stakeholders for a coherent, maternal welfare policy. It is also essential because it helped to disclose the relationship between socio-cultural factors and maternal mortality and create awareness for maternal health and other relevant services among women in Zamfara state.

Finally, this study would be used both for academic, management, and government agencies Federal, State and Local level, Non-Governmental Organizations (NGOs), among others for policy implementation. It also contributes to the available library knowledge in

the Federal University Gusau, Zamfara State and serves as reference material for future research.

1.6:Scope of the Study

Zamfara is a state in northwestern Nigeria. The people of Zamfara have over the years struggled for autonomy, it was not until 1996 that the then military administration of the Late General Sani Abacha detached the Zamfara State from Sokoto State. With an area of 38.418 square kilometres, it is bordered in the North by Niger republic, to the South by Kaduna State. In the east it is bordered by Katsina State and to the West by Sokoto and Niger States. It has a population of 3,278,873 according to the 2006 census and contains fourteen local government areas. Zamfara is populated with the Hausa and Fulani peoples. Major groups of people are the Zamfarawa, Anka, Gummi, Bukkuyum and Talata MafaraLocal Governments areas. Gobirawa populated Shinkafi Local Government. Gobirawa actually migrated from the Gobir Kingdom. Burmawa are found in Bakura and Fulani peopled Bungudu, Maradun, Gusau and are scattered all over the State. In Tsafe, Bungudu and Maru Local Governments are mainly Katsinawa, Garewatawa and Hadejawa. While Alibawa peopled Kaura Namoda and Zurmi. The scope of this study is mainly to examine the socio-cultural factors affecting maternal mortality among women in Zamfara State. Nigeria.

1.7:Operational Definition of Concepts

1. Maternal health: This refers to the health of women during pregnancy, childbirth and postpartum period (Wikipedia, 2007). Maternal health according to WHO s' definition of Health involves the physical, mental and social wellbeing of women and not only the

absence of disease or infirmities (WHO, 1986). Most women do not have access to health care and sexual health education services that they need.

2. **Maternal death or maternal mortality (obstetric death):** This is the death of a woman during or shortly after childbirth. WHO (2005) estimated global maternal mortality at 529,000 a year, of which less than one percent occur in the developed countries. World Health Assembly (1990) defined maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and the site of the pregnancy from any cause related to or aggravated by the pregnancy.

3. **Health behavior:** This refers to preventive orientation and positive steps people take to enhance their wellbeing. It refers to behavior expressed by individuals to protect, maintain, and promote their health status. For example, proper diet, appropriate exercise is activities perceived to influence health status (Mondofacto, 2010).

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

In this chapter, relevant literatures in relationship to the objectives of the study would be reviewed. In this case, each of the objectives would have a subsection and be reviewed separately. However, the intra household bargaining power theory would also be adopted for the study.

2.1. Socio-cultural Factors Affecting Maternal Mortality

Education of women influences maternal health in a variety of ways including attitudes towards childbearing, health-seeking behaviors and earning opportunities (World Bank, 1994). Women who are able to read and write about health and development are more open to new ideas for protecting their own health and that of their families (Belsey, Hart, and Tarimo, 1990). As a result, they may change their ways of preparing food, their attitude towards pregnancy, child birth and contraception, their sanitary practices and working habit.

Although, substantial progress has been achieved in relation to women's education in Nigeria, the gains have not been rapid enough to keep pace with population growth especially in most rural communities where a good number of women are living. Illiteracy impedes the development of a country and affects progress, even for the educated. Literacy is essential for knowledge, understanding and for participation in a country's development. United Nations Development Program has identified high social dividend that comes with female literacy as demonstrated by lower infant mortality rate, better family nutrition, reduced fertility and lower population growth. Indeed despite scarce resources, China,

Costa Rica, Cuba, Sri Lanka, Malaysia and Kerala State in South India have succeeded in reducing maternal mortalities. A common factor in all these countries is high level of education in their population (Amala, Indra, Jerker, Lalin, and Prabha,2003). Ignorance, as the saying goes, is worse than disease. When women lack knowledge of their health, especially of their reproductive health, the consequences are usually poor health resulting to death. The importance of the link between a woman's educational level and her health (and that of her children) cannot be overemphasized. Studies in developing countries in general and Nigeria in particular, have consistently documented a strong relationship between a mother's education and her children's survival chances (Hartfield and Woodland, 1980; Chukwudebelu and Ozumba, 1988).

