INFLUENCE OF SOCIAL-CULTURAL FACTORS ON WOMEN PREFERENCE FOR TRADITIONAL BIRTH ATTENDANTS SERVICES: A CASE OF NAKURU COUNTY, KENYA

BY

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DECLARATION

This research project report is my original work and has not been presented for any award in any other university.

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This research project report has been submitted for examination with my approval as the candidate's supervisor.

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DEDICATION

This research project report is dedicated to my dear husband, Kenneth Gitonga; my dear parents, Tabitha Mbaya and Julius Mbaya, and mother in law, Helen Mbaabu; my brother Mwenda Mbaya and sisters Kanana Mbaya, Kathure Mbaya and Mercy Kinya, for their prayers and encouragement during the entire course.

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TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
CDC	Center for Disease and Control
CHPS	Community Health Planning and Services
CIDA	Canadian International Development Agency
ICU	Intensive Care Unit
MCH	Maternal Child Health
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
TBAs	Traditional Birth Attendants
UNFPA	United Nation Fund for Population
UNICEF	United Nation Children Education Fund
USA	United States of America
WHO	World Health Organization
ZDHS	Zimbabwe Demographic and Health Survey

ABSTRACT

Accessibility to health care has large socio-economic benefits whereas ill health has a grave effect on productivity. More than half a million women in developing countries die each year during pregnancy or childbirth and twenty times that number suffer serious injury or disability. In Kenya, an estimated 7,700 women die each year as a result of pregnancy-related causes. Nakuru County had a maternal mortality rate of 374 per 100,000 live births and skilled delivery of 51%. It was ranked among the top four (4) counties in Kenya with high maternal death burden by UNFPA in 2014 despite being one of the counties with the best infrastructure, high number of health workers and with 35% of its budget being allocated to health as indicated in county budget paper 2014. This revelation was an indicator of low uptake use of maternal health care. The purpose of this research is to establish influence of social-cultural factors on women's preferences for traditional birth attendants' services with special focus on Nakuru County, Kenya. The objective of this study was to investigate influence of social demographic factor, cultural beliefs, social structure and religious beliefs on women's preferences for traditional birth attendants' services in Nakuru County. This research employed descriptive research design. The population of this study comprised TBAs and women of reproductive age between 15-49 years who do not seek maternal health care in hospital and rely on traditional birth attendants. Simple random sampling technique was used to select 60 expectant mothers who seek traditional maternal services while purposive sampling was employed to select 6 TBAs from 3 constituencies. The study relied mostly on primary data sources where questionnaires and interview guides were used as the source of data. Data collected was purely quantitative. Quantitative data was coded and entered into Statistical Packages for Social Scientists (SPSS Version 21) and analyzed using descriptive statistics. The findings were presented in form of frequency tables and explanation presented in prose. The study concluded that there is positive relation between social demographic factors and women's preference to traditional birth attendants' services. Traditions and domestic violence have a significant influence in women attending maternal clinics in general. The study found that men are dominant in making decision supposed to be made by women making women inferior in making their own decision on health issues. The study found that some church teachings discouraged women from using modern family planning methods. As a way of encouraging the women to utilize modern health facilities in maternal services church should engage in educating men and women on the importance of seek the services in modern health facilities, this will reduce the case of mortality rate. The government should make the service affordable and sensitize the society, particularly girls and women on dangers that they expose themselves through giving birth via TBAs.

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

Across the world, any country development depends on the health status of its people and health is a basic human right of everybody everywhere (Mugilva, Mazambani, Chigusiwa, Bindu & Mudavanhu, 2010). Accessibility to health care has large socio-economic benefit whereas ill health has a grave effect on productivity. In 2005, at least 830 women died everyday due to pregnancy and child birth complications. Almost all of these deaths occurred in low-resource settings, and most could have been prevented (World Health Organization, 2015). Of the 830 daily maternal deaths, 550 occurred in sub-Saharan Africa and 180 in Southern Asia, compared to 5 in developed countries. United Nations (2012) indicated that some progress has been made in reducing maternal deaths in developing regions, but not in the countries where giving birth is most risky.

According to Center for Disease and Control (CDC) (2012) the total amount spent on health care projects in the United States of America (USA) is greater than any other country in the world. Despite this, women in the USA have a greater lifetime risk of dying of pregnancy-related complications than women in 40 other countries in Europe but this immense investment in health care projects has placed them in a remarkable world position. Africa as a continent accounts for 12% of the global population, but it accounts for half of all maternal deaths and half the deaths of children less than five years of age. Approximately, 4.7 million mothers, new-born and children die each year in sub-Saharan Africa: 265,000 mothers die due to complications of pregnancy and childbirth (Bryce & Requero, 2010). Access to and use of health services is low in Africa, and this is reflected in the poor maternal health indicators (Kayongo *et.al*, 2006).

In Kenya, an estimated 7,700 women die each year as a result of pregnancy-related causes (Republic of Kenya, 2010). Maternal mortality and morbidity can be reduced through access to appropriate health care during pregnancy and women continue to face limited access to such services (Essendi et. al, 2011). Many women are not empowered to

make decisions on skilled birth attendance owing to socio-economic and socio-cultural factors. In order to reduce the risk of maternal and infant morbidity and mortality, especially in places where the general socio-economic status is low, access and utilization of the obstetric services is an effective means (Ochako, *et.al*, 2011). Many deliveries take place in the villages as a result of poor knowledge of danger signs, cultural issues, and poor socio-economic status of women. The achievement of Millennium Development Goals (MDGs) 4 and 5, which are concerned with reduction of child and maternal mortality respectively have stagnated despite many efforts to achieve the goals in Kenya (Republic of Kenya, 2010). According to Millenium Development Goals: Status Report for Kenya – 2013, social-cultural practices are major factors that hinder involvement of a society in family affairs and maternal related health services.

Presently, the situation in Kenya is that only 43% of child birth takes place in a health facility under the watchful eye of a skilled birth attendant [KDHS, 2008]. The most noted reason why mothers prefer to deliver at home under a traditional birth attendant is inaccessibility of health facilities due to long distances and limited time of service provision which makes it difficult for pregnant women to get help any time and other socio-cultural issues. As a result of this, one in five women in Kenya risks losing a newborn baby during her lifetime. At a minimum, to reduce neonatal maternal deaths, women must be guaranteed antenatal care, provision of skilled birth attendants and emergency obstetric and postpartum care. The essential interventions will only be guaranteed within the context of improved education and abolition of discrimination.

As the 2015 deadline for the Millennium Development Goals draws closer, the challenge for improving maternal and newborn health goes beyond meeting the goals. Success will be measured in terms of lives saved and lives improved by 2015 (UNICEF, 2009). There has been a deliberate move by the Kenyan Government and other partners to equip health facilities to offer maternal and neonatal health services (MNH). Despite this, a downward trend has been noted in the number of women using the health facilities for deliveries (DRH, MoPHs, 2009). A maternal health care survey conducted among women who had given birth in the past 5 years, revealed that at least 95% of the women who had given

birth for the last 5 years were assisted to give birth by experienced service providers. Only 46% were assisted by the skilled birth attendants while those who sought skilled services from the health facilities were 44% only.

In Nakuru County, the dominance of cultural and traditional practices arising from women in different ethnic groups is one of the major stumbling blocks facing maternal health in the county. This county is of great cultural diversity with more than 30 distinct languages and equal number of dialects. However, Kalenjin and Kikuyu form the largest indigenous tribes co-existing in the region. The patriarchy in the county has impact on every aspect of social life and relationships particularly when women seek for health services.

In Nakuru County, the determinant of maternal health and mortality go beyond the delivery of health care delivery. Socio-cultural factors such as cultural and religious practices and other social factors that affect individual preferences are the reason for most maternal mortality cases. There are demand factors that can be monitored at the community, household or individual levels which are controllable through legislation. However, individual characteristics that determine need, such as age and sex are left out because they cannot be controlled (Ensor & Cooper, 2004). Delivering at home puts the mother and the newborn at grave risk which can culminate into death or life changing malformations and infections. Absence of immunization services against diseases and subsequent exposure of the baby to pathogens due to unhygienic conditions at home can easily lead to neonatal deaths (Ministry of Health, 2004). Despite all the dangers cited above, a sizeable number (51%) of mothers in Nakuru County still prefer TBAs services.

1.2 Statement of the Problem

Socio-cultural features present a great risk on women health matters and well-being. Any culture observed in a society defines the role of a woman and that of the male partner. Regardless of how a health facility is equipped, the perception of the society and services that they get from it is what matters most. Socio-cultural aspects of a given society contribute significantly to the utilization of health services from a health facility. Contribution of these factors on utilization of maternal health facilities has contributed significantly to the high rate of maternal morbidity and mortality rate hindering the achievement of MDGs set by the world. Barriers to accessing and utilizing maternal and infant services hinder the progress of achieving the Millennium Development Goals 4 and 5. Improving maternal and infant health is an international priority.

In spite of efforts made to reduce maternal mortality rate in most countries through modernizing health facilities, in Kenya, 56% of women deliver outside health facilities despite availability of skilled maternal health services (Ochako, Fotso, Ikamari & Khasakhala, 2011). Garces, *et al*., (2012) showed that 14% of births in rural areas in Kenya occur at home annually. These home births were due to socio-cultural behaviour as many were attended by family members or were unattended. Nakuru County is one of the counties that has the highest maternal mortality rate of 374 per 100,000 live births and skilled delivery of 51% (UNFPA, 2014). According to UNFPA (2014) the county was ranked among the top four (4) counties in Kenya with high maternal death burden with 41% of the deliveries taking place by TBAs and 8% being assisted to deliver by their colleagues despite being one of the counties with the best infrastructure, high number of health workers and with 35% of its budget being allocated to health as indicated in county budget paper 2014. This revelation was an indicator of low uptake on utilization of maternal health services.

Despite the fact that utilization of health facility during the process of giving birth is recognized to be essential as it help in maternal and child health little is known about the current magnitude of use and social-cultural factors influencing the use of TBA services in Kenya. Recent evidence on determinants of place of delivery in Kenyan utilizing a

nationally representative data and controlling for all factors is lacking, yet understanding the influences on place of delivery in Kenya is crucial to identifying key priority areas for policy and practice to increase the prevalence of skilled assisted deliveries. Thus this research aims to fill this gap by investigating influence of social-cultural factors on Women Preference for traditional birth attendants' services with special focus on Nakuru County, Kenya.

1.3 Purpose of the Study

The aim of this survey was to investigate social-cultural factors influencing Women's Preferences for traditional birth attendants' services with focus on Nakuru County, Kenya.

1.4 Objectives of the Study

The study focused on the following study objectives:

i. To establish how social demographic factors influence women's preferences for traditional birth attendants' services in Nakuru County.
ii. To examine how cultural beliefs influence women's preferences for traditional birth attendants' services in Nakuru County.
iii. To assess how social structure influences women's preferences for traditional birth attendants' services in Nakuru County.
iv. To establish how religious beliefs influence women's preferences for traditional birth attendants' services in Nakuru County.

