

Social Marketing Tools Employed For Correcting Harmful Traditional Maternal Health Practices In Cross River State, Nigeria

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Abstract: *The study was a critical appraisal of the social marketing tools employed for the correction of harmful maternal health traditional practices in Calabar-South Local Government Area of Cross River State, Nigeria. This was motivated by the high rate of preference of traditional birth attendants by pregnant women in this region, notwithstanding some attendant health consequences. The objectives sought were to: examine the impact of social marketing in changing the negative perceptions of mothers towards modern antenatal care in Cross River State; and determine the effect of social marketing towards changing traditional birth attendants' use of crude instruments in their practices in Cross River State. Survey research design was adopted in the study. The sample frame was pregnant women, traditional birth attendants and health workers in the study area. Results showed that social marketing was useful for significantly changing the negative perceptions of mothers towards modern antenatal care in Cross River State, and in changing traditional birth attendants' use of crude instruments in their practices in the State. It was then recommended that health marketers in Cross River State, Nigeria, should be sensitized more through trainings/workshops on social marketing communication strategies in order to completely curb maternal mortality in the state, through the eradication of harmful traditional maternal health practices amongst the populace.*

Keywords: *Maternal Health, Harmful Traditions, Social Marketing, Health Workers, Traditional Birth Attendants.*

I. BACKGROUND OF THE STUDY

In most traditional African societies, majority of pregnant women still prefer to patronize traditional birth attendants, rather than register for ante-natal cares in modern hospitals and healthcare centres. This is largely the case in the Cross River State of Nigeria, especially amongst the rural populace. Their defense is usually that their fore-mothers used the same system in giving births successfully from generation to generation. Even though this claim may hold some water, but the practices of some traditional birth attendants in this modern times pose great dangers to the maternal health of pregnant women that patronize them. According to the United

Nations Development Programme (UNDP, 2011), there is widespread agreement that maternal health is a serious global priority, given its longstanding neglect and significant inequities, but the problem is more manifest in developing countries. Morris, Short, Robson and Andriatsihosena (2014) cited the World Health Organization (WHO) as referring to maternal health' as the health of women during pregnancy, child birth and the postpartum period. Specifically, it encompasses the various health care dimensions of family planning, preconception, prenatal, intrapartum and postnatal care in order to reduce maternal mortality.

Factsheet 23 (1979), defined traditional practices as the values and beliefs that members of a community has agreed to

guide them for periods often spanning generations. It is noteworthy that social groups in the world have one form of traditional cultural practices or the other. Some of which are beneficial to all members, while others are harmful to a specific group (women.)

In Cross River State, culture plays a leading role in maternal health. This arises as a result of superstitious beliefs, harmful practices by some traditional birth attendants / traditional obstetric care services and so on. Some commentators like Oti, Eze and Odigbo (2016) believe that social marketing if employed in assessing the aforementioned problems, could significantly influence social behavior and the society at large in positive ways. Weinreich (2013) also shares this belief, adding that social marketing is not usually meant to benefit the marketer. This technique has been used extensively in international health programs, especially for contraceptives, and Oral Rehydration Therapy (ORT), and is being used with more frequency in the United States for such diverse topics as drug abuse, heart diseases, organ donation and maternal health (Weinreich, 2013). As important as the concept of social marketing is, it is surprising to know that its application is still being misunderstood by many health workers. According to a nurse interviewed in the course of this study, "I thought marketing is all about buying and selling, I never knew it can be applied to behavioural change." Hence, the motivation for this study to determine the effect of social marketing tools employed so far in correcting harmful traditional maternal health practices in Cross River State, Nigeria.

II. STATEMENT OF THE PROBLEM

Despite the availability of modern health facilities, some pregnant women still prefer traditional health practices notwithstanding the inherent dangers. Senfuka (2012), noted that apart from cultural and traditional practices, another major factor inhibiting the quality of health among pregnant women in most developing countries is limited access to hospital and lack of professional care.