In Nigeria, where many people live in poverty and the health infrastructure is poor, males as well as females suffer poor health generally. However, women face unique risks because of their reproductive biology, and in a country with one of the world's highest maternal mortality ratios, the dangers are particularly pronounced. Poverty underlies the poor health status of women especially in rural areas. According to World Bank (1996), socioeconomic differentials are clearest determinants of the status of women's health. Burns, Lovich, Maxwell, and Shapiro, (1997) reported that poverty forces women to live under conditions that can cause many physical and mental health problems. For example, poor women often live in bad housing, do not have good food, are forced to accept dangerous work and cannot use medical care.

The structural arrangement of the society, particularly in rural areas means that most women especially those of childbearing age are economically dependent on men. Also the nuclear family's economic dependence on its extended family according to (Prevention of

Maternal mortality Network, 1992) can equally cause delay in seeking service. When a husband lacks fund, money must be solicited from other family members to pay for a woman's medical care. Sometimes these people make decisions about where to seek care, they can override the family and make decisions that may have negative consequences.

Malnutrition is a major problem among the poor in the world. It affects women more than men, and it contributes to a vicious cycle of poor growth from one generation to another. According to Shankar, Kalassen, Mayer, Houts, Wang, Macarthy, Cain, and Zhang (2007), nutritional factor is responsible for one third of maternal deaths in the world. As Burns, et.al. (1997) have noted, poor nutrition is the most common and disabling health problem among women in poor countries. World Bank (1996) observed that even in households that theoretically have enough food, the poor nutritive quality of what is available and the way it is distributed may leave women inadequately nourished. Given the nutritional demands at child bearing and lactation, the lack of nourishment puts women at particular risk during childbearing years.

Improvement on reproductive health of women is dependent on the health system. The health system in Nigeria is generally poor and even worse in the rural areas of the country. Poor maternal health and maternal death are strongly associated with substandard health services and lack of available medical equipment and supplies at the time of labor, delivery, and immediately after birth (Maternal Health Supplement, n.d). Hartmann (1993) reporting on Bangladesh noted that, the colonial legacy of inadequate infrastructure and lack of trained personnel present very real problems to the development of health services. This situation is similar with Nigeria where several decades after independence, little has been done to overcome this legacy.

2.1.1 Consequences of Poor Maternal Health

The consequences of poor maternal health are widespread, affecting women, families, communities, and society (World Bank, 1994). The health of a country's female population has profound implications for the health and education of children and the economic wellbeing of households, as well as for the women themselves (World Bank, 1996). According to the World Bank report, the most direct effect of poor health among women are high mortality rate among women of childbearing age and high morbidity rate throughout the life cycle. A woman's health status influences her newborn's birth weight and chance of survival, her capacity to nurse and nature her child and her ability to provide food for other children and family members. Healthy mothers can be highly productive and contribute to the well-being of their family and community. Poverty increases at family level when a woman is sick and cannot work. Consequently, less money is available for health care and education for the children which in turn has an impact on the greater society. On the other hand, in a household that depends on the labor of the woman, income falls when ill health prevents her from working. World Bank (1994) observed that poor health go far beyond physical pain and suffering, learning is compromised; returns to human capital diminished and environments for entrepreneurial and productive activities are constrained.