1.5 Research Question

The study aimed to answer the research questions below.

i) How do social demographic factors influence women's preferences for traditional birth attendants' services in Nakuru County?
ii) How do cultural beliefs influence women's preferences for traditional birth attendants' services in Nakuru County?
iii) How does social structure influence women's preferences for traditional birth attendants' services in Nakuru County?

iv) How do religious beliefs influence women's preferences for traditional birth attendants' services in Nakuru County?

1.6 Significance of the study

This study may help decision makers to understand the system's weakness and come up with specific strategies that will improve uptake of health systems initiatives and hence lowering the maternal mortality in the County and Country at large. It will also strengthen health care systems in improving efficiency and effectiveness at the service delivery point without compromising on the quality of care.

The county governments may understand the current status of utilization of maternal health services in Kenya by elucidating the various factors influencing the use of these services in the country. It is also hoped that the results of the study may improve policymakers' understanding of the determinants of maternal and child mortality and morbidity in the country and serve as an important guideline that helps in formulation of policies which will motivate utilization of modern health facilities in maternal health care services in their area of jurisdiction.

The study may also help the ministry to come up with specific policies to address specific needs of the community. Lastly it will form the basis of further research works or reference materials for further studies in order to improve the body of knowledge.

1.7 Assumption of the study

The researcher assumed that the respondents are aware of the social-cultural factors that influence their utilization of maternal health care services and be able to respond accurately. The researcher assumes that respondents will be open-minded, honest, committed and objective as they respond to the question so that the study will not be ambiguous. The researcher also assumed that the respondent will be sincere and open in responding fully to the research questions.

1.8 Limitation of the study

The study encountered various challenges, among them language barrier. Most of the locals in these constituencies are people from different tribes while majority of them know only their vernacular language. Accessing the rural areas and villages was difficult due to bad roads hence making it difficult to access TBAs and mothers who are normally located in villages.

1.9 Delimitation of the Study

The study was conducted in three constituencies in Nakuru County namely, Molo Constituency, Gilgil Constituency and Njoro Constituency. The target population of this study comprised women of reproductive age between 15-49 years who do not seek maternal health care in health centers and rely on traditional birth attendants. Traditional Birth Attendants also formed part of this study population.

1.10 Definition of Significant Terms used in the Study

This section presents the key words used in this study. These include:

Cultural beliefs refers to assumptions and convictions that are held to be true, by an individual or a group, regarding concepts, events, people, and things.

Maternal health care is the period during which a woman seeks maternal health care after conceiving a child, giving birth and period after birth.

Religious beliefs refer to attitudes towards mythological, supernatural, or spiritual aspects of a religion.

Social demographic factors refer to a set of studies focusing on population based on factors such as age, race, sex, economic status, level of education, income level and employment, among others.

Social structure refers to social organizations based on established patterns of social interaction between different relationships regulated through accepted norms and shared values.

Socio-cultural factors refer to a set of beliefs, customs, practices and behavior that exists within a population.

TBAs these refer to midwifes who provide unskilled maternal care to women usually at home.

1.11 Organization of the Study

This paper is categorized into five chapters. Chapter One provides background of the study, statement of the problem, purpose (objective) of the study as well as research question. The chapter also presents significance, limitation and delimitation of the study. Chapter Two reviews literature review that focuses on the theme of this study from other scholars, academician and researchers. Chapter Three comprises of methodology used in conducting this study. Chapter Four explains how data was analyzed and tabulated while Chapter Five provides summary on results of the study, conclusions, recommendations as well as providing the area for further research.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This section entails contributions from other academicians, researchers and scholars on the influence of social-cultural factors on women's preferences for traditional birth attendants' services. The section is categorized into theoretical model and empirical review, conceptual framework, critic of literature and summary of gap that the survey aims to research on.

2.2 Socio-Cultural Factors and Women's Preferences for TBAs services

Across the world, decision making is a stepping stone towards achievement of maternal healthcare. Social-cultural variables especially beliefs and religion among unschooled women is the determinant to the extent to which decision making influence maternal healthcare (Adewuyi, 2009). Although the right of women to seek basic needs including knowledge or education and healthcare is recognized in Islam, in most traditional societies where men are more dominant, women's right and needs are often denied. Several social-cultural factors explaining the lack of access to adequate pregnancy care exists. Some of the major reason for poor health in certain ethnic groups in Asia and Africa are inadequacy of access and underutilization of modern healthcare services

Several Asian studies suggest that lack of women's autonomy in making decision about utilization of the service is the reason for underutilization of Antenatal Care (ANC). Exposing Indian women to different ideas and imparting information about providers may cause their social ties to influence their decision to seek ANC (Kumar, 2010). In further study, Pallikadavath (2011), states that women's autonomy was positively related to use of ANC in rural north India. Matsumura and Gubhaju (2001) show that in Nepal, women from male headed households were significantly less likely to use ANC. In other instance, Bibha (2008) highlights that society perceived pregnancy as a natural way and a women needs only to seek maternal health services if a problem occur or any complication has been identified or rather noted in first pregnancy or during the process of giving birth previously. In some society, they fear to seek maternal health services with believes that the first pregnancy is believed to be by witchcraft.

For over 26 years ago, the statistic indicates that the rates of maternal mortality are not decreasing particularly in less developed countries since a conference dabbed Safe Motherhood Initiative was done in Nairobi, Kenya. In Africa, several studies also indicate similar findings. For instance, in a survey in Senegal, Ensor and Cooper (2004) results indicated that cases on care-seeking for women exceeding half decisions were made by the husband or other senior family member. Some of the reason that makes women to be late in seeking maternal health service during their pregnancy is that they never noted that they are pregnant. Similarly, absence of fulfillment with nature of care could be a major demotivating factor in the use of maternity care facilities.

In Hausa culture; 'God's Will' was the strongest contributor in non-utilization of health facilities in Nigeria, Bibha (2008). Women's education, husband's education, parity, birth order and interval, intended and planned pregnancy, age of women at marriage or at pregnancy, marital status, religion, caste and ethnicity, family size, and knowledge of family planning and ANC are the other factors. Husband's non consent was one of the major causes for non-utilization of ANC in Nigeria especially in the northern part, Adamu and Salihu (2012).

In a study conducted in Addis Ababa by Kwast and Liff (2008) revealed that most of women who did not seek maternal health care in health facilities were academically illiterate, financially unstable, and were not engaged while they have little information and knowhow about maternal care services. The study also showed that the risk of non-attendance was higher for pregnant women who were first pregnant between the ages of 10 and 18. CSA (2010) indicated that receipt of maternity care in Ethiopia was found to vary by age, residence, and other socio-demographic factors. Another study in Addis Ababa showed that lack of time, absence of illness, and lack of awareness are the major reasons for nonattendance for antenatal care (Mesganaw et al., 2010).

Mengistu and James (2006) in their study in the Arsi Zone of central Ethiopia, found maternal age, parity, lack of time, education, marital status, and women's economic status to be significant predictors of utilization of maternity care. Belay (2007) showed

that women's education, inadequate household income and unwanted pregnancy were important predictors of antenatal care utilization. In a study conducted in Zimbabwe Demographic on Health matters (ZDHS) in 2011 identified polygamy, age, wealth, religious belief and education as among factors that determine women utilization of health facilities on maternal health care services (Muchabaiwa, Mazambani, Chigusiwa, Bindu & Mudavanhu, 2012). Some individual believes that are configured to be religious or cultural determines individual on how they consider their health and health services accessible. In India and Africa, religion and cultural norms are the main factots that influence women to seek maternal services from traditional birth attendants rather than in modern health facilities (Stephenson, Baschieri, Clements, Hennink & Madise, 2010). Polygamy has also contributed to women not seek maternal health care services in modern health facilities. Women in polygamous marriages tend not to deliver in health facility though polygamous has been ignored for a longtime.

In Kenya, protest against the services provided included drugs shortage and essential supplies, poor staff commitment, quality of food being poor and untidiness (Bibha, 2008). One of the most frequently found determinants of use of maternal health services and similarly is the number of years a mother has been in formal education, knowledge on health gives part of the insight on the relationship between child nutrition and maternal health service. Religion and marital status also had an effect on the determining the use of antenatal care (ANC) and married women were more than 40% likely to get ANC from a health worker than unmarried women (Mekonnen & Mekonnen, 2012). The finding also indicated that rural women were less likely to use the services. This prompts the expansion and intensification of maternal healthcare programmes and culturally-appropriate awareness campaigns in the rural areas.

2.3 Social Demographic factors and Women's Preferences for TBAs services

According to Addai (2011) there are various socio- demographic factors that area associated with utilization of health facility among pregnant women. Some of the factor identifies to determine utilization of health facility or repeatedly seeking health services

from skill services provider are age that a woman get pregnancy and gender equality aspect in the society (Adekunle*et al*., 2011). The greater confidence and experience of the older and recognition of gender equality, together with independency of a woman in the family and in maternal health care, have been suggested as explanatory factors for their tendency to use services less frequently (Celik & Hotchkiss, 2010).

Educating women on maternal health care have contributed significantly on repeatedly use of modern health facility on maternal health care (Stewart & Sommerfelt, 2011). Education plays a critical part in making decision pertaining to health care service utilization. It encourages people to accept change and adopt new way of making decision that matter most in their life such a health matters. In a study conducted in Hallmark on Kerela's success of women utilization of health services, education was identified as the main factor that has influenced women to utilize health services and be able to make an independent decisions (Parpart, Connelly & Barriteu, 2009). Likewise, Obermeyer (2003) identified education as a tool that greatly influences women to seek maternal health services particularly to women. On other hand, Wall (2008) and Soares (2009) identified culture and social status of the individual as the main factor that influence utilization of health facilities rather than what people believe in. Education among partners influence utilization of health facilities on maternal health services while women independency play little in decision making (Addai, 2011).

It is clear that educated women tend to make sober decisions on utilization of health facilities on maternal health care services as they understand the benefit of seeking such services in modern health facilities rather from traditional birth attendants (Addai, 2011). The association between education and utilization of health services has resulted to low maternal mortality rate (Boyle, 2012). Low utilization of health services particularly in public health institutions has impacted a warning on fight against high mortality late. The independence of women, perception on health facilities, women egoism and independence, the perception of the society about women hinder women to seek for maternal health services cares in health facilities. World Health Organization (2012) pointed that cultural norms influence utilization of maternal health care among women.

Biratu and Lindstrom (2009) indicated that other factors such as cultural factors, macroeconomic factors; social and political factors influence access and utilization of maternal health services. Similarly, Subramanian, Belli and Kawachi (2012) in their study conducted in North Indian city, on women independency on use of modern health facility on maternal health service care stresses that women independence determines utilization of health care services. Apart from education level of a woman, independence of a woman influence utilization of health maternal services greatly. Furthermore, access to finance enable women to seek for improved health services, good accommodation, that improves health conditions (Buor, 2004). Other studies revealed that there is significant relationship between maternal health services and employments among women, this enable them to seek for health care services without constraining so much. In some countries women who are not employed or who rate of earning is low tend to seek for maternal health services as compared to employed women (Kamal, 2009). Marriage status of a woman determines her health matters. Women who are married utilize most of their time in husband and children hindering them to focus on their health issues.