Maternal health problem is caused by a wide range of complications in pregnancy or during child birth. There are however, traditional factors that contribute to women dying in pregnancy, which most of the time are neglected especially in developing nations like Nigeria. Some of these problems include harmful practices like use of crude and unsterilized instruments by some traditional birth attendants, use of herbal concoctions (enema), superstitious beliefs (not wanting to go for antenatal or for a Caesarean- section, even when a woman knows her life is in danger), illiteracy and self-home delivery, which could lead to prolonged or obstructed labour as a result of adhesions as noted by (Marchie, 2012). Hence, the aim of this research is assessment of social marketing in correcting harmful traditional maternal health practices in Cross River State, Nigeria.

III. OBJECTIVES OF THE STUDY

The broad objective of the study is to know the effect of social marketing in correcting harmful traditional practices on

maternal health in Cross River State. The specific objectives were:

- ✓ To examine the impact of social marketing in changing the negative perceptions of mothers towards modern antenatal cares in Cross River State, Nigeria.
- ✓ To determine the effect of social marketing towards changing traditional birth attendants' use of crude instruments in their practices in Cross River State, Nigeria.

IV. RESEARCH HYPOTHESES

The following null-hypotheses were tested in the study:

HYPOTHESIS ONE:

H₀: Social marketing is not significant in changing the negative perceptions of mothers towards modern antenatal cares in Cross River State, Nigeria.

HYPOTHESIS TWO:

H₀: Social marketing will not significantly change traditional birth attendants' use of crude instruments in their practices in Cross River State, Nigeria.

V. SCOPE OF THE STUDY

The study was on assessment of social marketing for correcting harmful traditional maternal health practices in Calabar-South, Cross River State, Nigeria, between May 2015 to September 2015. The research frame constitutes pregnant women, traditional birth attendants and health workers. To confine the population to a reasonable scope a list of all registered pregnant mothers between August 2014 –August 2015 and health workers was gotten from one College of Health Technology, one General Hospital and the University of Calabar Teaching Hospital, all in Calabar, Cross River State, Nigeria.

VI. REVIEW OF RELATED LITERATURE

A. THEORETICAL FRAMEWORK

The theoretical underpinning of this study is founded on the social norms theory.

The social norms theory holds that much of people's behavior is influenced by their perceptions of what is normal or typical. That is largely the central concept of the theory. According to Berkowitz (2004), the social norms approach provides a theory of human behaviour that has important implications for health promotion and prevention. Berkowitz and Trumansburg (2002) also add that the social norms theory describes situations in which individuals incorrectly perceive the attitudes and /or behaviour of peers and other community members to be different from their own. In his own contribution, Wiley (2015), believes that social norms could sometimes be seen as a mechanism for social control. In some traditional communities, some social norms could also be seen as pro-social standards that promote actions beneficial to the people. Hence, the unrepentant cling unto traditional maternal

health practices by some women in Africa, including here in Cross River State of Nigeria.

B. THE IMPLICATIONS AND APPLICATION OF THE THEORY IN MATERNAL HEALTH-MARKETING

The implication of this for health-marketers is that social norms influence rules that guide maternal conducts/behaviour in a society. Hence, in a situation where maternal health problem is linked to a social norm, the social marketer will communicate to the entire community by packaging the campaign messages in such a way as to be able to influence the general perception of the people. Perkins (2006) notes that man is most of the times looking to others for guidance on how to behave. This suggests that when trying to change his behaviour, the social marketer should factor-in the individual/community perceptions that reflect the new behaviour to be demonstrably acceptable to his reference group and superior to the one held before. A typical example is a case where a mother at the point of death refused to go in for caesarean section, on the grounds that her tradition forbids it, the health marketer could show her a record of thousands of women like her whose lives were saved through this means.

C. SOCIAL MARKETING APPROACHES TO MATERNAL HEALTH

A United Nations Development Programme in October 2011 postulates that the building block of social marketing on maternal health is to bring about positive outcome and ensure that there is reduction in health inequalities. For example, if a situation arise where the developed and the developing countries should come together as regards maternal health it will be through social marketing, that is, aired programmes on radio, television, and or campaign,(word-of- mouth).Thus, helping social marketers to strategize to know the best method that will reduce maternal health related problems, and also help to educate mothers in rural and urban areas on improved ways to avoid / reduce maternal mortality, example regular antenatal visits.