Evidence showing that poor health imposes immense economic costs on individuals, households and society at large is strong worldwide. World Bank and other bodies, recognizing the far, reaching consequences of high maternal mortality and morbidity especially in poor areas, supports the national governments and concerned organization to

work towards improving women's health. Increasing access to maternal health services will help ensure that women remain vital participants in the economic well-being of their countries.

2.1.2 Possible Means of Addressing the Problem of Poor Maternal Heath

Several studies on maternal health improvement have suggested solutions to reduce if not to tackle the problems of maternal problems in different societies. For instance, in a study conducted by Shole (2015) on An Impact of Socio-Cultural Practices on Maternal Mortality in Masasi District, Tanzaniarevealed that 46% of the respondents from the field commented that there should be education to be provided to the mass so that socio-cultural practices in the society could be swept away. This education should be provided at a maximum level to both rural and urban areas so as to reduce and remove totally the deaths of maternal women in Masasi district. Mass media, individuals, government and non-government organizations should cooperate effectively in warning bad socio-cultural practices affecting maternal health. In the same study, the respondents suggested that costs of health services should be reduced to fit the needs of maternal women. This can be done by formulating good government policies on health sector so as to enable maternal women getting free services at the hospital and not delivering at home. Respondents added that the problems of applying socio-cultural practices is sometimes caused by high costs in health services in the hospital, hence efforts are needed to overcome the health obstacles leading to the use of cultural ways of motherhood caring. Furthermore, of all 30 respondents said that local beliefs on witchcraft industry should be strictly prohibited by the government through formulation of laws that will accuse all participants practicing cultural practices that affect the health of maternal women. Also, respondents said that cultural practices

should be well observed to check if they meet the current generation or not so as to get updated with the current world of science and technology. Fear of laws that will be made by the government will get off all local beliefs that destroy the health of maternal mothers and the generation of today.

2.3 Theoretical Framework

Drawing on these conceptual insights, this study will employ the ***intra-household bargaining power theory*** pioneered by Sen (1990) and Agarwal (1997).

Many studies in the vast field of gender and health research on women's lack of agency in rural sub-Saharan Africa (and elsewhere in the global) have suggested various ways in which intra-household relations may affect women's health. Evidence from diverse settings suggests that power relations are influenced by constructs at the interpersonal and societal levels. The manifestations of power are also shaped and in turn affected by social and normative prescriptions related to gender.

In the context of *"bargaining" and gender*(theories) relations within the household, Agarwal observed that the nature of gender relations– relations of power between women and men is not easy to understand in its full complexity and that the complexity arise not least from the fact that gender relations (like all social relations) embody both the material and ideological, but are also revealed in the division of labor and resources between men and women. Based on these premises, Agarwal observed that previous models of the household have paid inadequate or no attention to some critical aspects of intra-household gender dynamics such as: what factors (especially qualitative ones) affect bargaining power? What is the role of social norms and social perceptions in the bargaining process and how might these factors themselves be bargained? Are women less motivated than

men by self-interest and might this affect bargaining outcomes? As a demonstration of the useful of the intra-household bargaining power and gender relations, this study premised that gender related socio-cultural factors impinge intra-household bargaining power and retard maternal health care utilization. The type of society (for example, patriarchic or traditional) a woman lives in and the gender norms and values within the society determine her status within the community and household, thereby inhibiting women access to health care. The dynamics of the relationship between a woman and her partner can also influence access to and control over resources and decision on how to expend resources, which ultimately has implications for maternal health. Therefore, the aim of this study is to depict the gender dynamic in a rural Gambian context from the perspectives of women by exploring the social and cultural factors affecting maternal health. Our study findings contribute to the understanding of the gendered patterning embedded in interpersonal relations and have implications for reducing maternal mortality in resource poor settings.

CHAPTER THREE

METHODOLOGY

This chapter will discuss the method of data collection and analysis, it will include the research design, study setting, population of study. Etc.

