Social theory and Services Utilization for Development: An Analysis of Attachment Theory to Pregnant Women Patronage of Primary Health Care in the Reduction of Maternal Mortality in Rivers State, Nigeria

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ABSTRACT
This work focused attention on the evaluation of attachment theory in the explanation of pregnant women patronage of Primary Health Care; a social service, designed to reduce health and development problem like maternal mortality plaguing the low income majority poor in Rivers State, Nigeria. The study discovered that most pregnant women in Rivers State patronize Traditional Birth Attendance during child birth but use Primary Health Care ante natal and post-natal services. This selective patronage pattern is driven by the culture of the people, pregnant women’s low income status; Traditional Birth Attendant’s acceptance of part payment for birth services rendered, predominant rural nature of the state and low education level of most of the pregnant women. This patronage pattern deepened maternal mortality problem in Rivers State. Based on this, the work conclude that attachment theory should concentrate or deepen its study on explaining how babies develop bond and maintain a secured relationship with their attachment figure instead of issues bordering on pregnant women patronage of primary health care, a health instrument to reduce maternal mortality. This is because pregnant women unlike children are more rational and are driven by objective realities.

Keyword: pregnant women, Primary Health Care, Attachment theory,

INTRODUCTION
Contemporary academics have established a tradition of viewing the external world within a theoretical premise. The social environment is wide and heterogeneous and there are diverse social theories explaining different social phenomena. It is therefore worthwhile in social research to relate studies to a specific pattern of reasoning. In this sense, social theory generally helps in explaining the dynamic nature of society and how it works. The dynamic nature of society strengthened the existence of theories because the change in society makes obsolete the existing social theories, thus such obsolete social theories’ theoretical validity only become relevant in theoretical archives. In this respect, social scientists borrow from the existing theories, or invent a new one where necessary in explaining social event. This informed why Anikpo (1996) in Irikana (2005) describes sociological theories as doors or windows through which a social researcher views the society and analyses events so that effective policies can be made for solving social problems. Generally social theories help to explain events (past and present events), predict future events and generate new theory where necessary. Based on this premise, this work examined the limit to which attachment theory (a social theory) can explain pregnant women patronage of Primary Health Care (PHC), a health cum development instrument designed to reduce preventable deaths like maternal mortality which is very common with the majority poor population in Rivers State, Nigeria.
Concept clarification

Social services - Social services are public goods provided by public institutions. They are tailored towards advancing human welfare or the social well-being of the community. More precisely it means activities designed to promote/create more effective organizations, build stronger communities and promote equity and opportunity. Such services include education services, health, housing, etc. These services are often provided by governments, using their agencies and in some instances philanthropic organizations and individuals.

Social theories - Social theories are frameworks of empirical evidence that are used to study and interpret social phenomena. They can equally be defined as analytical frameworks or paradigms used to examine social phenomenon. Social theories encompass ideas about how societies change and develop. In addition, they are the methods of explaining social behavior, about power and social structure, gender and ethnicity, and civilization, revolution and utopia (http://socialtheoryapplied.com/what-is-social-theory). This means that social theories involve the use of abstract and complex frameworks to describe/explain and analyze the social world. Through this, social theories make penetrating insights into human actions, thus can predict future actions or situations. In addition, its focus is on the society and the social forces that affect human lives.

Primary Health Care - Primary Health Care is an essential health care based on practically, scientifically, sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community can afford to maintain at every state of their development in the spirit of self-reliance and self-determination (WHO/UNICEF, 1978) in Agbor (2004); Onazulike (2005) and Iragunima (2010). It is health instrument designed to reach the majority poor population in order to tackle the health needs of this poor majority who dwell mostly in the rural area (Elem, 2015). Given this, PHC is seen as a health instrument designed to address health equity.

