SOCIO-CULTURAL FACTORS AFFECTING PREGNANCY OUTCOME AMONG THE OGU SPEAKING PEOPLE OF BADAGRY AREA OF LAGOS STATE, NIGERIA.

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Abstract

Pregnancy outcomes rank among the most pressing reproductive health challenges all over the world. Globally, an annual estimate of 600,000 women of reproductive age (aged 15-49) died of pregnancy related causes, with 99 percent coming from the developing world with Nigeria accounting for well over 10 percent of this figure. This study is an exploratory one. It therefore focuses on socio-cultural factors affecting pregnancy outcome among the Ogu speaking people of Badagry area of Lagos State, Nigeria. Triangulation method was used for data collection. A multi-stage sampling procedure was adopted to select 120 respondents. Chi-square technique was used to test the hypothesis for the study. In spite of modernisation, the culture of the people of Ogu Community still play dominant role in shaping their reproductive behaviour. Hence, the study found positive relationship between socio-cultural factors and pregnancy outcome among Ogu speaking people of Badagry of Lagos State, Nigeria.

Key Words: Socio-cultural, Pregnancy outcome, Reproductive Health, Antenatal, Traditional Birth Attendant, Maternal Mortality.

Introduction

Pregnancy outcomes rank among the most pressing reproductive health problems in the world. Globally, an annual estimate of 600,000 women aged 15-49 died of pregnancy related causes, with 99 percent coming from the developing world (Population Reference Bureau, 2002; WHO, 2000; Addai, 1998; Wall, 1998; Salter, 1997) and Nigeria alone accounting for over 10 percent of this total figures (Okolocha et al., 1998). Pregnancy outcomes may undermine family stability at the institutional level while it may also affect the health and manpower needs of societies at the structural level. Both impacts have implications for individuals, families, communities and society at large. The World Bank (1998) had observed that maternal and infant mortality depend to a large extent on whether women have access to information, education and communication resources requires to provide themselves and their infants with adequate care. The implication of the above is that the achievement of safe motherhood among women to a great extent depends largely on the interaction of several factors in any given human societies. Apart from the conditions of health centers and the factors that affect their use or non-use, the culture of the people, environment where they live and the socio-economic status of women is also strongly associated with pregnancy outcomes.

It should be mention at this juncture that the culture of people is what best described the group. For instance, a group can best be understood and described based on its cultural practices. This is because people's culture best explains why and how they do what they do and behave the way they behaved. In this exploratory study of socio-cultural factors affecting pregnancy outcomes among the Ogu people of Badagry, Lagos State, Nigeria, attempt is made to examine the nexus of interaction between pregnancy outcome and cultural practices of the Ogu people of Badagry area of Lagos State, Nigeria.

Further, maternal situation among the Ogu people of Badagry, Lagos State is exacerbated by culture of patriarchy which gives men power over women in virtually all spheres of family decision life.

The exclusion of women from some sensitive family discourse, such as family planning, family size and access and use of maternal health facilities, is usually hinged on cultural beliefs and values designed and sustained by men in order to maintain their domination and subjugation of women (Isiugo- Abanihe, 2003; Moore and Helzner, 1996; Sen et al., 1994). This study highlights communal and personal values, perceptions, beliefs and practices as it affects pregnancy outcome among the Ogu people of Badagry, Lagos State, Nigeria.

The Problem

In spite of the efforts of the various successive governments both national and international at reducing the rate of maternal and infant mortality all over the world, there is still high incidence of maternal and infant mortality among the Ogu people which is linked to the perceptions, attitudes and practices of the people with regard to pregnancy. Evidences have shown that, socio-cultural and economic factors have contributed to the increased incidences of maternal and infant mortality among the people of Ogu community of Badagry. The Ogu people of Badagry are found to have low socio-economic statuses which have further helped to increase their level of poverty. In termd of economic activities, the Ogu people are mostly found in the informal sector, particularly, in the areas of non-farming activities such as fishing, and others. This has probably contributed to their low socio-economic status. The situation described above may not be unconnected with the people's low patronage or inability to utilize the available various modern reproductive health services by the Ogu people. In addition to the poor socio-economic status, the culture of the people is another strong factor which has been found to affect pregnancy outcome among this particular group.