It is generally observed that women who are associated with good socioeconomic groups frequently seek for maternal health care services as compared to those associated with group that are socioeconomic low, even though education play a great role in determining the pattern of seeking health service (Leslie & Gupta, 2009). However, cultural practices seem to significantly hinder women to access education hence their dependency to make decision become complicated even in family level. Mekonnen (2012) concluded that although a number of socio-demographic factors are important in urban areas, they are of less relevance in the rural part of the study area. Socio-demographic factors including parity, age, and education appeared to influence the use of maternity care services in urban areas. In contrast, distance and travel time were identified as important factors in the rural parts of the country (Mekonnen, 2012).

2.4 Cultural Practice and Women's Preferences for TBAs services

Cultural background is an important factor in use of maternal health services, particularly in Africa continent (Leslie & Gupta, 2009). In some society, utilization of health services

care is determined by cultural practices and cultural perception of illness but not sign of physical diseases (Addai, 2011). In most part of African countries, though maternal health services exist spome community still seek traditional maternal health services; therefore, women must choose between the options (Addai, 2011). In such situation individual perception and believes are the main factors that influence individuals to seek for maternal health care from a skilled staff in modern health facilities (Adetunji, 2001). Decisions on maternal health cares, reproduction health and sexual matters are mostly limited and they are decided by their male partners or other family members (WHO, 2012). Women need adequate time when it comes to maternal matters. According to World Bank (2011) women in developing country utilize most of their time in caring for their family such as cooking, farming, in business, collecting water, seeking for water while sacrificing minimal time on health matters

World Health Organization (2012) suggests that women's access to maternal health services is actually limited by constrictions on their independence. Female autonomy can be described as the ability of a woman to make decisions within the household relative to her husband. They claim that men play an important role in determining the health needs of a woman especially in developing countries. The decision to seek care depends on who controls the household resources, a decision which often lies with man and he then decides when and where the woman should seek care. However, the authors to some extent agree that the only place women have independence on utilization of health services is concerns maternal health services. In their study, they found a positive relationship between female autonomy and service utilization (Creswell, 2012). Although women can be hindered from seeking heath care outside the home for themselves and their children by cultural norms such as prudish restrictions the burrier is further raised when men instead of women take up the responsibility of providing material services at the health center.

Without any doubts, a unique pattern of beliefs and perceptions as to what "health" or "illness" actually mean is created by ethnicity and culture. This pattern of beliefs and perceptions in turn influences symptoms recognition, the extent to which they are

attributed, and their interpretation and effects, how and when health services are sought after (Abdul et al., 2012). Cultural norm play a critical role in determining choice of women on child delivery places despites the poor services they receive in the hospital as well as violating their privacy right which goes against the right of individuals (Abdul, 2012). In consonance with the above finding, Leslie and Gupta (2009) pointed that traditional belief, ethnicity and religion are also considered to encourage adherence to cultural norms and they influence norms, believes and values in relations to child birth and women services they receive. Some ethnic group and religion at some point they are discriminated by the health worker making them not to seek maternal health services in hospitals.

In most developing countries, socio-cultural practices and the need to have an improved health services have resulted to low utilization of maternal health services in health facilities (Okeshola & Ismail, 2013). In a study conducted in Nigeria on socio-cultural norms influencing maternal health among Ogu community in Lagos State in Badagry region found that cultural practices were major factor that influenced level of utilization of maternal health services in modern health facilities with majority of the society preferring TBA (Lawoyin, Lawoyin & Adewole, 2011). The use of more effective modern methods is also discouraged by norms such as use of herbs an traditional practices, this is according to According to Pathfinder International, (2013). These traditional methods involve putting a "pill" made of dried bat's or using waste "guru" (medicinal waistband), putting fertilizer under the pillow, drinking potash (potassium) as well as squeezing of lemon juice and drinking it are both health treatments and traditional family planning which ensure there is no conception.

2.5 Social Structure and Women's Preferences for TBAs services

In most society, gender roles are defined by cultural values where women freedom to exercise their independency is limited and male partners dominant in most decision making (Jejeebhoy, 2009). Most of the matrimonial decisions are meet by male partners with women acting accordance to those decisions met. Internationally, a lot of attention has been made on women empowerment though gender inequality still exists in family,

education and employment. Owumi and Raji (2013) social structure defines role for women leaving male partners to dominate in most crucial role that have critical impact to the society in general while women are left with only very little room for empowerment. Oke (1996) has observed that the use and non-use of health services are determined by one's socio-cultural environment, which, in most cases, is shaped by its patriarchal structure. This position was corroborated by Erinosho (1998) where he noted that many culture bound syndromes are effectively managed through an informed knowledge of their cultural contexts and the background of patients. Ethnic distinction among people seeking health care as related to social structures and relationships and the degree of skepticism about professional medical care was accounted for about 40 years ago by Sachman. Individuals belonging to cultural groups were found delay in seeking care as characterized by traditional family authority, ethnic exclusivity, and high skepticism about medicine.

In most society women are dominant in making decision are women are not allowed to make decisions pertaining to their health matters, or to visit health facilities without their partners consent or approval. The approval and financial support of husband to their wife is critical aspects that influence utilization of TBA as compared to health facilities. In a study conducted in South West of Nigeria, most of the homes depend on husband approval on the use of health facilities on matter pertaining to maternal health care services and whether the husband see the illness being very serious (Jejeebhoy, 2009). In most society, gender perceptions are defined based on gender role in the society and more so women are seen as reproduction tool in the society (Longwe, 2009). This was clearly manifested in South West of Nigeria in rural Ekiti Yoruba Village, where society consider women major role as giving birth.

In Benin, husband approval for treatment fund and personal cultural practices had negatively affected women behavior on seeking maternal health services (Owumi & Raji, 2013). Lack of women power in decision making, low value on women health in the society, negative attitude and judgmental hinders women utilization of maternal health care services (World Health Organization, 2012). Women who have freedom on making

their decision and who are respected in the society are more likely to utilize maternal healthcare. In most society male partners are perceived to be the head of the family and they are believed to be decision makers in the family on matter pertaining to health issues, social, cultural and economic issues. Men in the society are perceived more knowledge as compared to their female partners (Renne, 2011). In Nigeria women are denied their freedom to make an independent decisions by their male partners risk their health affairs (Omideyi, 2007). Women are unprivileged in decision making in both private institutions and in public sector, while their male partners make decision that pertain to their female partners on their daily business (Mama, 2006). This situation has made it difficult for women to seek health care services since they are required to seek for advice from their male partners.

In most societies, men are privileged to make decision in family thereby denying women the right and freedom to make decisions on their health matters. In a study conducted by Ajiboye and Adebayo (2012) pointed that man decision on women utilization of ANC played a key role in determining the choice of ANC and privacy of women is another factors that influence place of delivery in Badan North Local Government Area of Oyo State Nigeria. Other studies have also found a similar result. Male dominance on decision making pertaining their family affairs and children is the main factor that affects utilization of ANC in most societies in developing nations. In Yoruba society in Nigeria, women are seen as subordinate human being in the society and that man is only one mandated to make decision on family matters (Caldwell, 2006).

In religion, men have their say which is preserved based on their position, role and responsibilities. Bible recognizes men as the head of the family and is responsible for the family issues. What motivates the use of modern health facilities is the perception that the pregnancy presents a sign of complication, health risks and that that it can only be handled by the specialized and skilled health care staff (Caldwell, 2006). Afonja (2006) pointed that high case of maternal deaths in Islamic is Islamic culture factors that does not value women.

However, Jaoko conducted a study to explore the correlation between wife abuse and maternal health services in Nairobi (urban area), Maseno (rural area) and Coast (Kilifi and Mombasa). His data indicates that the use of alcohol and drugs by either the participant or her husband and a history of family violence in the husband's family were found to be significantly associated with wife abuse and low utilization of maternal health services. Additionally, educational levels and the employment status of the participant and her husband were found to be significantly associated with wife abuse. Partner violence in urban settlements is likely to be associated with alcohol and drug use, which are common (Jaoko, 2010). The most affected areas were the slums of Nairobi like Kibera, the slums of Mombasa like Kisumu Ndogo and the rural homes of Kilifi. In Mombasa for example, up to 25 out of 50 women had been abused by their drunken husbands or husbands who were in one way or the other under drugs that are readily available in the Kenya's coastal beaches. The situation was even worse in Kilifi County in areas like Mzongolani where up to 57% of the locals were illiterate and regular beatings/abuses to a woman is the only way of correcting a problem; a factor that left most women never wanting to go to clinics especially when with wounds of beatings and insults in their hearts.

2.6 Religious Beliefs and Women's Preferences for TBAs services

Another social factor is religion. From time to time, religious believes like the Roman Catholic has preached against the use of modern contraceptives and birth control methods (Kenya Demographic and Health Survey, 2009). A study done by Ouma (2010) shows that Kenya's catholic church just like the rest of catholic churches operating in various area of the world has from time to time discouraged mothers from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation.

In Kakamega, Kilifi, Rachuonyo, Kwale and Nandi Hills, the situation was rated to be from bad to worse. In Kwale county for example, women from the Roman catholic church in areas like Kaya Tiwi, Shimba Hills, KichakaSimba, Lungalunga and Godo had given birth at an interval of 2 kids in 3 years, putting the first child under the risk of malnutrition and survival because the kid is not even given enough time to suckle and

enjoy the mother's care and protection to age 5. A major contributor to this was the fact that mothers are discouraged from using modern family planning methods; things considered to be the western way of making Africans look like animals; a contradiction to God's message of giving birth and filling the earth.

Religion has been found to be one of the determinants of maternal utilization. Shariff and Singh (2012) in their study observed that Muslims have low utilization of maternal healthcare services. Religion was also a strong determinant of health facility delivery in their studies in Kenya's Somali community living in Mombasa, North eastern provinces and Western Kenya provinces. Women who believed in traditions and those who reported to be Protestants were less likely to use health facilities for delivery as compared to those from other religious affiliations. Women in polygamous households had reduced odds of health facility delivery as compared to those from non-polygamous households.

Religion and culture can also create a barrier for developing countries wishing to acquire funding for contraceptive methods. Certain religious beliefs prevent women from incorporating birth control into their daily lives or their husband opinions may dissuade her from using birth control. Men's desire to have more children, men's distrust for modern contraceptives or the inconvenience of contraception is hurdles. Predominantly Catholic or Muslims countries have condemned contraceptive use and women in these countries continue to be heavily influenced by their religion and culture. Some women are even requested and forbidden to use family planning services (Murphy, 2004).

2.7 Theoretical Framework

This study is grounded on the study of Agency-structure theory. Giddens and Pierson (1998) was the pioneer of this theory. In sociology the theory offers perspectives on human behaviour based on a synthesis of structure and agency effects known as the duality of structure. The logic of these frameworks is anchored on the strength of each perspective and how they all fuse into one complete whole to explain maternal health. Agency-structure theory provides explanations on how people respond to societal demands by manipulating the system to their own perceived advantages. This study uses

structuration theory in the light to understand human agency and that of social institutions. Structure highlights two main components, structure as an environment that transforms mothers' lives and structure as the scope for governments and other contributing partners in scaling up interventions, while agency generally refers to individual human actors.