3.1: Research Design

This research would be a cross-sectional research. Cross-sectional studies are carried out at one time point or over a short period. They are usually conducted to estimate the prevalence of the outcome of interest for a given population, commonly for the purposes of public health planning. Data can also be collected on individual characteristics, including exposure to risk factors, alongside information about the outcome.This design therefore, will help in producing information needed on sociocultural factor affecting maternal mortality in Zamfara State

3.2: Study Setting

The study is going to be conducted in Zamfara State(located in northwestern Nigeria). It was not a State until 1996 under the administration of the Late General Sani Abacha. Zamfara State has an area of ***38,418 square kilometers***, it is bordered in the North by Niger republic, to the South by Kaduna State. In the East it is bordered by Katsina State and to the West by Sokoto and Niger States. Zamfara State contains fourteen local government areas. Zamfara is populated with the Hausa and Fulani peoples. Major groups of people are the Zamfarawa, Anka, Gummi, Bukkuyum and TalataMafaraLocal Governments areas. Gobirawa populated Shinkafi Local Government. Gobirawa actually migrated from the Gobir Kingdom. Burmawa are found in Bakura and Fulani people

Bungudu, Maradun, Gusau and are scattered all over the State. In Tsafe, Bungudu and Maru Local Governments are mainly Katsinawa, Garewatawa and Hadejawa.· While Alibawa people KauraNamoda and Zurmi. The scope of this study is mainly to examine the socio-cultural factors affecting maternal mortality among women in Zamfara State, Nigeria

3.3 Population of Study

The population of the study is comprising the number ofwomen of reproductive age (15-49)in Zamfara State.Zamfara State has a population of 3,278,873 according to the 2006 census living in Zamfara State.According to National Bureau of Statistics (NBS) in the compiled documentation of Nigeria's population, the population is put as 3,495,580 (NBS, 2011) including women, men, and children.Zamfara is populated with the Hausa and Fulani people. Furthermore, the number of males was put as; 1,641,623 while the number of females was put as: ***1,637,250.m*** It is difficult to study all the subjects (study population). Therefore, the study population is going to be reduced to a researchable number out of the larger population known as (sample). The sample size for the study will be **40** respondents (from four local government of Zamfara State). Each of the selected four local government areas will have **10** group discussants This makes the sample size to be **40** respondents.

3.4: Sampling Procedure

Focus group discussant will be selected in four of the purposively selected local government in Zamfara State. **10** respondents will form a session. In total, about four

session will be conducted the four local government areas selected are Bungudu, Anka, Tsafe and Maru.

3.5: Method of Data Collection

The data to be collected would be relevant to the topic of study using primary data. Primary data is collected through Focus group discussions. The researcher will also collect the datawith the help of research assistants because without the help, time may not be enough to allow a successful collection of the data.

3.6. Instrument of Data Collection

Focus group discussion is used as the instrument for collecting data. That is to say, notes would be taken out of the responses given by the respondents during the interactive session.

3.7: Method of Data Analysis

Qualitative method is used in analyzing the data collected. Percentage is used to analyze the socio demographic variables of the respondents while views of group discussants will be analyzed according to the researchers ability to interprete effectively.

CHAPTER FOUR

Data Presentation, and Analysis of the Findings

This chapter has do with the presentation and analysis of findings. Socio-demographic characteristics of respondents will be presented the views of focus group discussants is also analyzed.

4.1 Socio-demographic Characteristics of Respondents.

Table 4.1.1 Distribution of Respondents Age and Religious Group

S/No	Questions	Responses	Frequency	Percentage
1	How old are you?	15-19	14	35.0
		20-24	8	20.0
		25-29	5	12.5
		30-34	5	12.5
		35-39	2	5.0
		40-44	2	5.0
		45-49	4	10.0
		Total	**40**	**100**

2	What is your religion?	Islam	25	62.5
		Christianity	15	37.5
		Other religions	0	0.0
		Total	**40**	**100**

Source, Fieldwork 2018

Table 4.1.1 show that majority 14 (35.0%) of the respondents are within the age bracket of 15-19 years. There is also a significant portion of the respondents within the age bracket of 20-24 years. The table also show that majority 25 (65.5%) of the respondents are Muslims while 15 (37.5%) are Christians.