In spite of social change and modernization, the Ogu people are still strongly adhere to their cultural practice as it relates to pregnancy some of which that could be described as obnoxious. The Egun (Ogu) speaking people prefer in their quantum cultures Zangbeto. Zangbeto is highly regarded and respected in Badagry and its neighbouring communities. Zangbeto may be considered as a deity, youth masquerade or a myth used in sustaining the law and order of the society. Zangbeto remained the traditional town police among the Egun (Ogu). In summary, the belief in many of the traditional system and cultural practices could be said to account for the low patronage of modern antenatal clinic and sometimes affects peoples' attitude towards the use of modern medicine, hence, majority of the people are still found patronizing traditional birth attendants. This exploratory study of the socio-cultural factors affecting pregnancy outcomes among the Ogu people of Badagry Area of Lagos State, will examines the general attitudinal practices of the people, the culture as a way of life of people, the attitudes of people towards maternal health facilities and Traditional Birth Attendant (TBA) as it affect pregnancy outcomes in the study area.

Gap in Knowledge

Evidences and researches have consistently shown that maternal processes in Africa are prone to crises as a result of multiple socio-cultural and economic factors. For instance, male-domination, low status of women, poverty, cultural beliefs and practices and high fertility combined to affect pregnancy outcomes in most societies in the continent, particularly in Sub-Saharan Africa. It should also be mentioned that, although, with very few exceptions, African societies are patriarchal in nature and as such norms, values and expectation are defined and sustained by men in virtually all spheres of life.

Maternal issues in Africa are prone to crises for several reasons. Women are subjected to repeat childbearing at short intervals either to satisfy their husbands' quest for large family size or as a means of adjusting to the very high infant morbidity and mortality in the continent. The situation is exacerbated by cultural beliefs and practices and poor medical delivery system that hinder access and use of hospital facilities during emergencies. In some communities, women's socio-economic status is significantly low to enable them contribute meaningfully to family discourse. Consequently, men take sole decision that affect members of their families. The implication of such attitude, in a male dominated society is that activities that influence maternal outcomes are taken for granted, ultimately resulting in maternal crises typical of the situation in Africa. Gray (1982) argued that men are always in control of the myth system, even in matrilineal societies. Mill (1970) observed that the principle, which regulates the existing social relations between males and females, is not only wrong in itself, but also one of the chief hindrances to human development. She observed that such principle should be replaced by an alternative which will be embedded in perfect equality, admitting no power or privilege on the one side, or disability on the other.

Furthermore, studies have shown that socialization into sexuality and gender roles begins early in the family and community and are reinforced through the interplay of familial, social, economic and cultural forces, which are subsumed in patriarchy (Isiugo-Abanihe 2003; Moore and Helzner, 1996; Sen et al., 1994; Obura, 1991). In a similar vein, Isiugo-Abanihe (1994) maintained that cultural dictates shape behaviours and one's environment affects her reproductive attitudes, perceptions and motivations.

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. Some socio- cultural factors, which not only prevent women from getting out of their homes to utilize maternal health facilities, even in emergencies, but also prohibit them from eating certain foods, have been identified (Erinosho, 1998; Jafarey and Korejo, 1995).
It should further been mentioned at this juncture that in some parts of Nigeria, cultural taboos discourage pregnant women from eating some kinds of foods and supplements such as fruits, vegetables and other high-calorie foods that ordinarily reduce susceptibility to diseases and malnourishment during pregnancy period (Mbugua, 1997). Most of these restrictions are given in order to sustain the myth surrounding a particular tradition or to emphasize the sacredness of a custom conceived as invaluable.

Among the Ogu people of Badagry of Lagos State, Nigeria for instance, one of the notable cultural practices that poses risk to pregnant women is the traditional rite of passage during the burial rite of their traditional ruler. It has been noted that everyone including the pregnant women is prohibited/ prevented from going out of their homes as no one should be seen outside during the mourning period. The mourning period is found to last for days and "ORO" (a traditional festival) was out for those numbers of days. This type of practice has been reported to have claimed the lives of many pregnant women whose delivery period fell into that time.

Furthermore, it has also been pointed out that culture, which in most African societies is defined by men, determines habits related to food, which in turn has some implications for the health status of individuals in the community. Among the Ogu people of Badagry, Lagos State for instance, it is common to see men and women of various ages drinking locally made gin in the public. Pregnant women in their various trimesters are not restrained from such alcohol use. Invariably, men unwittingly support their wives' consumption of alcohol which increases proneness to pregnant complications. Hence, data on pregnancy outcomes related to drugs or alcohol exposure are relevant for a deeper understanding of the factors that influence people's behavior considering medical concerns about the consequences of exposure to alcohol for maternal outcomes.