(Bhattacharyya, York & Montagu 2012), suggest some categories and innovative ways to improve maternal health with better quality and financial protection of mothers in rural/ low income areas; they include-i) social franchising, ii) health micro insurance iii) voucher schemes.

Social franchising involves a situation where organizations provide improved maternal and child health (MNCH) cares for the under-privileged in society for accessing maternal health care services. The services are usually standardized by organizing operators-owned outlets under one brand. This makes it easy for them to share in advertising cost, administrative costs and business loans. This actually helps in increasing the overall number of prenatal visits, and service utilization by the poor (Bhattacharyya et al 2012; Ghana, Kenya & Sierreleone concern for worldwide program 2015).

On the other hand, Pereira, Kumar, Haldar, Penn-kekana, Santos and Powell-Jackson (2015), posit that India's maternal mortality ratio has declined substantially from 437 deaths per 100,000 live births in 1992–1993 to 178 deaths per 100,000

live births in 2010–2012 as a result of social franchising, that the programme has been effective in increasing utilization of government maternal health services even if the evidence on mortality is contested. In a 2014 global conference on social franchising, it was suggested that longer-term health financing should be encouraged, affordable, quality maternal healthcare and also technology should be applied to better meet clinical/health goals. Beyeler, York and Montagu (2013) state that social franchising is the fastest growing market-based health care intervention; therefore it should be introduced to improve the quality of maternal health care. Thus, it is theorized to increase health care access and utilization by expanding the number of health care outlets and the products and services they offer, and by generating consumer demand through social marketing.

D. MATERNAL HEALTH MARKETING IN CROSS RIVER STATE, NIGERIA

Cross River State is not an exception in the area of maternal health marketing in Nigeria. For instance, in 2011 the Government of Cross River State put in place up scaling secondary and tertiary healthcare facilities in the State Capital (Punchnewspaper, 2012). It also introduced the "Hope Project" which is meant to provide free healthcare for pregnant women to mitigate both infant and maternal mortality rates and also provide financial assistance to some of them. This probably was meant to motivate and encourage them into accessing modern antenatal cares. Hence, the relevance of the aforementioned maternal health financial scheme was to ensure that considering the low-income status of many in developing countries' communities like in Cross River State, Nigeria, both the poor and rich could receive the same maternal healthcare.

E. TRADITIONAL BIRTH ATTENDANTS AND MATERNAL HEALTH

Throughout history, traditional birth attendants have been the main health care providers for women during childbirth in Africa. They attend to the majority of deliveries in the rural areas of developing countries (Amref, 2015). The World Health Organisation (WHO, 2015), defines a traditional birth attendant (TBA) as a person who assists the mother during childbirth and who initially acquired her skills by delivering babies herself or by working with other TBAs.

In addition to attending deliveries, some TBAs help with reproductive health and nutrition; visiting mothers during and shortly after delivery to check for and educate them on the associated danger signs.

TBAs are highly respected in African communities. From time immemorial they have been performing maternal health rituals and other essential support services to women during pregnancy and childbirth. The high patronage of TBAs stems from the fact that the people trust them and repose confidence in them. Notwithstanding this, critics say that the TBAs are without modern training on how to attend to pregnant women, which poses great danger to their health. Again, that the TBAs are unable to recognise and respond appropriately to complications of pregnancy. For this reason, deliveries

attended by untrained TBAs are risky for women and their babies, leading to poor health outcomes and even death.

Wikipedia (2015) refers to traditional birth attendants as a community or lay midwives who take care of pregnant women. Jackson (2003) also see the traditional birth attendants as 'Lay midwives,' who did not receive any formal education on maternal health and certified Midwives who are registered and trained basically on maternal health. He observed that in the developed countries, the registered traditional birth attendants are opting for autonomy. Jackson (2003) also reports that trained and registered traditional birth attendants account for up to 75% of all births in Europe, with far lower infant and maternal mortality rates reported. Again, the World Health Organisation (WHO, 2009) in its Reproductive Health Library of 2009 noted that in Pakistan 43 percent of all live births are carried out by trained TBAs, with a higher proportion of 80 percent in rural areas.

With respect to this study, however, attention is given more on the lay traditional birth attendants whose practices are harmful to maternal health, that is the locally untrained birth attendants borne out of sheer tradition to carry out maternal activities. (WHO, 2009) advises that if traditional birth attendant must carry out maternal related activities, they must be trained, skillful and knowledgeable.