Table 4.1.2 Distribution of Respondents' Marital status and Educational qualification

S/No	Questions	Responses	Frequency	Percentage
1	What is your marital status?	Single	5	12.5
		Married	20	50.0
		Divorced	10	25.0
		Widowed	5	12.5
		Total	**40**	**100**
2	What is your educational qualification?	Primary certificate	15	37.5
			20	50.0

		Secondary certificate	5	12.5
		Tertiary certificate	0	0.0
		Other certificates		
		Total	**40**	**100**

Source, Fieldwork 2018

Table 4.1.3 shows that majority 20 (50.0%) of the respondents are married, and those who are divorced and widowed also have a significant portion of the respondents. 5 (12.5%) of the respondents are single. The table also shows that majority 20 (50.0%) have their highest educational qualification as secondary school certificate while 15 (37.5%) have primary school certificate. 5 (12.5%) have certificates above secondary certificates.

Table 4.1.3 Distribution of Respondents' Occupation and Income per annum

S/No	Questions	Responses	Frequency	Percentage
1.	What is your occupation?	Unemployed	20	50.0
		Civil service	5	12.5
		Menial labor	10	25.0
		Other jobs	5	12.5

4.2 Factors Affecting Maternal Mortality

Table 4.2.1 Factors Affecting Maternal Mortality

S/No	Data collection method	Sex	Local Government	Factors affecting maternal mortality
1	FGD	Group of Females	Gusau (Sabon Gari)	"Mostly, we face the problem of lack of money and refusal to receive medical attention though sometimes it is not the government but our fault.
			Bungudu	"In most cases, we found it rather better to use traditional medicine or to be attended by a traditional birth attendant. This cause serious problem as there is no professional medication in it which causes miscarriages and other problems".
			Anka	"Sometimes, the people of our society tend to reject modern medicine because of

				some challenges. One of this is that our culture does not support a male physician to treat women and we lack female doctors that could treat us. Another thing is about our husbands who do not give us permission to visit health care facilities."
			Tsafe	"We put the blame of maternal problem to our culture having the belief that we were born at home safely, so why can't we give birth at home too. Some of our mother in laws also support we deliver at home rather than the hospital. But things are changing but at a very slow level."
			Maru	"Religion place an important role in the issue of maternal

				mortality, because of early marriage", says one of the respondents. Some of the women identified cost and distance as a barrier to accessing maternal health as some of them identified themselves as economically poor.

Source, Fieldwork 2018

Table 4.2.1 shows that the major factor affecting maternal mortality is cultural, but some of the women identified cost of service and accessibility of the healthcare as problems stopping them from utilizing maternal health facilities which in return results to so many health challenges. Someof the respondents identified themselves as preferring to use traditional medicine than modern medicines. Early marriage is another sociocultural factor affecting maternal mortality.

4.3 Necessary Action to Eradicate Maternal Mortality

Table 4.3.1 Actions to Eradicate Maternal Mortality

S/No	Data collection method	Sex	Local Government	Actions to eradicate maternal mortality
1	FGD	Group of females	**Gusau (Sabon Gari)**	"Employ and train female health workers, free medical care, and awareness creation."
			Bungudu	"Availability of the health care facilities and affordability will help in eradicating the problem of maternal mortality".
			Anka	The women of Anka stated a similar view with that of Gusau (Sabon Gari) women.
			Tsafe	"Our husbands and our mother in-laws should be educated more on the importance of maternal

				health and the role of maternal health care facilities."
			Maru	"If the cost of the service is made affordable and accessible. we will have a reduction on maternal health problem."