According to Noah (2001), drinking alcohol during pregnancy can cause physical and mental birth defects. Report shows that no level of alcohol use during pregnant has been proven safe. Each year, more than 50,000 babies are born with some degree of alcohol-related damages. Many women are aware that heavy drinking during pregnancy can cause birth defects, but many do not realize that moderate or even light drinking also could harm the fetus (Center for Disease Control 2003; Noah Health, 2011). The specific effects of alcohol at different trimesters have been pointed out by Ling et al. (1996), according to him alcohol interferes with organogenesis in the first trimester while it leads to mental retardation and spontaneous abortions during the second. In the third trimester, alcohol is associated with significant depression of fetal growth. Other anomalies that are ascribed to toxic effects of alcohol on the fetus include spinal defects, congenital heart disease among others (Ling et A. 1996).

Among the Ogu people of Badagry, Lagos State, the rate of alcohol (specifically local gin) consumption is very high generally and in particular among pregnant women. This attitude, coupled with inadequate health facilities, explains the high rate of maternal and infant mortality and morbidity among these people. A combination of these factors makes the choice of the Ogu people of Badagry area of Lagos State very interesting for the choice of this study area appropriate. Individual and communal values, norms and perceptions are noted as responsible for the persistence of some cultural and religious practices, with its social concomitant effect on demographic behavior in Africa and in particular among the Ogu community of Badagry. (McQuillan, 2004). The foregoing highlights the role of male-dominated culture in shaping maternal health conditions and outcomes among individuals in sub-Saharan Africa. In addition, it has been pointed out that since over 60 percent of the populations of Africa are rural based, cultural norms and practices still exert a strong influence on reproductive health care, especially in relation to pregnancy, delivery and child rearing. The implication is that women's contributions to maternal health are limited (Njikam, 1994).

Such limitation affects maternal-outcomes generally considering that some of these women are compelled to observe culturally approved activities, even when such problem undermines their safety. It has been observed that most women are beginning to emphasize the limiting capacity of their motherhood activities in relation to childbearing.Grimshaw (1986), for instance, pointed out that motherhood has often been ideologically constructed in ways that have served to legitimize the dependence of women on men. Her position that motherhood annihilates women and should therefore for sometime be totally rejected re-echoes the position of most feminists that being a mother not only obliterate one's freedom but also a means to capitulate to patriarchy. But going by the African value that places premium on children, the emphasized limitation of motherhood is clearly contradictory. Moreover, the status of women in most societies of Africa is confirmed by their fertility and especially in having male children. Motherhood thus becomes an agonizing experience for women that have only female children and those that are infertile, in places where male-child syndrome is emphasized (Nwokocha, 2007).

Methodology

Study Location
The Egun (Ogu)

One of the major settlers of the Ogu in Lagos State is Badagry. A town which is noted for being a one-time transit camp of slaves captured from the interior and transported to Europe. This settlement is one of the major tourist centres in the state. It is noted as the museums of relics and artifact relating to the Trans-Atlantic slave trade in Nigeria. More importantly, the town is noted for being the first settlement in Nigeria where Christianity was preached in the nineteen century, and the Bible translated into Yoruba language. The town houses the first storey building in Nigeria and can boast of many kilometers of aquatic splendor. The Egun (Ogu) speaking people are descendants of those who migrated from Whidah, Allada, Weme which are now part of the Republic of Benin but were all geographically and politically one with Egun (Ogu) speaking people found before and after 1900 in Nigeria. Some of the migrations were induced by need for new waters for fishing, good farmland and largely because of the Dahomian war of the 18th century. In terms of spatial distribution, the Ogu occupy about 15% of the state population and present a distinct ethnic group. Places like Badagry, Igbogbele, Rapoji, Agbojetho, Kweme, Aivoji, Iweseme towns and villages; Ajara (14 groups), Ikoga and Ajido towns, etc, are today in Badagry local government area and are a division of Lagos State. Linguistically, they sub-ethnic groups of the larger Egun (Ogu) speaking people of the Benin Republic, Formerly Dahomey.