Maternal mortality - Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy from cause related to or aggravated by the pregnancy, or its management but not from accidental or incidental cause (Uzumba, 2008, Chukwuezi, 2010). In summary, maternal mortality is death due to pregnancy complication; this can be during period the pregnancy proper, child birth or the post-partum period.

PHC objective and the imperative for maternal mortality reduction in Rivers State

The bottom line of PHC definition from the above is that it is a health policy that is designed beyond the traditional urban health care system to reach poor people who live in the rural areas in order to reduce preventable deaths like maternal mortality. Simply, it is a health instrument designed to bridge inequality in health (Elem, 2015). Nigerian Demographic Health Survey (NDHS, 2008) puts Nigeria maternal mortality rate at 545 deaths per 100,000 live births. This approximately means that in every 20 live births, one Nigerian woman dies of a pregnancy-related complication. Rivers State Government Health report puts Rivers state maternal mortality at 889 in every 100,000 live births. Other studies from Emejuru (2011); Chujor (2014); Omodu (2012); NDHS (2003), Igbarase (2012) reveal that alternative health care is common among women of reproductive age during pregnancy and child delivery proper.

Women of reproductive age population in all Nigeria population censuses are significant. Ekong (2003) citing 1991 Nigeria population census claims that women of reproductive age are 28.64 million rural females, representing 50.51% of the rural population. Out of this number, an adult of marriageable age is 16.09 million (56.2%). In Nigeria 2006 population census, women population is 65 million, out of these, 30 million are women of reproductive age (15-49 years). These deaths have a great negative impact on Nigeria development.

In Rivers State, women, especially rural women of this age, constitute the backbone in the state food production. Through their involvement in agriculture, women over the years have become great carriers
of our environment, thus our environment is sustainably managed. Irikana (2005) citing Enemegwem (2001); Ejituwu and Gabriel (2003) and Oshin (1972) stated that Andoni women in eastern Niger Delta exploit mangrove resources, consume some and sell the surplus to markets in Kaa and Port Harcourt and Ikot Abasi in Akwa-Ibom State, Nigeria. In Nigeria, women dominate urban information sector. This sector currently plays a leading role in employment generation. In some riverine communities, women of reproductive age apart from shallow water fishing, process and market sea foods in the urban areas. Outside these, their roles are extended to child care, good home management and peacemaking. For example, in the Ikwerre ethnic nationality, a major ethnic group in Rivers state, Rumurinya (adult daughters from the family either married or unmarried) exercise considerable authority as they serve as arbiters in quarrels men are unable to settle.

Given these roles maternal mortality truncates development process. This is as most burial rites require quite a lot of financial and human resources which would have been used for development. These exclude the grief and depression associated with premature death and the survival of the children left behind.

Adetokunbo and Herbert (2003) and Peter (2012) are of the view that breast milk contain all the proteins, calories, electrolytes, minerals, etc, that the baby needs for the first four months of his/her life. In this sense, breast milk protects the child from infection and common childhood diseases like intestinal disorder; it fosters the child’s optimal growth of the immune system. This implies that the survival of the new born to a very great extent is dependent on whether the mother is alive.

The study area and pregnant women patronage pattern of PHC in Rivers State

Rivers state is one of the core states in the Niger Delta region of Nigeria. Its topography is characterized by a net web of rivers and fresh water, some of which are seasonal (fresh water). The indigenes speak different languages, but their primary characteristic is defined based on upland and riverine. This equally defines their occupation which is fishing and farming. The state has 23 Local Government Areas (LGAs), with Port Harcourt as its capital. Out of these 23 LGAs, eight are situated in the riverine area while the rest have seasonal fresh water around them. The state has a population of 5 million people (2006 Nigeria Population Census). Over 70% of these areas are rural and like other third world states, infrastructural development is skewed in favor of Port Harcourt and Obio/Akpor, which in some strong sense can be considered urban.