Source, Fieldwork 2018

Table 4.3.1 shows that the necessary action to be taken in eradicating maternal mortality in Zamfara State is making available the services of maternal health and making it accessible and affordable. Educating husbands alongside mother in-laws should be carried on so that they would understand the importance of maternal health and the roles of maternal health facilities. Another thing is recruiting and training female health workers so as for the women of Zamfara State to have confidence in meeting them for health purposes.

4.4 Extent to which Sociocultural Factors Affected Maternal Mortality

Table 4.4.1Extent to which Sociocultural Factors Affected Maternal Mortality

S/No	Data collection method	Sex	Local Government	**Extent to which sociocultural factors affected maternal mortality**
1	FGD	Group of females	**Gusau (Sabon Gari)**	The women of Gusau (Sabon Gari) identified high rate of maternal mortality and admission into hospital.
			Bungudu	The women of Bungudu shared the same view the women of Gusau (Sabon Gari).
			Anka	The women of Anka identified high death rate during delivery and after delivery that the

				mother and child have low tendency of surviving.
			Tsafe	"The women of Anka identified high death rate during delivery and after delivery that the mother and child have low tendency of surviving."
			Maru	Women of Maru identified high rate of maternal mortality and Vesicovaginal fistula as the damages caused by sociocultural factors.

Source, Fieldwork 2018

Table 4.4.1 Shows that the women of Gusau (Sabon Gari) identified high rate of maternal mortality and admission into hospital as the extent to which sociocultural factors have affected maternal mortality. The women of Bungudu shared the same view the women of Gusau (Sabon Gari). The women of Anka identified high death rate during delivery and

after delivery that the mother and child have low tendency of surviving. The women of Anka identified high death rate during delivery and after delivery that the mother and child have low tendency of surviving. Women of Maru identified high rate of maternal mortality and Vesicovaginal fistula as the damages caused by sociocultural factors.

4.5 Discussion of Findings

Majority 14 (35.0%) of the respondents are within the age bracket of 15-19 years. There is also a significant portion of the respondents within the age bracket of 20-24 years. It is also obtained that majority 25 (65.5%) of the respondents are Muslims while 15 (37.5%) are Christians. Majority 20 (50.0%) of the respondents are married, and those who are divorced and widowed also have a significant portion of the respondents. 5 (12.5%) of the respondents are single. It is also obtained that majority 20 (50.0%) have their highest educational qualification as secondary school certificate while 15 (37.5%) have primary school certificate. 5 (12.5%) have certificates above secondary certificates. Majority 20 (50.0%) of the respondents are unemployed while 10 (25.0%) are engaged in menial labor. It is obtained that 20 (50.0%) of the respondents earn between 0 and 5000 per annum.

When respondents were asked what are the factors affecting maternal mortality, the major factor affecting maternal mortality is cultural, but some of the women identified cost of service and accessibility of the healthcare as problems stopping them from utilizing maternal health facilities which in return results to so many health challenges. Some of the respondents identified themselves as preferring to use traditional medicine than modern medicines. Early marriage is another sociocultural factor affecting maternal mortality. This finding is similar to the findings of Burns et al, (1997) reported that poverty forces women

to live under conditions that can cause many physical and mental health problems. For example, poor women often live in bad housing, do not have good food, are forced to accept dangerous work and cannot use medical care.

When respondents were asked of the necessary actions to be taken in order to eradicate maternal mortality, the respondents identified that the necessary action to be taken in eradicating maternal mortality in Zamfara State is making available the services of maternal health and making it accessible and affordable. Educating husbands alongside mother in-laws should be carried on so that they would understand the importance of maternal health and the roles of maternal health facilities. Another thing is recruiting and training female health workers so as for the women of Zamfara State to have confidence in meeting them for health purposes. This finding is different from the findings of Hartfield and Woodland, 1980; Chukwudebelu and Ozumba, (1988) as the case of illiteracy is found on the women rather than the men. For them, Ignorance, as the saying goes, is worse than disease. When women lack knowledge of their health, especially of their reproductive health, the consequences are usually poor health resulting to death. The importance of the link between a woman's educational level and her health (and that of her children) cannot be overemphasized. Studies in developing countries in general and Nigeria in particular, have consistently documented a strong relationship between a mother's education and her children's survival chances.