According to Mesawaku *et al* (2000) "the Egun (Ogu) speaking people found their way to Badagry and Adjoining settlements because of the need for security as early as the 15th century, as a result, they travel along the coastal area for shelter on daily basis. Also encouraging the development of some village settlement was the opportunity for salt production. It is on record that Bapo village in Igbogbele beach was a famous salt factory for large production of salt. The Yoruba traveled from far and wide to Badagry in search of this essential product in the 18th century and during the second world war of 1939. Besides salt making the Ogu speaking people tap wine and also involve in Gari production and coconut processing. The people are dynamic and are today found in both the public and private sectors management both at home and abroad". The Egun (Ogu) speaking people are socio-politically organized and the institution of *Aholu* represents one of the achievements of the Egun (Ogu) in political centralization. Until the turn of the twentieth century, the people are into fishing, coconut processing, trading, salt production and a little farming. In the era of the Trans-Atlantic route which says "Badagry soon became a significant slave market in the world at large". Traditionally, the Ogu are very religious and ritualistic and every traditional Ogu community has sacred shrines.

It is also a common thing to find Egun (Ogu) speaking man respecting and adoring his ancestor's cultural heritage. Malimowski (1957) in his contribution to culture says *Culture represents a complex whole, which includes knowledge, beliefs arts, custom and habit…*

The Egun (Ogu) speaking people prefer in their quantum cultures Zangbeto. Zangbeto is highly regarded and respected in Badagry and its neighbouring communities. Zangbeto may be considered as a deity, youth masquerade or a myth used in sustaining the law and order of the society. Zangbeto remained the traditional town police among the Egun (Ogu). One other significant thing among the Egun (Ogu) speaking people is variety of dialects, for instance, there is the Thevi, Whla, Seto, Toli, etc. which are common in parts of Badagry, Lagos and Mauto in Ogun State.

Kuckholm (1951) says *culture holds a distinctive value for the society;* the view of this foremost writer explains the position of the Egun (Ogu) speaking people concerning the value attached to and the efforts at sustaining their culture, hence every aspect of their culture is jealously guarded. The various shrines and divinities perform different roles in the development of the community. It is against this background that one can understand why the town represents the seat of politics and economic powers for a large number of Ogu and many Awori. The town up till 1968 served as the Divisional Headquarters, thus maintaining its territory from Seme Border to Orile in Ajegunle as a local government headquarters. Generally, the Egun (Ogu) and the Awori speaking people of Badagry are peaceful and good neighbors to their visitors.

The Study Population.

The study population comprises of ever pregnant women and their spouses who have ever used either traditional birth attendant or maternal health institutions. It should also be mention at this juncture that in addition to the ever pregnant women and spouses, both the midwives and traditional birth attendants were equally interviewed so as to be able to complement the data collected from the main respondents who are ever pregnant women in the study area.

Sampling Size and Sampling Procedures.

The sample size for this exploratory study is 120. Cross sections of reproductive age (ever pregnant women) among Ogu community were selected to be included in the samples using a multi-stage sampling technique. First and foremost, a comprehensive list of both modern antenatal centers (both public and private hospitals) and traditional birth attendant centers were collated. One public hospital (General Hospital), four registered private hospitals and four traditional birth attendant institutions were identified. Next was the selection of the hospitals and the traditional birth attendant centers included in the study. Two traditional birth attendant centers and two hospitals (one public and one private) in Badagry which have the highest patronage of pregnant women are purposively selected thereby given a total of four maternal health institutions in Ogu community of Badagry area of Lagos State.

Respondents included in the sample size were randomly selected. A total of 120 respondents were included in the interview. In addition, four key informants which include midwives and traditional birth attendants were interviewed using an in-depth method.

Research Instrument and data collection method

Triangulation method of data collection was adopted. While the main instrument used for data collection was the structured questionnaire, qualitative method, specifically in-depth interview method was employed to elicit additional relevant information that would help us to complement the quantitative information earlier collected from respondents through structured questionnaire from the key informants. The questionnaires were designed in such a manner that it contained both opened and closed ended questions on the various issues that can help us to collect enough information on the subject matter. Unstructured questionnaire was used for the in-depth interview among the key informants.

Method of data analysis

In this section, both the quantitative and qualitative data collected were analysed. An attempt is made to highlight and cross tabulate some of the socio-demographic and background characteristics of the respondents by gender from the analysis of the quantitative data collected.

The uni-variate analysis involves the use of simple statistics to examine the distribution of respondents according to some socio-cultural demographic and economic characteristics. Frequency distribution was employed with a view to highlighting how varied the respondents were according to individual characteristics. Through the use of percentages, the univariate analysis was able to provide preliminary answers to some of our research questions. At the bi-variate level of analysis, there was a simultaneous examination of two variables using cross tabulations. Put differently, chi-square statistical analysis was use for the test of hypotheses.