One of the best-known and most articulated efforts to integrate agency and structure is Anthony Giddens structuration theory (Ritzer, 2008). At its core Giddens structuration theory, with its focus on social practices, is a theory of the relationship between agency and structure. The aim of theory of structuration is to illuminate the duality and dialectical interplay of agency and structure". Thus, agency and structure cannot be conceived of apart from each other; they are two sides of the same coin (Ritzer, 2008). All social action involves structure, and all structure involves social action. Agency and structure are inextricably interwoven in ongoing human activity and practice.

As pointed out, Giddens analytical starting point is human practices, but he insists that they be seen as recursive. That is, activities are not brought into being by social actors but are continually recreated by them via the very means whereby they express themselves as actors. In and through their activities agents produce the conditions that make these activities possible (Giddens, 1984). Thus, activities are not produced by consciousness, by the social construction of reality, nor are they produced by social structure. Rather, in expressing themselves as actors, people are engaging in practice, and it is through that practice that both consciousness and structure are produced. Giddens is concerned with consciousness, or reflexivity. However, in being reflexive, the human actor is not merely self-conscious but is also engaged in the monitoring of the ongoing flow of activities and structural conditions (Giddens, 1984).

This study uses agency structure theory in describing the capacity of human action as being constrained by powerful stable societal structures such as educational, religious, or political institutions or as a function of the individual expression of will (agency), structuration theory acknowledges the interaction of meaning, standards and values, and power and posits a dynamic relationship between these different facets of society. Structure, on the other hand is

the environment in which women live that is filled with processes and social systems which enable women to have power and act within their own agency. The conceptual core of Giddens structuration theory lies in the ideal of agency, structure, power, system, and duality of structure.

2.8 Conceptual Framework

Framework refers to the main structure that indicates the relationship between the variables that the study is conducting. In this research, the conceptual framework is the brief explanation of the situation under survey showing the association between the variables (Mugenda, 2008). The independent variables include social demographic, cultural practices, social structures and religious beliefs while the dependent variable is Women's Preferences for TBAs services.

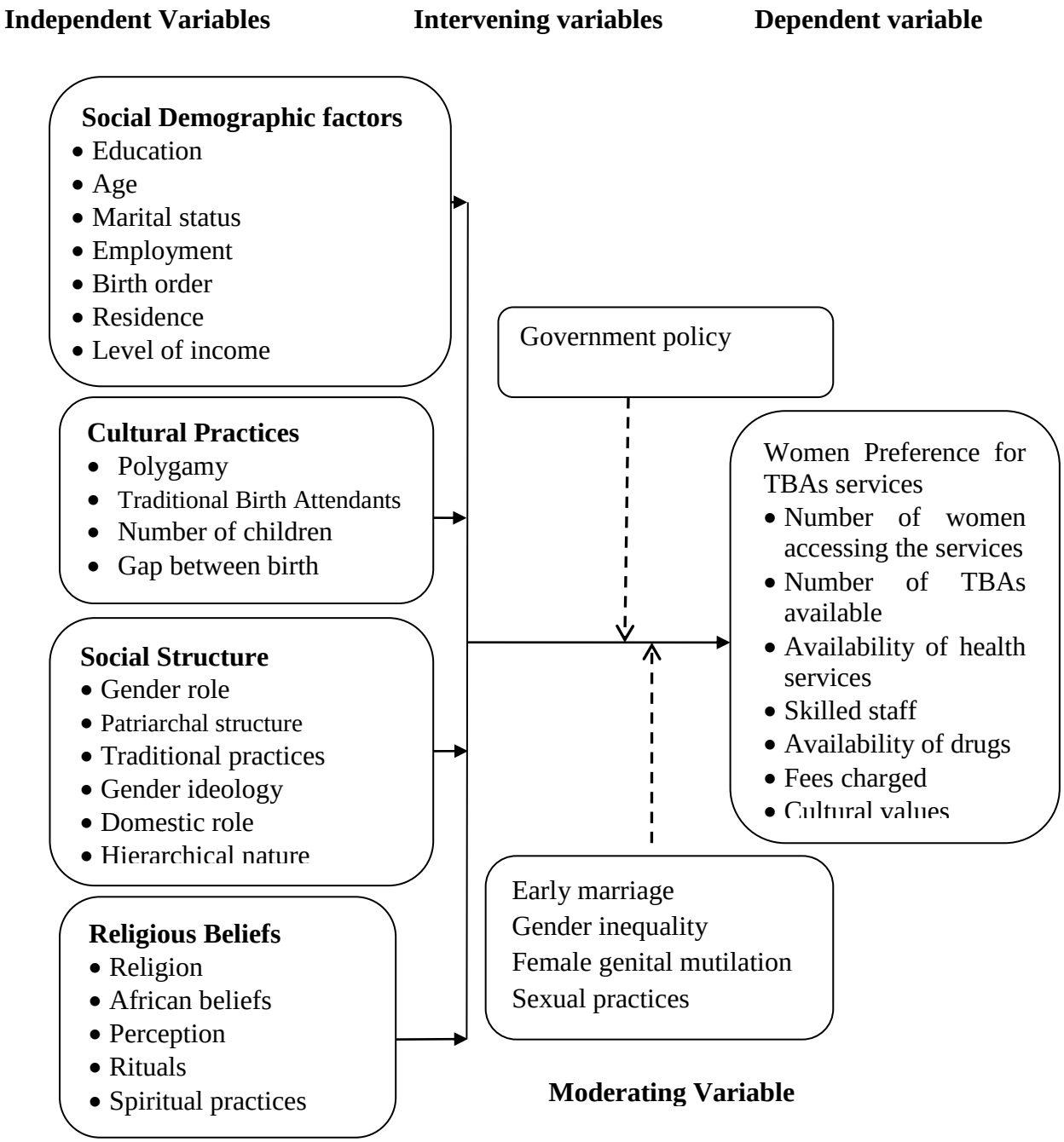

Figure 1: Conceptual Framework

2.9 Research gap

Reducing maternal mortality is a health related MDG whose progress has been the most disappointing to date. Without action to strengthen health systems, many sub Saharan countries Kenya included will not meet the health related goals not because they are unattainable but because the health systems are very weak and unable to address the needs of the beneficiaries. Despite the introduction of free maternity services, many mothers still deliver outside the health facilities.

Over the last two decades maternal deaths have decreased by nearly 50% worldwide, still, at least 800 women die each day due to complications associated with child birth or pregnancy WHO, 2015). In Kenya, a total of about 32,021 women of reproductive age died in 2013, of which 6,632 died of pregnancy related complication (UNFPA-K, 2014). A number of factors may have contributed to this, including improved identification of maternal deaths, health facility delivery remained low at 44% and 42.6% in the early 1990s and in 2008 respectively.

According to the KDHS 2008/09, maternal mortality accounts for 15% of all deaths in women aged 15-49 years. MMR in Kenya still remains high, at 488 deaths per 100,000 live births (KDHS 2008/2009). This is an increase from 414 recorded in KDHS (2003). The MDG 5 aimed to reduce death associated from birth and pregnancy to 147 deaths in every 100,000 live birth by 2015. There has been minimal progress in the proportion of births attended by skilled health personnel which increased marginally from 42% as reported in KDHS 2003 to 44% in 2009. Evidently, this is far below the set target of 90% by 2015. Nakuru County was ranked number 4 out of 47 counties in Kenya with high burden of maternal deaths in 2013. It was observed that 40% of these death occurred during delivery, 31% within the first two months after delivery and 28% during pregnancy (UNFPA-K, 2014). In the same year, 49% of mothers delivered outside the health facilities. In spite of all this, free maternity services policy had been implemented. There were also push and pull factors that prevented or encouraged women from receiving or seeking care during pregnancy and childbirth (WHO, 2015). In Kenya, studies addressing the social-cultural factors influencing the utilization of maternity care

services are scant. The few studies that do exist focused predominantly on urban areas and have identified some important determinants of use of maternity care services in the country.

2.10 Summary of Literature Review

This chapter looked at literature review which included the discussion of previous studies done by other scholars in relation to social-cultural factors on maternal health services. Globally, more initiatives have been taken in order to strengthen national health systems. By coordinating actions across the six building blocks of the health systems, programmes to improve maternal health services can increase coverage and reduce barriers to the use of various initiatives. However, women are disadvantaged compared to men in not only health issues but many other developmental aspects. Cultural practices are as varied as there are ethnic groups in Africa. Though some cultural practices promote both prenatal and maternal health, many of the practices are exceedingly detrimental and discriminatory against the health of the women (Patton, 2009). Formal education which is one of the proven interventions that contributes to better outcome of maternal health is very low for many African women. Related to this is economic empowerment and ownership of properties which marginalize many women that is also linked with cultural practices (Bosire, 2013).

About 800 women die every day and 99% of these deaths occur in developing countries, Kenya included. 56% of women in Kenya deliver outside health facilities despite availability of skilled maternal health services. In 2013, Nakuru County had a maternal mortality rate of 374 per 100,000 live births and skilled delivery of 51%. It was ranked among the top four (4) counties in Kenya with high maternal death burden by UNFPA in 2014 despite being one of the counties with the best infrastructure, high number of health workers and with 35% of its budget being allocated to health as indicated in county budget paper 2014. Therefore, further research is required to investigate on Women's Preferences for traditional birth attendants' services with special focus on Nakuru County, Kenya that this study focused on.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the methodology that was used to conduct the study, focusing on research design, target population, sampling procedures and sample size, research instruments, questionnaires, pilot study, reliability, validity, data collection procedure, methods of data analysis, ethical consideration and operationalization of the variables.

3.2 Research Design

A research design is a plan or blueprint of how the researcher intends to conduct the research (Babbie & Mouton, 2001). This survey adopted a descriptive research design. This kind of research design help to identified individual characteristics or to describe how situation are in a given situation, organization, society or a given group (Kothari, 2007). The key importance of this research design is that it has the ability to give more information about characteristics of individual in a given situation or environment. In this study, quantitative data was obtained to categorize response provided by the respondents target through use of a questionnaire while qualitative data was obtained by use of interview guide.

3.3 Target Population

The target population of this study consisted of individuals of varied socio-economic background and diverse cultural affiliations. The target population of this study comprised women of reproductive age between 15-49 years who do not seek maternal health care in hospital and rely on traditional birth attendants. Traditional Birth attendant also formed part of this study population. From each constituency, the study targeted 6 traditional birth attendants who referred the researcher to the mothers who do not seek maternal health services from hospitals. From three constituencies chosen at least 20 mothers were targeted from each. According to Nakuru County Government (2014) the county had 63 TBAs across the county.

3.4 Sampling Method and Sample Size

This study adopted purposive sampling and simple random sampling technique. Mothers

were selected using simple random sampling technique where 60 mothers were targeted who were referred by the TBA from the 3 constituencies within Nakuru County. Purpose sampling technique was used to select Traditional Birth Attendants where 6 TBAs were selected two from each constituency and each referred the researcher or research assistant to at least 20 mothers who did not attend to maternal health services but sought for their services. This contributed to 60 mothers making the total sample size to 66 respondents.