When respondents were asked on the extent to which sociocultural factors affected maternal mortality, the women of Gusau (Sabon Gari) identified high rate of maternal mortality and admission into hospital as the extent to which sociocultural factors have affected maternal mortality. The women of Bungudu shared the same view the women of

Gusau (Sabon Gari). The women of Anka identified high death rate during delivery and after delivery that the mother and child have low tendency of surviving. The women of Anka identified high death rate during delivery and after delivery that the mother and child have low tendency of surviving. Women of Maru identified high rate of maternal mortality and Vesicovaginal fistula as the damages caused by sociocultural factors. This finding is similar to the findings of World Bank report, the most direct effect of poor health among women are high mortality rate among women of childbearing age and high morbidity rate throughout the life cycle. A woman's health status influences her newborn's birth weight and chance of survival, her capacity to nurse and nature her child and her ability to provide food for other children and family members. Healthy mothers can be highly productive and contribute to the well-being of their family and community. Poverty increases at family level when a woman is sick and cannot work. Consequently, less money is available for health care and education for the children which in turn has an impact on the greater society. On the other hand, in a household that depends on the labor of the woman, income falls when ill health prevents her from working.

CHAPTER FIVE

Summary, Conclusion, and Recommendation

5.5 Summary

The topic of the study is to examine the socio-cultural factors affecting maternal mortality among women in Zamfara State. The study was conducted in four local government areas of Zamfara State (Gusau, Anka, Bungudu, Tsafe, and Maru).

Based on the findings Majority of the respondents 14 (35.0%) of the respondents are within the age bracket of 15-20 years. There is also a significant portion of the respondents within the age bracket of 20-24 years. The study shows that majority 25 (65.5%) of the respondents are Muslims while 15 (37.5%) are Christians. Majority 20 (50.0%) of the respondents are married, and those who are divorced and widowed also have a significant portion of the respondents. 5 (12.5%) of the respondents are single.The major factor affecting maternal mortality is cultural, but some of the women identified cost of service and accessibility of the healthcare as problems stopping them from utilizing maternal health facilities which in return results to so many health challenges. The necessary action to be taken in eradicating maternal mortality in Zamfara State is making available the services of maternal health and making it accessible and affordable. Educating husbands alongside mother in-laws should be carried on so that they would understand the importance of maternal health and the roles of maternal health facilities. Another thing is recruiting and training female health workers so as for the women of Zamfara State to have confidence in meeting them for health purposes.

Intra-Household Bargaining Power Theory pioneered by Sen (1990) and Agarwal (1997). In the context of "bargaining" and gender relations within the household, Agarwal observed that the nature of gender relations– relations of power between women and men is not easy to understand in its full complexity and that the complexity arise not least from the fact that gender relations (like all social relations) embody both the material and ideological, but are also revealed in the division of labor and resources between men and women. Based on these premises, Agarwal observed that previous models of the household have paid inadequate or no attention to some critical aspects of intra-household gender dynamics such as: what factors (especially qualitative ones) affect bargaining power? What is the role of social norms and social perceptions in the bargaining process and how might these factors themselves be bargained? The theory demonstrated how sociocultural norms played role in sociocultural factors affecting maternal mortality.

5.3 Conclusion

Maternal mortality is cultural, and it is foundthat cost of service and accessibility of the healthcare are problems stopping them from utilizing maternal health facilities which in return results to so many health challenges.