Socio-Demographic Characteristics of Respondents

This section discusses the various socio- demographic variables of the respondents. This is done using simple percentage distribution's table as shown below:

Table 1: Socio- Demographic Characteristic of Respondents

Sex	**Frequency**	**Percentage (%)**
Male	26	21.7
Female	94	78.3
Total	120	**100.0**
Age		
15-24	8	6.7
25-34	24	20.0
35-44	48	40.0
45 and above	40	33.3
Total	120	**100.0**
Marital Status		
Single	12	10.3
Married	92	79.3
Divorced	10	8.6
Others	2	1.7
Total	120	**100.0**
Educational Qualification		
Primary	42	35.0
Secondary	50	41.7
B.Sc/M.Sc/Ph.D.	20	16.7
Nil	8	6.7
Total	120	**100.0**
Occupation		
Civil Servant	38	31.7
Business	64	53.3
Artisan	18	15.0
Total	120	**100.0**
Religion Affiliation		
Islam	22	19.3
Christianity	72	63.2
Others	20	17.5
Total	120	**100.0**

Source: Author's Field Survey 2011

Table 1 above presents the Socio-demographic characteristics of respondents. The table reveals that the female respondents were more than their male counterparts with 78.3% and 21.7% respectively. On the marital status of the respondents, the table reveals that most of them are married with 92 respondents representing 79.3% of the sample population. This was followed by those who are single which accounted for 12 respondents representing 10.3%, while the divorced respondents were 10 representing 6.4% of the study population. The widowed respondents were just two representing 1.7% of the total population studied. It should be mention at this juncture that the people who claimed single status may not be unconnected with the fact that they are still living in their Parents/Guardians/extended family houses. However, this category was found to have had one child or more, while some are currently pregnant, although outside wedlock.

On the age of the respondents, the table further revealed that, respondents between the ages of 15 – 24 years were 8 representing 6.7% of the population studied, 24 representing 20% of the respondents were between 34 - 44 years, 40 representing 33.3 % of the respondents were 45 years and above. The implication of the above table is that majority of the respondents belong to ages between 35 years and 44 years of age. On the educational qualification of the respondents, the analysis shows that, most of the respondents have an average educational background, in which 50 respondents representing 41.7% of the population had SSCE qualification, (secondary school education), 42 representing 35 % of the respondents had primary school education, 20 representing 16.7% had first degree qualification (B.Sc/B.A/B.ED etc), while 8 representing 6.7% had no education qualification at all. It should be mentioned at this juncture also, that, this low educational qualification among the Ogu people may not be unconnected with their low socio-economic background.

Furthermore, the table also revealed occupational status of the respondents, 38 representing 31.7% of the respondents are civil servants, 64 representing 53.3% are into one business or the other, while 18 representing 15% of the respondents are artisan. As earlier noticed above, the low educational qualification may also be accounting for the low representation of the Ogu people in the formal sector of the economy, hence, majority of them are self employed in the informal sector of the economy as indicated above. On the religion affiliation of the respondents, most of the respondents are Christians representing 63.2% of the entire respondents; Islam respondents' represents 19.3% and 20 representing 17.5% of the respondents belong to other religion.

Table 2: Respondents' according to factors affecting pregnancy outcome among Ogu Community.

Variable	Frequency	Percentage (%)
House headship		
Yes	102	86.4
No	10	10.2
Total	**118**	**100.0**
Economic Status		
Yes	26	21.7
No	94	78.3
Total	**21.7**	**100.0**
Cultural practices/belief system.		
Yes	20	16.9
No	98	83.1
Total	**120**	**100.0**
Decision making in the family		
Yes	118	98.3
No	2	1.7
Total	**120**	**100.0**
Life Style (such as alcohol consumptions)		
Yes	18	15.5
No	98	84.5
Total	**120**	**100.0**
Availability of health institutions		
Yes	116	100
No	120	0
Total	**120**	**100.0**
Influence of cultural practice on the use of modern antenatal facilities		
Yes	110	98.2
No	2	1.7
Total	**120**	**100.0**
Have you experienced any pregnancy outcome?		
Yes	26	26.5
No	72	73.5
Total	**120**	**100.0**
Do you practice family planning?		
Yes	26	26..5
No	72	73.5
Total	**120**	**100.0**
Have you ever had an abortion?		
Yes	8	11.8
No	60	88.2
Total	**120**	**100.0**

Source: Author's Field Survey, 2011

Table 2 shows that 102 respondents representing 86.4% of the sampled population were of the opinion that the headship of the household significantly determined pregnancy outcome in the study area.