3.5 Research Instruments

The study used a questionnaire and interview guide to gather primary data. The study sought some information from mother through use of a questionnaire while information's from birth attendants were gathered through the use of interview guide. Questionnaires are good for any study as they provide an opportunity for the respondent to give more information that cannot be identified by the researcher and respondents give information that they feel communicate their feeling and emotions (Mellenbergh, 2008).

Questionnaire contained open and closed questions. According to Saunders, (2003) questionnaires are good for a study since they cannot be used to manipulate the respondent feeling and opinion during the data collection process. They also save time and budget required. The research instrument asked questions based on the four key objectives that the study focused on while it was divided in two sections where first section focused on general information about the respondent while the second section focused on four key objectives of the study. Interview guide was used to collect information from the key informant (in this case, Traditional Birth Attendants).

3.5.1 Piloting of the Instruments

Before the actual data collection was conducted, the questionnaire was reviewed by the expertise in research and a pilot study conducted to a given population to test the response of the respondent based on the research instrument. The pilot sample composed of 5 TBA and 5 mothers who did not seek maternal health services in modern health care centers. The pilot group was selected through random sampling. Mugenda and Mugenda (2003) a sample of 1-10% of the total population is acceptable for conducting a pilot

study. Pilot study helps to identify the questions that may not be understood by the respondent and if they are not rectified they may lead respondents to give unexpected response on the same.

3.5.2 Validity of the Research Instruments

Validity is the quality of a data gathering instrument that enables it to measure what it is supposed to measure. Creswell (2008) notes that validity is about whether one can draw meaningful and useful inferences from scores on the instrument. To ensure content validity, the instruments will be reviewed by the research supervisors and other research experts. Content validity yields a logical judgment as to whether the instrument covers what it is supposed to cover. Content validity ensures that all respondents understand the items on the questionnaire similarly to avoid misunderstanding. Response options were provided for most of the questions to ensure that the answers given are in line with the research questions they are meant to measure.

3.5.3 Reliability of Research Instruments

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trial. Reliability answers the question are scores stable over time when the instrument is administered a second time (Creswell, 2003). To ensure reliability, the researcher used split-half technique to calculate reliability coefficient (Spearman-Brown coefficient formulae below) which should be within the recommended reliability coefficient of 0.7-1 (Nachmias & Nachmias,1996).

$$\text{Reliabity of the overall test } = \frac{2 \text{ x reliability of ½ tests}}{1 + \text{ reliabity of ½ tests}}$$

3.6 Data Collection Procedure

After consent is given by the University of Nairobi to collect data, the researcher coordinated data collection process after seeking permission from local authorities. The researcher engaged three research assistants who assisted in data collection. The research assistants were taken through training to clearly understand the research instruments, purpose of the study and ethics of research. The researcher and research assistants

administered the questionnaires to the respondents face to face.

3.7 Data Analysis Techniques

Data was cleaned, coded, entered and analyzed using Statistical Package for Social Science (SPSS, Version 21.0). SPSS was used because it is fast and flexible and provides more accurate analysis resulting in dependable conclusions. Technically speaking, data processing implies editing, classification, coding, and tabulation of collected data so that they are amenable to analysis (Kothari, 2007). Data analysis involves computation of certain measures along with searching for patterns of relationships that exist between the dependent variable and independent variables. The data was analyzed according to variables and objectives of the study. Descriptive statistics were used to analyze, present and interpret data. Descriptive analysis involved use of frequency distribution tables and cross tabulation which was used to generate values between dependent and independent variables used in the study. Content analysis was used for the qualitative data from the interview guide and the open ended questions in the questionnaire. In addition, the researcher used multiple regression analysis to establish the strength of the relationship between the dependent and independent variables.

The regression equation is:

$$\mathbf{Y= \beta 0+ \beta 1X1+\beta 2X2+ \beta 3X3+ \beta 4X4 +\alpha}$$

Where: **Y** is the dependent variable (access to maternal health care services),

β0 is the regression coefficient/constant/**Y**-intercept,

$\boldsymbol{\beta_1}$, $\boldsymbol{\beta_2}$, $\boldsymbol{\beta_3}$ and $\boldsymbol{\beta_4}$ are the slopes of the regression equation,

$\mathbf{X_1}$ is the social demographic

$\mathbf{X_2}$ is the cultural beliefs,

$\mathbf{X_3}$ is the social structure,

$\mathbf{X_4}$ is the religious beliefs,

α is an error term normally distributed about a mean of 0 and for purpose of computation, the **α** is assumed to be 0.

3.8 Ethical Considerations

While conducting the study, the researcher ensured that research ethics were observed. Participation in the study was voluntary. Privacy and confidentiality was observed. The objectives of the study were explained to the respondents with an assurance that the data provided was used for academic purpose only.

3.9 Operational Definition of Variables

The operationalization of variables is as shown in table 3.1 below:

Table 3.1Operationalization of Variables

Objectives	Independent Variables	Indicators	Measurement Scale	Type of analysis	Tools of analysis
To establish influence of social demographic factor on access to maternal health care services in Nakuru County	Social Demographic factor	• Education • Age • Marital status • Employment • Birth order • Residence • Level of income	Nominal Nominal Nominal Ordinal Interval Ordinal Interval	Descriptive Regression	Frequency distribution tables, Tabulation & percentages
Objectives	**Independent Variables**	**Indicators**	**Measurement Scale**	**Type of analysis**	**Tools of analysis**
To assess how cultural beliefs influence access to maternal health care services in Nakuru County	Cultural Practices	• Polygamy • Norms • Traditional Birth process • Number of household • Pattern of beliefs • Traditional belief	Ordinal Nominal Ordinal Ordinal Ordinal Ordinal	Regression	Frequency distribution tables & percentages
Objectives	**Independent Variables**	**Indicators**	**Measurement Scale**	**Type of analysis**	**Tools of analysis**
To assess how social structure influence access to maternal health care services in Nakuru County	Social Structure	• Gender role • Patriarchal structure • Traditional practices • Gender ideology	Nominal Ordinal Ordinal Ordinal	Regression	Frequency distribution tables, Tabulation & percentages

		• Domestic role	Ordinal		
		• Hierarchical nature	Ordinal		
Objectives	**Independent Variables**	**Indicators**	**Measurement Scale**	**Type of analysis**	**Tools of analysis**
To establish how religious beliefs influence access to maternal health care services in Nakuru County	Religious Beliefs	• Religion	Nominal	Regression	Frequency distribution tables, Tabulation & percentages
		• African beliefs	Nominal		
		• Perception on health services	Nominal		
		• Rituals	Ordinal		
		• Spiritual practices	Nominal		
Objectives	**Dependent variables**	**Indicators**	**Measurement Scale**	**Type of analysis**	**Tools of analysis**
	Women preference for TBAs services	• Availability of health services	Nominal	Regression	Frequency distribution tables, Tabulation & percentages
		• Skilled staff	Nominal		
		• Availability of drugs	Nominal		
		• Fees charged	Ordinal		
		• Cultural values	Nominal		

CHAPTER FOUR
DATA ANALYSIS, PRESENTATIONAND INTERPRETATION

4.1 Introduction

This section focuses on the interpretation and presentation of the findings. The main purpose of this research was to determine influences of socio-cultural aspects on Women's Preferences for traditional birth attendants' services with focus on Nakuru County, Kenya. The study also sought to establish whether social demographic factors, cultural beliefs, social structure and religious beliefs influence access to traditional birth attendants' services with focus on Nakuru County. The researcher made use of frequency tables, percentages, mean and standard deviation to present data.

4.2 Questionnaire Return Rate

The study sampled 66 respondents from the target population in collecting data with regard to influence of socio-cultural factors on Women's Preferences for traditional birth attendants' services where the focus was on traditional birth attendants and expectants mothers who sought TBA services. The questionnaire return rate results are shown in Table 4.1.

Table 4.1Response Rate

Response		**Frequency**	**Percentage**
Responded	Women	48	79
	TBAs	4	
Non response	Women	12	21
	TBAs	2	
Total		**66**	**100**

From the study, 52 out of 66 target respondents were interviewed contributing to 79%. Out of 52 respondents 48 were expectants mothers who sought TBA services while 4 were Traditional Birth attendants. This response rate was achieved due to data collection procedure that was adopted by the researcher, where the researcher engaged the TBAs to lead to the mothers and also engaged a research assistant to assist in conducting

interviews. Anyclarifications needed by the respondents were provided. This response rate is acceptable, Mugenda and Mugenda (1999) pointed that a response of 50% is good for analysis, 60% is acceptable response rate while over 70% is extremely good for giving a report. The respondents who did not participate in the interviews were not available at that time and for others despite persistent follow-ups there were no positive responses from them. The response rate demonstrates a willingness to take part in the study.

4.3 Demographic Characteristics of the Respondents

The study targeted traditional birth attendants and expectants mothers who sought TBA services within Nakuru County in three selected constituencies. As such the results on general characteristics of the respondents were investigated in first section of the research instrument. The response are categorised as appeared in the questionnaire under the following subsections that is age of respondents, marital status, and highest level of education, occupation of the respondent and average monthly income.

4.3.1 Ethnicity of Respondents

Following the data collected, of the 48 respondents, 42% (20) were Kikuyu. Kisii, Maasai and Luhya community shared the rest (52%) equally with each tribe having 8% (4 respondents in each tribe) as shown in appendix IV.

4.3.2 Age of the Respondents

Table 4.2 indicates age category of the respondents. From the report, most (48%) of the respondents were aged between 21-30 years, 33% aged between 31-40 years, 17% were below 20 years, while 2% were between 41-50. This shows that about 65% of the mothers who had delivered at home were below 30 years of age with only a small fraction above 30 years of age as shown below. Respondents sought the services of TBAs based on believes that they have adequate experience on assisting in delivery process. TBAs have been assisting women to deliver for quite a longtime, this is clearly illustrated by the number of years each TBA has been assisting the women. Interviewees also pointed that they assist atleast 2-5 women to deliver in a week while the women who use

their services come for the same services during the consecutive delivery. This is clear illustrtation that there are women who sincerely embrace traditional birth services as compared to modern health services despite the government'sefforts to encourage women to seek the services in modern health facilities. This is worrying given the statistic from WHO (2010) that in developing countries, between 25 and 33% of all deaths among women, of reproductive age results from complications of pregnancy or childbirth.

Table 4.2Age of the Respondents

Age	**Frequency**	**Percent**
Below 20	8	17
21-30	23	48
31-40	16	33
41-50	1	2
Total	**48**	**100.0**

4.3.3 Marital Status of the Respondent

The study aimed to investigate marital status of the respondent. From the findings (63%) of the respondents were married, 29% were single, 6% were divorced while 2% were widowed. This implies that most of the women who seek TBA services are married, this may be attributed by the fact that majority of women do not make their final decision pertaining to maternal care. The male partners make decisions. According to TBAs, indeed marital status is a key determinant on use of TBAs services. The husbands make the decision and do not pay for hospital care. They encourage the women to use TBAs. Unmarried women are ashamed to go to hospital.