The state’s maternal mortality rate is 889 in every 100,000 live births. This figure is higher than Nigeria’s national average. According to UNFPA (2004) work on socio-cultural contexts of reproductive health and gender issues in Rivers State early marriage, unwanted pregnancies, sexually transmitted infections are prevalent even among the youth, and these diseases are treated by traditional healers and patent drug dealers.

Of great interest in UNFPA (2004) work is that cultural and religious factors are considered first in determining the health delivery choice of the people. These findings corroborate Ezekwu’s (2014) finding in the analysis of the determinant factors on the use of PHC in selected areas in Rivers state. In this, it was revealed that Hebrew women paradigm exists among pregnant women during child birth.

UNFPA (2004) informs that cultural health choice is predicated on shame factor that accompany such ill-health and that miscarriages, swollen legs and prolonged labor, weakness, bleeding, anemia and maternal mortality are common pregnancy related problems.


Poor patronage of PHC has heightened maternal mortality problem especially in the rural areas where there is gross infrastructural neglect. This fact reinforces the acceptability of cultural values in health care choice among pregnant women. This thinking corroborates the findings of Uzuigwe and Fubara (2003) on an analysis of 1225 maternal mortality deaths on cases from ruptured ectopic pregnancies performed in
the Anatomy and Pathological Department, University of Port Harcourt Teaching Hospital from 1990-2001. The analysis observed that 71% of these cases came from rural Rivers State and that age 20-30 form the vulnerable group. This patronage pattern in Rivers State is in the face of 317 PHC established by the state government which has enjoyed intervention measures like increase in manpower; free medical care programme; intervention from Niger Delta Development Commission support programme; Millennium Development Goal and UNICEF support programmes among others.

Attachment theory assumptions and relevance to PHC utilization in the reduction of maternal mortality in Rivers State

Attachment theory was popularized by Bowlby in 1969. The theory is a framework for understanding the nature of enduring family bonds that develop/exist between children and their parents/their attachment figures (Bowlby, 2008). This theory is drawn from empirical research finding, observational studies and from clinical examples on children childhood relationships/experiences and their impacts on the emotional development and mental health of children as they grow up. According to Bowlby, babies and toddlers have a powerful survival reaction to sense to danger whenever they are in an unfamiliar place and have no access to an attachment figure (who is usually but not necessarily their biological parent). This sense of danger, Bowlby stressed further, frightens children and has the tendency to trigger their attachment seeking response; this response terminates only when the child is able to reach approximately to their attachment figure. Secure attachments develops when an adult is sensitive and (are) in tune with the baby’s communication, and when the adult provides consistent and predictable care that meets the needs of the baby reliably and quickly.

Conversely, an insecure attachment is likely to develop when the adult is insensitive and not well attuned to the baby’s communication, and when the care is inconsistent and unpredictable and does not satisfy the baby’s needs quickly and reliably. From this original research area, social scientists have extended its application to explain relationships and bonds that exist between people, especially a long time relationship, including that between patients and health care providers. Using the analogy between a child and the mother at the child’s early life, attachment theory claims that it is such bonds that keep the child to the mother. Such closeness provides a sense of security for the child to trust the mother in almost everything, even to explore the world. This scenario can be extended to patients’ health care patronage of health care facilities. People get attached/patronize/utilize health care services if the health care can give/provide the patient health security/assurance/satisfaction. This explains why some patients stick to one health care officer/health care centre over others. In the case of the former, the patient can discontinue patronage of such health care facility/services. What informs this bond between the care giver/health facilities and health services received is the quality of health service rendered to the health consumer.

By all means, this theory has some relevance in explaining pregnant women’s patronage of PHC in the reduction of maternal mortality in Rivers State. To develop an attachment, an emotional bond for a particular health care provider implies that the health care provider must provide quality health care service which must include behavioral component; the way professional activities are practiced. The display of these provides the template for patronage. In addition, it provides the confidence/security for the consumer of health care facility to continue patronize.