The significant of the above distributions is that majority of our respondents are experienced married couples and this goes a long way to help in providing basic information needed for the success of this research. 12 respondents representing 10.2% of our respondents claimed not sure whether household headship affect pregnancy outcome, hence, they responded "No" to the question. It should also be mentioned at this juncture that these people are either living by themselves or in the family house or living with friends, although they have had one or more children outside wedlock.

On the economic status of the respondents, 26 representing 21.7% of our total respondents acknowledged that their income/economic status is a determinant factor in the number of children they have while 94 representing 78.3% said that it is not a major factor in determining the number of children they have. The above finding has been corroborated by one of the key-informants interviewed on the issue when she said:

> *"rara, omo bibi, ko kan oro owo osu tabi oro aje. Ni temi mo ti bi omo meta, ni bayi mo sin tun ngbero lati bi omo kan si. E yi ko ni ohun kan lati se pelu owo osu tabi oro aje rara"*
> *Meaning -*
>
> *"No, childbearing has nothing to do with ones income or economic status. For instance, I have had three children already and I intend to have one more. This does not have anything to do with my income. It is simply the number of children I want to have".*
>
> Another key informant, who is considered to be an experienced old woman, also submitted that:
> *"ti a ba ni ki afi omo bibi le oro owo osu tabi oro aje, ko si enikeni ti yio fe bi omo rara"*
> *Meaning –*
>
> *"If we have to base child bearing on income or economic status, no one will be prepared to have children at all".*

On the question of culture and pregnancy outcome, 98 representing 83.1% of our respondents do not agree that, there are cultural practices that can have negative effect on pregnancy outcomes, while about 20 respondents representing 16.9% of our sampled population confirmed that some cultural practices have the tendency of affecting pregnancy negatively if they are not carried out as prescribed by the ancestors. This position was supported by one of the key informant when she narrated her family tradition regarding cultural practices during pregnancy. She said:

In my paternal family, there is a ritual that every pregnant woman in my family must undergo when the pregnancy is 7 months old. Such pregnant woman will get a big new "clay pot" while a ritualist provides other items which include "Ewe ifin", "ewe iko", etc. These items are soaked in the clay pot with water for a day. On the second day, the ritualist and the pregnant woman are left in a room before the shrine. During the ritual, the pregnant woman will put on a small light clothes with the big clay pot positioned between her and the ritualist who is holding a sharp knife in his hand. The ritualist will then tied round the pregnant woman body from her head to toes with the soaked leaves, while the ritualist make some incantations and the woman repeat after him.

The incantations goes thus-

"mori iku mo sa, mori arun mo sa, mo ti bi abiye".

Meaning:

"I saw death, I ran, I saw sickness, I ran, I had a safe delivery"

After she had said this, the ritualist who has been holding a knife now used the knife to cut the rope and leaves tied to free the woman. After the initial exercise, the woman is instructed to knock and wait for a reply. The ritualist then asked "who are you?", she will then respond by mentioning her names. The ritualist then asked her to open the door after which she will be asked to pack the dirt (the rope, leaves, etc) and put back inside the clay pot, while she continues to repeat the incantations –

"Mo ru oyun yi, mo ru re, mo bi oyun yi, mo bi re"

Meaning,

"I carried my pregnancy safely, and I had a safe delivery"

After the whole exercise, the woman goes home with the pot and birth with the water and the contents inside it for a period of seven days without additional water. According to the key informant, failure to perform this ritual by any pregnant woman in the family stand the risk of negative pregnancy outcomes and may either loose her life or deliver through caesarian operation.