Table 4.3Marital Status of the Respondent

Marital Status	**Frequency**	**Percent**
Single	14	29
Married	30	63
Divorced	3	6
Widowed	1	2
Total	**48**	**100**

4.3.4 Education Level of the Respondents

The study was also inquisitive to determine the highest level of academic qualification

that the respondent held. Table 4.4 shows the findings of the result. Most (50%) of the respondents had attained primary certificate, 44% had attained secondary certificate, 4% had no academic qualification while the rest (2%) had attained college certificate as their highest level of education. This indicates that most mothers who seek TBAs services were most likely to have had less knowledge about childbirth and had limited level of education too. In order to enhance safe-motherhood, educating the girls is an important factor that cannot be ignored. An educated girl will make safe decisions regarding her marriage, in terms of age to marry and who to marry. According to TBAs most of women seeking TBAs are mainly poor and illiterate and cannot afford hospital bills required for the maternity services. Some of the women do not understand the need to seek the services from health facilities while the same services can be offered at their homestead.

Table 4.4 Education Level of the Respondents

	Frequency	**Percent**
None	2	4
Primary	24	50
Secondary	21	44
College	1	2
Total	**48**	**100**

4.3.5 Respondent Status of Employment

The study further aimed to investigate the occupation of the respondents. From the findings, most (40%) of the respondents indicated that they are self-employed, 37% are unemployed while 23% were formally employed. Most of the mothers were housewives with no formal or informal employment (77%) which may imply hindrance in their ability to choose where to deliver due to economic hiccups. The value of TBAs continues to play a vital role in the birth experience for most women in rural communities. In a continent with 40% unemployment and widespread poverty, medical care is often unaffordable or simply unavailable contributes to why many women in rural areas turn to TBAs for assistance in labor and birth at home.

Table 4.5 Respondent Status of Employment

	Frequency	**Percent**
Unemployed	18	37

Self employed	19	40
Formally employed	11	23
Total	**46**	**96**

4.3.6 Respondents Monthly Average Income

Table 4.6 illustrates monthly average income of the respondents, from the findings majority (94%) of the respondents earns below 10,000 shillings monthly, 6% earns between 10,000 to 20,000 shillings per month. This shows that women from households that are economically disadvantaged are more likely to deliver at home through assistance of TBAs. The women whose spouses or themselves earn a substantial income are least likely to deliver at home.

Table 4.6 Respondents Monthly Average Income

	Frequency	**Percent**
Below 10,000	45	94
10,001-20,000	3	6
Total	**48**	**100**

4.3.7 Social-Cultural factors Influencing Women Preference for TBAs Services

Further the study requested the respondents to indicate whether social-cultural factors influence utilization of TBA care services. From the findings, majority (90%) of the respondents were of the opinion that social-cultural factors influence utilization of TBA care services while the rest (21%) of the respondents opined social-cultural factors does not influence utilization of TBA care services. The finding of this study conforms to Adewuyi (2009) that utilization of maternal healthcare services is determined by socio-cultural factors especially beliefs, religion and education level women. There are several socio-cultural factors that explain why millions of women in the world lack access to adequate care during pregnancy, such in societies where men are more dominant, women's right and needs are often denied.

Table 4.7 Social-Cultural factors and Women Preference for TBAs Services

	Frequency	Percent
Yes	43	90
No	5	10
Total	**48**	**100**

4.4 Social Demographic Factors and Women Preference for TBAs Services

Table 4.8 illustrates the findings of the study on the influence of social demographic factors. From the findings, most of the respondents strongly agreed that married women utilize most of their time on their husband and children leaving little time on their health matters particularly maternal health care services as indicated by the mean score of 4.69. The level of women egoism and how they perceive society rate them prevent them to seek health maternal services in hospitals as shown by mean score of 4.58. Soares (2009) pointed that social and cultural norm aspects were important factor to determine health issues rather than health itself and thus women had no value for the maternal services. Further respondents strongly agreed that women in higher socioeconomic groups will frequently visit health facilities seeking for more details on maternal health issues as compared to a group that is socially and economic low as shown by mean score of 4.19. According to Stewart and Sommerfelt (2011) women who are educated make their own decision when it comes to health issues and thus they highly utilize maternal services. Education helps women to make their own decision and accept changes that area associated with lifestyle. On whether receipt of maternity care varies by age, residence, and other socio-demographic factors, lack of time, absence of illness, and lack of awareness are the major reasons for non-attendance for antenatal care TBAs unanimously pointed that these are the main factors that characterizes those seek TBAs services. According to TBAs, women fear rebuke in hospitals while most of the single mothers are shy and afraid of being questionned by the attendants in health facilities and feel deemened this influence them to seek TBAs services.

Table 4.8 Social Demographic Factors and Women Preference for TBAs services

	Mean	STDev
The confidence of women and how they perceive society consider them prevent them to seek health maternal services in hospitals	4.58	1.23
Unemployment hinders women ability to access improved nutrition and their maternal health status	3.96	1.74
Lack of Education and information among the women in Nakuru county has made it difficult for them to buy the idea of MCH Programme	3.94	1.73
Women with capacity to earn could contribute to maternal healthcare services utilization through empowerment	3.54	1.87
Married women spend more time caring for their husbands and families which impose a strain on maternal health services	4.69	7.52
Greater confidence and experience of the older and higher parity women, together with greater responsibilities within the household and for child care influence them to use services less frequently	4.08	0.92
Women who associate themselves with a higher socioeconomic peers tend to exhibit seek maternal health services frequently in health facilities	4.19	0.81

4.5 Cultural Practice and Women Preference for TBAs services

Table 4.9 illustrates the findings of the study on influence of cultural practice. From the findings, most of the respondents strongly agreed that cultural norms such as prudish restrictions encourage men to carry out the tasks of providing maternal services need to their choices instead of women choices as indicated by the mean score of 4.52. Likewise, respondents strongly agreed that traditions and domestic violence have a significant influence in women attending maternal clinics in general as depicted by means score of 4.29. Individual perception of the operation of modern health facility as well as religion association determine access to maternal health services as shown by mean score of 4.23.

Table 4.9 Cultural Practice and Women Preference for TBAs services

	Mean	STDev
Individual believes about the operation of hospitals, general health facility and the their religion believes influence women to TBAs services	4.23	0.97
Maternal health care services decisions are made husband or other senior family member	3.97	0.91
In our society women utilize most of the time on their husband and children and trade than on their own health	3.56	1.92
In our society men play an important role in determining the maternal health care needs of their women	3.91	2.04
Cultural norms such authorize men to carry out the tasks of providing maternal services need to their choices instead of women choices.	4.52	1.69
Culture and ethnicity create a unique pattern of beliefs and perceptions	3.53	9.45
Traditions and domestic violence have a significant influence in women's attending maternal clinics in general	4.29	1.50
Cultural practice determines women preferred place of giving birth	4.00	1.81
Traditional belief, norms and values influence child birth and maternal care services to be used by women	3.67	2.31
Traditional practices and use of herbs discourage the use of more effective modern methods of giving birth in our society	4.41	1.43

4.6 Social Structure and Women Preference for TBAs services

The study enquired level of respondents' agreement with statement relating to social structure and on access to Traditional Birth Attendants' Services. From the findings most of the respondents strongly agreed that in their society male partners make crucial decisions pertaining to heal and family matters leaving a slim chance for women to make decisions in their own health decisions as illustrated by mean score of 4.92. Family violence such as wife abuse has influence on low utilization of maternal health services as illustrated by mean score of 4.88. Women are forced to seek permission from their partner pertaining to health issues and it depends whether the male partner consider the

illness as serious that require attention of skilled staff influence women preferences to access to TBA as illustrated by mean score of 4.60. On social cultural factors that contribute to utilization of TBAs, most men believe that the services are not affordable in modern health facilities. Some of the society believe that seeking the services in health facilities is going contrary to the believes of the society and thus one may be affected by taboos that are associated with such practices.The remedies to this is costly as well as treatment of the same using traditional methods.

Table 4.10 Social Structure and Women Preference for TBAs services

	Mean	**STDev**
Gender Roles of Mothers have been a great impediment towards access of MCH services in the county	3.89	1.76
Women's right and needs are denied when it comes to seek maternal health services hence lack access to adequate care during pregnancy	3.50	1.91
We believes ANC should not be sought unless there was physical discomfort, complications during pregnancy or in previous pregnancy	4.27	0.24
Male partners refusal is one of the major reasons for non-utilization and access of Maternal health care services	3.53	1.98
In most society gender inequality still exist even in development issues and in family level	3.28	1.84
In our society women are not allowed to seek for health services without their partner consent or utilize money without knowledge of their partner	3.00	2.31
Male partners in most society are the one who authorize for money to be used in health issues while in most cases they are reluctant on them based on cultural believes	3.48	1.39
Lack of decision making power in the society make it difficult for women to utilize maternal healthcare	3.23	1.05
The decision made by a male partner pertaining to maternal health care services was considered final and he only consider it serious if to him meets that seriousness	4.60	0.23
Women are not allowed to make their own decision subjecting them to cultural believes	4.28.	0.13
In our society male partners influence decision made on health matters leaving women with no room to make their own decision	4.92	0.29
Family violence such as wife abuse have influence on low utilization of maternal health services	4.88	0.61

4.7 Religious Beliefs and Women Preference for TBAs services

Table 4.11 illustrates the findings of the study on religious beliefs and access to TBAs services. From the findings, most of the respondents agreed that some church teachings discouraged mothers from using modern family planning methods as depicted by mean score of 4.45. The religion that they believe in discouraged mothers from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation as depicted by mean score of 3.50. On the other hand, religious beliefs have been a hindrance in MCH services access as depicted by mean score of 3.28. According to TBAs, some husbands strongly resist the church teaching that opposes the husband believes and practices while women follow church teachings strongly. Likewise husbands are against hospital costs, some women believe in being prayed for and believe in the church more and follow the teaching. Some religions preach against going to hospital.

Table 4.11 Religious Beliefs and Women Preference for TBAs services

	Mean	STDev
The religion that I believe in discouraged mothers from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation	3.50	1.98
Religious Beliefs have been a hindrance in MCH services access	3.28	1.84
Our religion beliefs prevent women from incorporating birth control into their daily lives or their husband opinions may dissuade her from using birth control	3.00	2.31
In our church mothers are discouraged from using modern family planning methods	4.45	0.86
Spiritual practices are determinants of use of maternal health services	3.89	1.01

4.8 Social-Cultural Factors and Women Preference for TBAs services

Table 4.12 illustrates the findings of the study on the extent to which social-cultural factors influence access to TBA Care Service. Majority of the respondents purported that Social structure influences Access to TBA Care Service to a very great extent as illustrated by mean score of 4.87, cultural practice to a very great extent as depicted by 4.53, social demographic factors with mean score of 4.34 while religious beliefs influence access to TBA Care Service had a mean score of 4.24.