Rivers State is largely rural, thus most people are not thoroughly educated. The result is that as a result cultural value guides most behaviors including health seeking behavior. For example, most women of reproductive age object to taking intra-uterine device (IUD), a form of family planning device because it requires them to open their virgina for it to be inserted. The objection is predicated on their tradition that frowns at women opening their virgina to men who are not their husbands. This attitude is a contrast from educated women. The attitude provides an impetus for the patronage of TBAs, who are mainly women, and their traditional values and culture allows expectant mothers’ friends and relatives to crowd them during birth. The TBAs even pet these pregnant women during pregnancy and ante natal services, thus they can spend more time attending to these women. TBAs can afford to collect delivery money in installments; even after delivery they still visit these women in their homes. These, plus the TBAs ability
to communicate with them in their native language, which makes communication easy and intimate without any interpreter, this ultimately strengthens intimacy and security.

A combination of these, (given the number of TBAs over available PHC centres for pregnant women to access), provide pregnancy birth history that is dominated by TBAs. Such birth history dominates health seeking behavior of the community. In this circumstance maternal deaths are attributed to spirits, not human error, hence confidence is built around TBA practice in birth. All these help to build security and reinforce patronage of TBAs instead of PHC staff who these women see as inexperienced children and who may not be their fellow women.

Cultural birth practice in health contradicts PHC operating principles. Firstly, no crowd is required during labor. Secondly, the state is a multi-lingual and multi-cultural society, as a result cultural and communication problem is rife especially given the educational difference between the PHC staff and the pregnant women, who are mostly illiterates and from the rural villages where there has been infrastructural neglect over time. Communication difficulty impact on time PHC staff gives to the pregnant women (which is usually short). Unlike PHC, the TBAs spend more time in examining the pregnant women and this is done in the luxury of cultural and language affinity which both share. When one juxtaposes this with no visit of PHC medical team to the pregnant women after birth unlike the TBAs and delivery payment that must be paid fully in PHC before the pregnant women are discharged from the clinic, we will be able to appreciate the relevance of attachment theory to low pregnant women’s patronage of PHC and the high maternal mortality in Rivers state.

However, the utility of this theory undermined the role income plays in bonding between health consumer and health care provider in Rivers state. Quality of service, no doubt, can create bonding, but the income level (high/low) of the health consumer is critical in determining the patronage pattern of pregnant women in PHC. In the contemporary world, health is an article with price value. The value attached as payment is dependent on the quality of services. In this case, higher services backed with the ability to pay are related to or equal to the value of attachment.

By implication, before or at the point of bonding in the context of payment, it is assumed that ability to pay is possible. And in a stratified society like Nigeria, the quality of health depends on once social class. So, bonding is intensified where service payment is available. PHC users are mostly low income persons and this explains why maternal mortality is high among the poor, not the rich. It is true that quality service delivery can bring about positive emotion building, but the income to pay for health service is equally integral. It is the lack of income that has made most pregnant women patronize TBA, not necessarily quality service.

CONCLUSION AND RECOMMENDATIONS

Social theorizing entails a practice of thinking about what science is and what being scientific means with respect to the social world. Attachment theory emphasizes bonding as a basis for attachment/patronage of PHC by pregnant women. This theory is relevant to the extent that where non-patronage of PHC to reduce maternal mortality is a function of the prevalence of cultural values, high level of illiteracy among pregnant women who are mostly poor and in the rural areas. The theory gloats over the influence of income of health consumers in determining patronage of PHC by pregnant women in Rivers State. At the point of bonding, it is expected that the ability to pay for health is there. Most pregnant women who refuse to patronize PHC do so due to lack of fund and cultural values which the theory ignores. Given these, it is necessary that the use of attachment should rather be centred on explaining behavior of children, or how babies develop and maintain a secure attachment not pregnant women attitude towards PHC utilization because pregnant women are more rational and objective in their response to the external environment.

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