On the decision making in the family, 118 respondents representing 98.3% of the total sample population agreed that men played significant role during their wife's pregnancy. However, 2 respondents representing 1.7% expressed contrary opinion on the role of men and decision making in the family on pregnancy outcome. One of our male key-informants shares his view on this question. He says:

> *"Although, my wife and I share the house chores, but when she is pregnant I do most of the work because, I am a christian and I know the implication of stress on pregnant women. So I clean the house, bath the children and take them to school. My wife only does the cooking. And at time we switch duties but I take my children to school always".*

When the question on the lifestyle was asked, particularly, emphasis on alcohol consumption during pregnancy, 98 respondents representing 84.5% of the sample population declined the use of alcohol during pregnancy while only 18 of them representing 15.5% confirmed they consume alcohol during pregnancy. The distributions of respondents above may not be unconnected with religious inclination. For instance, majority of the people who declined answer claimed to either be Christian or Muslim whose religion practices do not allow the for the consumption of alcohol. However, those who confessed they consumed alcohol during pregnancy claimed traditional religion practice and were of opinion that nothing is absolutely wrong in taking it most especially when it is used to soak herbs.

On the availability of health institutions in the area, the entire 120 respondents confirmed that at least, one or more health institutions is/are located very close to their neighbourhoods. In a similar vein, all the entire 120 respondents agreed that cultural practices and beliefs system allow the use of maternal health facilities. However, this is a matter of choice by individuals, either to go for the modern antenatal or patronize the traditional birth attendants. It should be observed here that the choice made by individuals is not without some cultural influence.
The question on whether our respondents had experienced any pregnancy outcomes was asked. 110 representing 98.2% of the respondents confirmed that they have experienced one pregnancy outcomes or another. While 80 representing 67.8% of the respondents claimed to have experienced maternal and infant survival. 20 representing 16.9% of the respondents claimed to have experienced maternal survival but infant mortality. 16 representing 13.6% of our respondent had experienced maternal survival and infant mortality. 2 representing 1.7% of the respondent had experienced maternal and infant mortality. In spite of the confession made by our respondents on their experiences of maternal and infant survival, effort was made to find out whether they have had one forms of pre-mature birth (abortion) or the other, surprisingly, 118 of the respondents have had one forms of abortion or the other. The sociological significant of the above revelations is that, people tend to defend their cultural practices so that it would not look as if it constitute negative influence on the life style of the people. Hence, the people believe and claim that from their cultural point of view, there are more successful pregnancy outcomes than the negative pregnancy outcomes among the Ogu community of Badagry of Lagos State, Nigeria.

Effort was made to ask our respondents whether they practice family planning as a measure of safety or not. 26 representing 26.5% of the total respondents confessed they practice family planning method to regulate and control family population and also for economic reasons. However, majority of the respondents, about 72 representing 73.5% of the respondents said they are not practicing any forms of family planning method. Some of the reasons adduced for not practicing family planning method include that it is either against their religion, culture, or lack of finance. This finding may have accounted for very large families among the Ogu people of Badagry.

Test of Hypotheses

In this section, the two hypotheses earlier proposed for the study were tested, using chi-square statistical method of analysis.
Hypothesis 1: "There is significant relationship between pregnancy outcomes and socio-cultural factors".

Table of respondents showing cross tabulation of socio-cultural practices by pregnancy outcome

Socio-cultural practices and pregnancy outcome	Which one of the pregnancy outcomes have you experienced?			
Socio-cultural practices	Survival of mother and child	Survival of mother and infant but later infant mortality	Survival of mother and death of child (Still birth)	Total
Traditional Concussions	6	2	0	8
Rituals	2	0	0	2
Belief in Oro	0	2	0	2
Others	4	0	2	6
Total	12	4	2	18

Chi square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.000[a]	6	.043
Likelihood Ratio	13.917	6	.031
Linear by- linear Association	1.789	1	.181
N of Valid Cases	18		

a. 11 cells (91. 7%) have expected count less than 5. The minimum expected count is .22.

Thus, X^2 calculated = 13.000[a]

Degree of Freedom (df) = (c-1) (r-1)

= (4-1) (3-1)

= 3 x 2 = 6

Where a = 0.05 (level of significant)

(X^2) t = 12.592

Therefore, 13.000[a] is greater than the tabulated. 12.592

Interpretation of findings

Since the chi-square calculated value (x^2) of 13.000[a] is greater than the chi-square table value (x^2) t of 12.592, we reject the null hypothesis which says there is no significant relationship between socio-cultural factors and pregnancy outcomes and accept the alternative hypothesis that says there is significant relationship between pregnancy outcomes and socio-cultural factors.

Hypothesis 2: "There is significant relationship between pregnancy outcomes and use of maternal health facilities".