Table 4.12Social-Cultural Factors and Women Preference for TBAs services

	Mean	STDev
Social demographic Factors	4.34	0.066
Cultural Practice	4.53	0.804
Social Structure	4.87	0.338
Religious Beliefs	4.24	0.740

4.9 Preferences of Traditional Birth Attendants

The study further aimed to investigate how respondents rate preference of the TBA in their region. From the findings, it was clear that the use of the TBAs in the region was high as depicted by means score of 3.82. Likewise respondents indicated that the preference of TBAs in the region was very high as illustrated by the mean score of 3.71, while also respondents indicated that preference was moderate as depicted by mean score of 3.23. TBAs remain the main providers of child deliveries in most rural areas. The most noted reason why mothers prefer to deliver at home under a traditional birth attendant is inaccessibility of health facilities due to long distances, limited time of service provision which makes it difficult for pregnant women to get help any time and other socio-cultural issues (KDHS, 2008). These factors are more likely to contribute to women preferences to go to TBAs for child delivery other than to formal health facilities. As a result of this, one in five women in Kenya risks losing a newborn baby during her lifetime.

Table 4.13 Preferences of Traditional Birth Attendants

	Mean	STDev
Very great extent	3.71	1.608
Great extent	3.82	1.542
Neutral	3.23	1.805

4.10 Inferential Statistic

To establish the relationship between the independent variables and the dependent variable the study conducted inferential analysis which involved coefficient of correlation, coefficient of determination and multiple regression analysis.

4.10.1 Coefficient of Correlation

In trying to show the relationship between the study variables and their findings the study used the Karl Pearson's coefficient of correlation (r). According to the findings as indicated in table 4.14, it was clear that there was a positive correlation between religious beliefs and access to TBA care service as depicted by a correlation value of 0.521. the study also depicted that there is a positive correlation between social structure and access to TBA care service with a correlation value of 0.618.Another positive correlation was between cultural practice and access to TBA care service with a correlation value of 0.587 and a positive correlation between social demographic factors and access to TBA care service with a correlation value of 0.553. This shows that there was a positive correlation between religious beliefs, social structure, cultural practice and social demographic factors.

Table 4.14 Coefficient of Correlation

Variables		Preference to Care TBA	Religious Beliefs	Social Structure	Cultural Practice	Social demographic
Access to TBA Care Service	Pearson Correlation	**1**				
	Sig. (2-tailed)					
Religious Beliefs	Pearson Correlation	.5210	1			
	Sig. (2-tailed)	.0032				
Social Structure	Pearson Correlation	.6180	.3421	1		
	Sig. (2-tailed)	.0021	.0014			
Cultural Practice	Pearson Correlation	.5870	.1240	.0621	1	
	Sig. (2-tailed)	.0043	.0120	.0043		
Social demographic Factors	Pearson Correlation	.5530	.3420	.0000	.1660	1
	Sig. (2-tailed)	.0172	.0031	1.000	.0031	

4.10.2 Coefficient of Determination

The coefficient of determination was carried out to measure how well the statistical model was likely to predict future outcomes. The coefficient of determination, **(r^2)** is the square of the sample correlation coefficient between outcomes and predicted values. As such it explains the contribution of the four independent variables (religious beliefs, social structure, cultural practice and social demographic factors) to the dependent variable. Of the four independent variables that were studied, they contribute 55.1% of access to TBA care service as represented by the adjusted **(r^2)** as shown on table 4.15. This means that other factors that this study did not focus on contribute to 44.9% of access to TBA care service.

Table 4.15 Model Summary

Model	r	r^2	Adjusted r^2	Std. Error of the Estimate
1	0.742	0.551	0.641	0.0438

4.10.3 Multiple Regression

The researcher further conducted a multiple regression analysis so as to identify the social-cultural factors influencing women preference for TBA care service. The main purpose of multiple regressions is to learn more about the relationship between several independent or predictor variables and a dependent or criterion variable. The researcher use SPSS to enter, and code response from the respondent to assist in computing the extent to which a unit changes in a given independent variable to dependent variable. As per the SPSS generated table 4.15, the equation

($\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon}$) becomes:

$Y = 1.279 + 0.510\ X_1 + 0.613 X_2 + 0.525 X_3 + 0.531 X_4$

The regression equation above has established that taking all factors into account (religious beliefs, social structure, cultural practice and social demographic factors) constant at zero, access rate of traditional birth attendants will be 1.279. the findings reveals that assuming other variables are at zero a unit change (increase) in religious beliefs will lead to a 0.510 decrease in access to TBA care services; a unit increase in social structure will lead to a 0.613 decrease in women preference for TBA care services; a unit increase in cultural practice will lead to a 0.525 decrease in women preference for TBA care services and a unit increase in social demographic factors will lead to a 0.531 decrease in women preference for TBA care as shown in table 4.16. This infers that social structure influences women preference for TBA care services to a great extent followed by social demographic factorsthen cultural practiceswhile religious beliefs influence to a little extent women preference for TBA care services.

Table 4.16 Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
Model	**β**	**Std. Error**	**Beta**	**t**	**Sig.**
Constant/Y Intercept	1.279	1.316		1.451	0.357
Religious Beliefs	0.510	0.310	0.172	4.242	0.0276
Social Structure	0.613	0.322	0.067	3. 452	0.0202
Cultural Practice	0.525	0.156	0.210	3. 382	0.0285
Social demographic Factors	0.531	0.245	0.148	3.358	0.0249

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary of findings of the study, discussion of the study findings, conclusion of the research, recommendation as well as suggesting general areas that need further research.

5.2 Summary of the Findings

On influence of social demographic factors on women's preference to traditional birth attendants' services, the study established that married women utilize most of their time caring for their partners, children and their entire family leaving little or no time to focus on their health issues, how women consider themselves and how society rate their egoism prevent them to seek health maternal services in hospitals and women in higher socioeconomic groups normally visit health facility to consult on maternal health issues as compared to those who are associated with low socio-economic peer and greater confidence and experience of the older and higher parity women.

On the influence of cultural practice on women preference for traditional birth attendants' services, the study found that cultural norms such as prudish restrictions cause men to make decisions on maternal services needed according to their wish instead of the wishes of the women. Traditions and domestic violence have a significant influence in women attending maternal clinics in general and that individual perception of the operation of modern health facility influence women to seek for maternal health services.

The study also found that on social structure and Women Preference for traditional birth attendants' services, most of the decisions were made by male partners resulting in women feeling inferior even in making decision on their health matters. Family violence such as wife abuse have influence on low utilization of maternal health services. Before a woman seeks maternal health services, she ought to seek permission from her male partner and it is not a must for him to respond positive on the matter. Some of the social

and cultural norms limit women on their right to make decisions on some critical matters such as health issues putting their lives in danger and beliefs that ANC should not be sought except when they notice a physical complication in the period of pregnancy and abnormal experience during the other pregnancy or childbirth.

On the objective of religious beliefs on Women Preference for traditional birth attendants' services, the study found that some church teachings discouraged women from using modern family planning methods, while other forms of religion discouraged mothers from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation.

5.3 Discussion of the Findings

The study sought to establish influence of social demographic factors on women's preference to traditional birth attendants services in Nakuru County, to examine how cultural beliefs influence women's preference on traditional birth attendants services in Nakuru County, to assess how social structure influences women's preference to traditional birth attendants services in Nakuru County and to establish how religious beliefs influence women's preference to traditional birth attendants services in Nakuru County.

On social demographic factors, the study established that married women utilize most of their time on their family matters with little time on maternal health services (M=4.69). The findings complies with Soares (2009) social and cultural practices plays a critical role in most society in determining decision on health matter than services delivered. Further, most of the respondents agreed self-confidence and egoism among women and how they are valued in in society prevent them to seek health maternal services in hospitals (M= 4.58). WHO (2012) poor services on maternal health care to women is recognized nowadays as a disaster since it has a negative results that led to high rate of mortality rate during the process of maternal services. Women in higher socioeconomic groups normally seek for the maternal health care in modern health facilities as compared to

those associated with low socio-economic peers (M=4.19). Buor (2004) purported that women with constant incomes are able to seek for health services without consulting their partner as well as seeking for better housing which enhances their health conditions.

On cultural practice, most of the respondents indicated that cultural norms such as prudish restrictions influenced men to make decisions on maternal services according to their wishes instead of those of the women (M=4.52). According to Addai (2011) cultural believes play a critical part in decision making on health matters as they are considered serious when a noticeable disease is identified. These decisions are mostly limited to women thus they are not final. Traditions and domestic violence have a significant influence in women attending maternal clinics in general (M=4.29). The study corresponds to World Health Organization (2012) that the decision to modern health and maternal care depends on who controls the household resources, a decision which often lies with the man and he then decides when and where the woman should seek care. Individual perception of the operation of health facilities and religion association of women influence access to maternal health services (M=4.23). In consonance with the above finding, Leslie and Gupta (2009) traditional believes and practices, religion and ethnicity influences greatly on cultural practices that influence believes, norms and values that determine women place of giving birth.

Further, on social structure, most of the respondents strongly agreed that in their society male partners make crucial decisions in the society leaving women with little or no chance to make their own decisions particularly on health matters (M=4.92). These findings agreed with Oke (1996) that the use and non-use of health services are determined by one's socio-cultural environment, which, in most cases, is shaped by its patriarchal structure. Family violence such as wife abuse has influence on low utilization of maternal health services (M=4.88). According to Longwe (2009) under male domination, which in most cases seen in African community, women are deemed to seek for permission before they visit a health facility or health service provider and clarify on the amount they intend to use on health matters to their male partner (M=4.60). The findings conform with Jejeebhoy (2009) that in most societies, particularly in African

countries, a woman is required to seek permission from their husband before seeking health care services and it is all about the husband to consider that the illness require specialist for the wife to go to hospital. Due to believe of cultural practices women are denied their right leaving them in danger on matters pertaining to their health (M=4.28). Lack of power among women, society perception about women and value in the society limits utilization of maternal health care utilization (World Health Organization, 2012).

To religious beliefs, most of the respondents agreed that some church teachings discourage mothers from using modern family planning methods (M=4.45). The findings were in line with Shariff and Singh (2012) religion is a great determinant on utilization of maternal health service and encourages traditional practices in giving birth process. The religion that they believe in discouraged mothers from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation (M=3.50). According to Murphy (2004) certain religious beliefs prevent women from incorporating birth control into their daily lives or their husband opinions may dissuade her from using birth control. In this study some of the respondents who were Muslims and believers of Protestants opposed to contraceptive use from incorporating birth control and were less likely to use health facilities for delivery in comparison to other religious affiliations.

5.4 Conclusions

The study aimed to establish the influence of socio-cultural factors on Women's Preferences for traditional birth attendants' services with focus on Nakuru County, Kenya. From the study findings, the study concludes that there is a positive correlation between social demographic factors and women's preference to traditional birth attendants' services. It was clear from the study that married women utilize most of their time on family matters thus having little time on maternal health services, how women perceive themselves and egoism, how society value women prevent them to seek health maternal services in hospitals and women in higher socioeconomic groups normally seek maternal health services as compared to those associated with peers associated with low socio-economic groups and greater confidence and experience of the older and higher parity women.