Finally, from the study conducted on sociocultural factors affecting maternal mortality among the women of Zamfara State, the observations are:

The major factor affecting maternal mortality is cultural, but some of the women identified cost of service and accessibility of the healthcare as problems stopping them from utilizing maternal health facilities which in return results to so many health challenges.

The women of Gusau (Sabon Gari) identified high rate of maternal mortality and admission into hospital as the extent to which sociocultural factors have affected maternal mortality. The women of Bungudu shared the same view the women of Gusau (Sabon Gari). The women of Anka identified high death rate during delivery and after delivery that the mother and child have low tendency of surviving.

The women of Anka identified high death rate during delivery and after delivery that the mother and child have low tendency of surviving. Women of Maru identified high rate of maternal mortality and Vesicovaginal fistula as the damages caused by sociocultural factors.

5.4 Recommendations

For any social research, recommendations are necessary in order to point out the possible solution based on the findings of the study. In this case, below are the recommendations for the present study;

It is acknowledged that most rural communities in Nigeria are male dominant, hence, the promotion of human rights of women especially in rural communities is recommended as this will help women to take certain decisions about their health and free them from coercion and violence.

Improving awareness of obstetric complication among members of a pregnant women's immediate and wider social network is very important. In other words, effort should be directed towards involving men in certain reproductive health issues since they are the dependent factor in most families especially in rural communities.

Changing social norms is imperative to quality health for women. Gender disparity leaves women powerless over certain issues concerning their health. Women should be

empowered economically in rural areas through micro credit and increasing employment opportunities.

Improvement should be made on availability and accessibility of health facilities in order to enhance and promote health care delivery system in rural communities.

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FOCUS GROUP DISCUSSION GUIDE

I am a final year student of Sociology Department, Federal University Gusau, undergoing a research work on the topic ***"Socio-Cultural Factors Affecting Maternal Mortality Among Women of Reproductive Age inZamfara State"***.

Opening Remarks

Thanks for coming today. The goal of this meeting is to examine the ***Socio-cultural factors affecting maternal mortality among women of reproductive age of Zamfara State***

. There are only a few basic rules to keep in mind while participating, and these are:

a) Everyone is expected to be an active participant.

b) There are no "right" or "wrong" answers.

c) Speak freely but remember not to interrupt others while they are talking.

d) Note taking is for reporting purposes only, and will be used for analysis. Names are not attached to the notes.

e) All information gathered will be analyzed to determine trends and make recommendations to the Communications team. Given that, the team will not get back to any individual participating in the sessions.

f) All feedback today will remain anonymous. In order to maintain anonymity, I just ask that anything that is said during our session is not repeated outside of our session.

SECTION A: Socio demographic variables of discussant

SECTION A: Socio-demographic characteristics of the respondent.

S/No	Questions	Responses	Code	Skip to
1	How old are you?	15-19 20-24 25-29 30-34 35-39 40-44 45-49	1 2 3 4 5 6 7	
2	What is your religion?	Islam Christianity Others…………………… (specify)	1 2 3	
3	What is your marital status?	Single Married Divorced Widow	1 2 3 4	
4	What is your educational qualification?	Primary certificate Secondary Certificate Tertiary Certificate Others…………………… (Specify)	1 2 3 4	
5	What is your occupation?	Unemployment Civil service Menial labor Others…………………… (specify)	1 2 3 4	
6	What is your income per annum?	0-5000 6000-11000 12000-16000 17000-21000 22000-26000 27000 and above	1 2 3 4 5 6	

SECTION B

Interactive Exercise

1. Do Socio cultural factors affect maternal mortality in Zamfara State?
2. What are the major factors affecting maternal mortality in Zamfara State?
3. How do socio-cultural factors affect maternal mortality in Zamfara State?
4. To what extent have socio-cultural factors affected maternal mortality in Zamfara State?
5. What are the necessary actions do you think can eradicate maternal mortality in Zamfara State?
6. Any other comment(s) in relation to the matter of socio-cultural factors affecting maternal mortality in Zamfara State?