Table of respondents showing cross tabulation of method of delivery use by pregnancy outcome

What method of delivery system does woman use when pregnant?	Which one have you experienced in any of the following pregnancy outcomes?				
	Survival of mother and child	Survival of mother and infant, and survival of mother but infant mortality	Survival of mother and death of child	Mortality of mother and child	Total
Maternal health facilities	32	16	8	0	56
Traditional Birth System	6	0	8	0	14
Both	42	4	0	2	48
Total	80	20	16	2	118

Chi square Tests

	Value	Df	Asymp. Sig (2-sided)
Pearson Chi-Square	42.968[a]	6	.000
Likelihood Ratio	43.465	6	.000
Linear by- linear Association	3.358	1	.067
N of Valid Cases	118		

Thus x^2 calculated = 42.968^a
Degree of Freedom (df) = (c-1) (r-1)
= (3-1) (4-1)
= 2 x 3 = 6
Where a = 0.05 (level of significance)
(x^2) t = 12.592
Therefore, $42.968^a > 12.592$

Interpretation of findings

Since the chi-square calculated value (x^2) of 42.968^a is greater than the chi-square table value (x^2) t of 12.592 we therefore reject the null hypothesis and accept the alternative hypothesis which says "There is significant relationship between pregnancy outcomes and use of maternal health facilities".

Summary, Conclusions and Recommendations

Reproductive health is one of the critical areas that have been a source of worry to demographers, medical practitioners and sociologists alike. There is no doubt that several studies have been carried out in other areas of reproductive health, however, very little have been done on socio-cultural determinants of pregnancy outcome among the Ogu people of Badagry area of Lagos State in particular. This study examines holistically the various socio-cultural factors affecting pregnancy outcome in the study area. In other to achieve the objective of the study, several related literature were reviewed in other to find out gap in knowledge. Multi-theoretical approach was adopted for the study in order to bridge the gap in knowledge. Multi stage sampling was adopted to select the respondents included in the study. Triangulation method was adopted for data collection method. This was done in order to allow one method to make up for the deficiency of the other methods. The various data collected were analyzed using a more scientific statistical data analysis to interpret and test for the hypotheses earlier proposed. The results of the analysis were presented in the study and several panaceas were suggested for future sake.

Conclusions

From the pragmatic view point, it could be more voluminous to discuss in details all the issue raised by the mere mentioning of the socio-cultural factors affecting pregnancy outcomes. It is therefore, the purpose of this study is to establish the nexus of interaction between the various socio-cultural factors and pregnancy outcomes in the study area. Based on the interpretation of our findings, it has been discovered that, there is significant relationship between pregnancy outcomes and socio-cultural factors ranging from economic status of pregnant women and their spouses, number of children they have, the year at marriage, level of education, income and reactions to cultural practices during pregnancy, among others.

The study also reveals that men plays significant role during pregnancy period that are significantly different from their normal activities because, pregnancy is perceived as a serious condition which requires special attention.
Maternal events among Ogu speaking people of Badagry, Lagos State is prone to crisis for several reasons. Women are subjected to repeated child bearing at short intervals. 22 representing 34.4% of our respondent space their children at a year interval. 32 representing 50.0% of our respondents space theirs at 2 years interval, while the remaining few numbers space their children with more than two years. This is perceived as a means of satisfying their husbands' quest for large family size, which may not be unconnected with the effect of decision making in the family.

Finally, it is also evident in our findings that, there is significant relationship between pregnancy outcomes and use of maternal health facilities. This finding is asserted because of the people's cultural practice which allows the use of health institutions.

Recommendations

i Government needs to embark on massive enlightenment programs for young adult who are of the child bearing age in order to educate them on the use and practices of child spacing mechanism such as family planning, and also advice them that the natural method cannot always be reliable.

ii. Parents and young adult of child bearing age are advised to scrutinize their culture very well in other to jettison the aspect of the culture that could pose problem or cause negative effect on pregnancy outcome, while the aspect that could yield positive effect should be embraced.
iii. While still embracing people's culture the people of Ogu should endeavour to make use of the available health facilities in their community in order to have safe delivery among many pregnant women in Ogu community.
iv. Government, NGOs and Philanthropists should embark on poverty alleviation programs and projects in the area in order to help boost the socio-economic status of the people in the area.
v. Government should endeavour to provide more health delivery services at affordable prices to the people in order to encourage them to patronize modern maternity and antenatal services than as they currently patronize traditional birth atendants.
vi. Government should scrutinize the various existing traditional birth attendants' centres to make sure they are carry out in a more descent and professional environment.

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