The study also sought to assess whether cultural practices influence women's preference for traditional birth attendants' services. It was deduced from the findings that cultural norms such as prudish restrictions encourage men to carry out the tasks of providing maternal services need to their choices instead of women choices. Traditions and domestic violence have a significant influence in women's attending maternal clinics in general and that individual perception on the operation of modern health facility and their believe association influence women to seek maternal health services from modern health facilities.

The study examined how existing social structures influence women's preference for traditional birth attendants' services. The study found that men make most of the decisions in the society leaving no room for women to make their own decision even that pertains to their health status. Family violence such as wife abuse have influenced the utilization of TBA care services as women are required to seek permission of the male partners and to seek the service if the husband considers the illness as serious. Cultural norms were majorly considered in most society endangering the women health condition as they were limited to exercise their right and freedom on decision making. ANC services should be sought unless there is physical discomfort during pregnancy and complications in previous pregnancy or childbirth.

On the objective of the religious beliefs and women's preference for traditional birth attendants' services, the study found that some church teachings discouraged women from using modern family planning methods. Likewise, religion that women believe in discouraged them from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation.

5.5 Recommendations

Based on study findings, the following recommendations were made. The study recommended that local leaders should encourage universal education for the community so that they are able to make informed choices on health matters. The MOH needs to carry out behaviour change communication at individual and community levels to address socio-cultural practices that are barriers to the uptake of modern health services. The economic status of women should be improved in order to empower them economically. This can be done by the area leaders through introduction of income generating activities among women.

The county government should improve the infrastructure of the area especially those remote areas that are hard to reach due to poor roads. Health care interventions should not only put emphasis on cost of delivery but also on access and availability of services especially in rural areas. MOH should provide mobile health care clinics and outreaches for remote villages and those difficult to reach so as to address the issue of accessibility.

As a way of encouraging the women to utilize modern health facilities in maternal services, churches should engage in educating men and women on the importance of seeking the services in modern health facilities as this will reduce mortality rates. The government should make the service affordable and sensitize the society, particularly girls and women on dangers that they expose themselves to through giving birth via TBAs. Society should also be educated on the need to make valid decisions pertaining to maternal issues and the implication they have on the society.

5.6 Suggestions for further studies

i. Further study should be done to identify more socio-cultural factors that motivate utilization of modem health facilities.
ii. A study should be done to find out if the introduction of free maternity by the government has had any significant change on utilization of traditional birth attendants in the area.
iii. A research should be conducted to investigate the other factors not under the study but which also determine women preference for TBA care service.

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APPENDICES

Appendix I: Letter of Transmittal

Nkatha Mbaya
P.O. Box 10787
Nairobi.

Date 25/9/2016

Dear Sir/Madam,

RE: INFLUENCE OF SOCIO-CULTURAL FACTORS ON WOMEN'S PREFERENCE FOR TRADITIONAL BIRTH ATTENDANTS SERVICES: A CASE OF NAKURU COUNTY, KENYA

I am a Master of Arts student at the University of Nairobi and in my final year of study. As part of the requirement for the award of the degree of Master of Arts in Project Planning and Management, I am undertaking a research project on **"influence of socio-cultural factors on women's preference for traditional birth attendants' services"**. In this regard, I'm kindly requesting for your support in terms of time, and by responding to the attached questionnaire. Your accuracy and candid response will be critical in ensuring objective research.

It will not be necessary to write your name on this questionnaire and for your comfort, all information received will be treated in strict confidence. In addition, the findings of the study will surely be used for academic research purposes and to enhance knowledge in maternal health care service.

Thank you for your valuable time on this.

Yours faithfully,

Nkatha Mbaya
University of Nairobi

Appendix II: Questionnaire for respondents

INFLUENCE OF SOCIO-CULTURAL FACTORS ON WOMEN'S PREFERENCE FOR TRADITIONAL BIRTH ATTENDANTS SERVICES: A CASE OF NAKURU COUNTY, KENYA

I am studying a Master's program in Project Planning and Management at the University of Nairobi and I have designed the following questionnaire about the above topic. Kindly answer all the questions to the best of your knowledge. Indicate with a tick or by filling in the space(s) provided.

SECTION A: GENERAL INFORMATION

Background Information

1. What is your ethnicity?

……..

2. Kindly indicate your age?

Below 20	[ ]	41 – 50	[ ]
21- 30	[ ]	Above 51	[ ]
31-40	[ ]		

3. What is your marital status?

Single	[ ]	Married	[ ]
Divorced	[ ]	Widowed	[ ]

4. What is your highest level of education?

None	[ ]	Primary	[ ]
Secondary	[ ]	College	[ ]
University	[ ]		

5. What is your occupation

Unemployed	[ ]	Self-employed	[ ]
Formally employed	[ ]		

6. What is your average monthly income?

Below 10, 000	[ ]	10,001 - 20,000	[ ]

20,001- 30,000 [ ] 30,001 40,000 [ ]

Above 40,001 [ ]

7. Do you think social-cultural factors influence utilization of TBA care services in this county?

Yes [ ] No [ ]

8. Indicate your level of agreement to the statement below relating to social-cultural factors on women's preference to TBA services. Use a scale of 1-5, where 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree

Social Demographic Factors	**1**	**2**	**3**	**4**	**5**
Women's own perceptions of their self-efficacy, the value of women in society prevent them to seek health maternal services in hospitals					
Unemployment hinders women ability to access improved nutrition and their maternal health status					
Lack of Education and information among the women in Nakuru county has made it difficult for them to buy the idea of MCH Programme					
Women with capacity to earn could contribute to maternal healthcare services utilization through empowerment					
Married women spend more time caring for their husbands and families which impose a strain on maternal health services					
Greater confidence and experience of the older and higher parity women, together with greater responsibilities within the household and for child care influence them to use services less frequently					
Women in higher socioeconomic groups tend to exhibit patterns of more frequent use of maternal health services than women in the lower socioeconomic groups					

Cultural Practice	**1**	**2**	**3**	**4**	**5**
Individual perceptions of the efficacy of modern health services and the religious beliefs of individual women influence access to maternal health services					
Maternal health care services decisions are made husband or other senior family member					
In our society women spend more time on their multiple responsibilities for care of children and trade than on their own health					
In our society men play an important role in determining the maternal health care needs of their women					
Cultural norms such as prudish restrictions encourage men to carry out the tasks of providing maternal services need to their choices instead of women choices.					
Culture and ethnicity create a unique pattern of beliefs and perceptions					
Traditions and domestic violence have a significant influence in women's attending maternal clinics in general					
Cultural practice of people plays a major role in determining women's choice of place of child delivery in addition to poor hospital services and nature of attendants which may violate women's privacy					
Traditional belief, norms and values influence child birth and maternal care services to be used by women					
Traditional practices and use of herbs discourage the use of more effective modern methods of giving birth in our society					
Social Structure	**1**	**2**	**3**	**4**	**5**
Gender Roles of Mothers have been a great impediment towards access of MCH services in the county					
Women's right and needs are often denied when it comes to					

seek maternal health services hence lack access to adequate care during pregnancy					
We believe that ANC should be sought unless there was physical discomfort during pregnancy and complications in previous pregnancy or childbirth					
Male partners refusal is one of the major reasons for non-utilization and access of Maternal health care services					
In our society gender inequality exists even right from the family, women and employment and women development					
In our society women are usually not allowed to visit a health facility or care provider or to make the decision to spend money without the approval of the husband					
Husband's approval, money for treatment, and personal cultural preferences had negative effects on the maternal health seeking behavior					
Maternal healthcare utilization is constrained by women's lack of decision making power, the low value placed on women's health and the negative or judgmental attitudes of family members					
husband's permission is required before a wife can seek healthcare and it depends on whether the husband sees the ill health as strong enough to warrant hospital treatment					
Women are denied their rights and subjected to some cultural practices that greatly endanger their health					
In our society men exercise great influence over women on all fronts including family decision making leading to incapacitating women even taking their own health decision					
Family violence such as wife abuse have influence on low utilization of maternal health services					

Religious Beliefs	**1**	**2**	**3**	**4**	**5**
The religion that I believe in discouraged mothers from use of maternal health services like free mosquito nets given to pregnant mothers and under five children, the iron enhancing pills and the idea of giving birth through cesarean operation					
Religious Beliefs have been a hindrance in MCH services access					
Our religious beliefs prevent women from incorporating birth control into their daily lives or their husband opinions may dissuade her from using birth control					
In our church mothers are discouraged from using modern family planning methods					
Mothers' formal education and health knowledge is one of the determinants of use of maternal health services and similarly					

9. To what extent do the following aspects of social-cultural factors influence women's preference for TBA care service? Use a scale of 1-5 where 1 very low extent, 2 low extent, 3 moderate extent, 4 great extent and 5 very great extent

	1	**2**	**3**	**4**	**5**
Religious Beliefs					
Social Structure					
Cultural Practice					
Social Demographic Factors					

10. How would you rate the preference of the TBA in your region? Use a scale of 1-5 where 1 to a 5-very great extent, 4-great extent, 3-neutral, 2-little extent 1-Very little extent.

	1	**2**	**3**	**4**	**5**
Very great extent					
Great extent					
Neutral					
little extent					
Very little extent					

11. What would you recommend to be done to encourage women to utilize modern maternal health care services and defy social-cultural factors that hinder them from seeking these services?

……

……

……..

THANK YOU FOR YOUR PARTICIPATION

Appendix III: Interview Guide for Traditional Birth Attendants

Kindly answer the question below pertaining to social-cultural factors influencing women's preference for TBA services.

1. For how long have you been assisting expectant mothers to deliver?

   ……

2. How many women do you assist to deliver in a week?

   ……..

3. Do these women seek the same service when they need to deliver during the consecutive pregnancy

   ……

   ……

4. Do you think women who do not receive maternity care are often poor, illiterate, and unmarried, with limited knowledge of maternity care services?

   ……

   Explain you answer?

   ……

   ……

5. Receipt of maternity care varies by age, residence, and other socio-demographic factors?

   ……

   ……

6. Lack of time, absence of illness, and lack of awareness are the major reasons for non-attendance for antenatal care

   ……

   ……

7. Do you agree that marital status and religion has an influence on use of maternal health care service among expectant mother?

   ……

   Explain your answer

   ……

   ……

Explain your answer

8. What are some of the social-cultural factors that influence expectant mothers to seek your services rather than in hospitals?

   ……

   ……..

9. What would you recommend to be done to encourage women to seek maternal health services in hospital or health centres?

   ……

   ……..

THANK YOU FOR YOUR PARTICIPATION

Appendix IV: Ethnicity of respondents

	Frequency	Percent
Abagusii	2	4
Abaluhya	4	8
Akamba	1	2
Borana	2	4
Kalenjin	2	4
Kikuyu	20	42
Kipsigis	2	4
Kisii	4	8
Maasai	4	8
Nandi	2	4
Njemps	1	2
Samburu	1	2
Swahili	1	2
Turkana	2	4
Total	**48**	**100**