VII. METHODOLOGY

Survey research design was employed for the study and data were collected through structured questionnaire instrument. The study was carried out in two local Governments: Calabar South Local Government and Calabar Municipality Local Government area in Cross River State of Nigeria. Population of the study was made up of 1,948 pregnant women that registered in hospitals in the study area between August 2014 to August 2015, and 843 health workers, and 15 registered mothers of a Traditional birth attendant at Uwanse Street Calabar making a total of 2806. Tarō Yamane's formula for finite population was applied to determine the sample size, and this gave a sample size of 97.

The stratified sampling technique was used to select respondents from each of the strata (registered pregnant women from hospitals, traditional attendants and health workers). Simple random sampling technique was used to distribute questionnaire to all the respondents in the strata. They were all duly filled and returned since it was on the bases of wait and get, three days was used for this exercise. The result was used to test the hypotheses using SPSS (Version 20), and the statistical tool of regression analysis

VIII. DATA PRESENTATION AND ANALYSIS

A. DEMOGRAPHIC PROFILES OF THE RESPONDENTS

Table 2

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<20	11	11.3	11.3	11.3
	20-29	30	30.9	30.9	42.3
	30-39	30	30.9	30.9	73.2

40-49	16	16.5	16.5	89.7
>50	10	10.3	10.3	100.0
Total	97	100.0	100.0	

Table 2

Table 2 above shows the age range of the respondents, 11.30% were aged below 20 years, 30.90% were in the age range of 20 to 29 years, another 30.90% were in the age bracket of 30 to 39 years; 16.50% were aged between 40 to 49 years, while the remaining 10.30% were 50 years or above.

Table 3

Educational Qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	1	1.0	1.0	1.0
	Secondary	16	16.5	16.5	17.5
	Tertiary	80	82.5	82.5	100.0
	Total	97	100.0	100.0	

Table 3

Data on table 3 indicate that 82.50% of the respondents had higher educational qualifications; 16.50% had secondary school qualifications, while only 1% had primary schools' education. This shows that majority of the pregnant women who registered in the hospitals for antenatal cares were educated, including the health workers, while the 1% with primary school education only were majority of those found with the traditional birth attendants. Hence, there is a correlation between literacy levels and people's adoption of modern antenatal cares in one hand, and patronage of TBAs on the other hand.

B. SUMMARY OF RESULTS

HYPOTHESIS ONE

H₀: Social marketing is not significant in changing negative perceptions of women towards modern antenatal cares in Cross River State, Nigeria.

H₁: Social marketing is significant in changing negative perceptions of women towards modern antenatal care in Cross River State, Nigeria.

TABLE 4

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.044 ^a	.002	-.009	.143

Predictors: (Constant), ANTENATAL

Table 4

ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	.004	1	.004	.180	.672 ^b
	Residual	1.955	95	.021		
	Total	1.959	96			

Dependent Variable: SOCIAL MARKETING-- Predictors: (Constant), ANTENATAL

Table 5

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.045	.059		17.669	.000

ANTENATAL	-.022	.053	-.044	-.424	.672
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Table 6

The table indicates a significant positive relationship between social marketing and antenatal cares at $R = .44$ $R^2 = .002$ $F_{cal(1,95)} = .180$; $p.672 < .10$. The R indicates a good level of prediction and the R^2 explains the impact of social marketing on antenatal cares. Therefore, we reject the null hypothesis and accept the alternate hypothesis that says, Social marketing is significant in changing negative perceptions of women towards modern antenatal cares in Cross River State.

HYPOTHESIS TWO

H_0 : Social marketing will not significantly change traditional birth attendants' use of crude instruments in their practices in Cross River State, Nigeria.

H_1 : Social marketing will significantly change traditional birth attendants' use of crude instruments in their practices in Cross River State, Nigeria.

TABLE 5 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.166 ^a	.027	.017	.142

Predictors: (Constant), USE of CRUDE INSTRUMENTS by TBAs

Table 7

ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	.054	1	.054	2.686	.105 ^b
Residual	1.905	95	.020		
Total	1.959	96			

Dependent Variable: USE of CRUDE INSTRUMENTS by TBAs Predictors: (Constant), SOCIAL MARKETING—

Table 8

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	.940	.051		18.387	.000
TBA	.072	.044	.166	1.639	.105

Table 9

From table 5 above, Social Marketing was found not to be significant at $R = .166$, $R^2 = .27$ $F_{cal(1,95)} = 2.686$; $P.105 > .10$ The reason for this could be because culture die hard and this has been an age-old practice amongst the people. Besides, most of the TBAs believe that they have been using these instruments from time immemorial, from generation to generation without negative results. Besides, they fear that the modern instruments could be complex, not easily understandable and fraught with technological hazards.

IX. DISCUSSION OF FINDINGS

An indebt study of the assessment of social marketing for correcting the negative perception of mothers towards modern antenatal cares in their maternal health practices in Cross River State showed a positive result. This is buttressed by

Seetharam, Priya, Somu & Varun (2014), who found that social marketing on maternal health will lead to increase antenatal visits. However, it could be seen that education or literacy is a vital tool in winning the campaign for society's adoption of modern antenatal cares in this part of the world. This is because majority of the pregnant women who registered in hospitals had higher education attainments, while almost all those found with the TBA belonged to the lower educational cadres. It was also discovered that some women in the study area shy away from modern antenatal cares in hospitals due to fears that the financial cost will be enormous, and even when free maternity care is advertised to them by the government, they think it is just a ruse to lure them.

Result number two indicates that social marketing will not significantly change traditional birth attendants' use of crude instruments in their practices in Cross River State, Nigeria. This finding is supported by the study by Oshonwoh (2014), that about 63.1 percent of mothers interviewed belied that the traditional birth attendants were helpful to pregnant women, and their practices including the instruments, safe. They view the TBAs as being more charitable when it comes to granting credits to those in financial distress, while the hospital arrest such a mother and the baby until the husband pays. They point to examples when some indigent husbands had abandoned such mothers and babies in hospitals and ran away due to prohibitive costs, while the reverse would have been the case with the TBAs, whom they say operate on communal basis. Oshonwoh (2014), best supports this point that 65 percent of women in Ogbomosh, Nigeria delivered before arrival at the hospital.

Meanwhile, the people largely believe that the TBAs mean well to them, they see them as life savers and sacred servants, who do not have any bad intentions in taking care of mothers. According to some of the women, the only time an alarm should be raised is when one patronizes the quacks with no track records, no apprenticeship and untrained among the birth attendants. Therefore, we sustain the null hypothesis which says social marketing campaign alone will not significantly change pregnant mothers patronize of traditional obstetric/birth attendants in Cross River State.

In this sense, more effort is required by the social marketers to be able to change the perceptions and behaviour of mothers in Cross River State. A pregnant mother, interviewed, claims that she cannot give birth in a hospital or health center, if by chance she registers for antenatal, when its time she will go to a registered traditional birth attendant.

X. CONCLUSION

This study has shown that social marketing creates awareness that will bring about positive behavioural change in maternal health practices in traditional societies like in Africa. This implies that the vital tools social marketing should be used by behaviour-change agents in the health sector in developing countries to improve maternal health, the health of the entire community and stop infant and maternal mortality and morbidity. This way, social marketing can best be applied by health-marketers in Africa in correcting harmful traditional maternal health practices.

XI. RECOMMENDATIONS

Based on the outcome of this study, it is recommended as follows:

- ✓ Health workers should be sensitized on the rudiments of social-marketing through trainings/workshops and thereafter sent to rural communities in Africa to stop harmful traditional maternal health practices.
- ✓ There is also the need to provide women with the appropriate health education to enable them make informed/sound decisions concerning maternal health and that of their children.
- ✓ Traditional rulers and religious leaders should also be enlisted in the campaign to eradicate harmful traditional maternal health practices in their areas.
- ✓ The three tiers of government in Nigeria must collaborate to ensure that the cost of accessing maternal health care is drastically reduced for pregnant women.

The government must also ensure that more avenues are created for the enlightenment of traditional birth attendants on the dangers of harmful traditional maternal health practices and to adopt modern healthcare instruments.

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