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Social Science & Medicine 62 (2006) 2930–2944

SOCIAL SCIENCE & MEDICINE

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Challenges to the reproductive-health needs of African women: On religion and maternal health utilization in Ghana

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Available online 6 January 2006

Abstract

How relevant is religion to our understanding of maternal health (MH) service utilization in sub-Saharan Africa? We ask this question mainly because while the effect of religion on some aspects of reproductive behavior (e.g., fertility, contraception) has not gone unnoticed in the region, very few studies have examined the possible link with MH service utilization. Understanding this link in the context of sub-Saharan Africa is particularly relevant given the overriding influence of religion on the social fabric of Africans and the unacceptably high levels of maternal mortality in the region. As African countries struggle to achieve their stipulated reductions in maternal and child mortality levels by two-thirds by 2015 as part of the Millennium Development Goals, the need to examine the complex set of macro- and micro-factors that affect maternal and child health in the region cannot be underestimated. Using data from the 2003 Ghana Demographic Survey, we found religion (measured by denominational affiliation) to be a significant factor in MH use. This is true even after we had controlled for socio-economic variables. In general, Moslem and traditional women were less likely to use such services compared with Christians. The findings are discussed with reference to our theoretical framework and some policy issues are highlighted.

Keywords: Religion; Maternal and child health services; Maternal and child mortality; Sub-saharan Africa; Ghana

Introduction

In the past couple of decades, the discourse on the reproductive-health needs of women in the developing world and those in sub-Saharan Africa in particular has typically focused on family planning and HIV/AIDS related issues. More recently, there has been renewed interest in studies that investigate other aspects of women's reproductive health, in particular those relating to maternal and child health (MCH) issues. The rekindled interest in MCH issues stems in large part from three main factors. First is the sheer numbers of women and children in the developing world, and especially Africa, who die each year from pregnancy-related conditions (see e.g., Ross, Campbell, & Bulatao, 2001; Rutstein, 2000). A second reason has to do with the realization that most deaths and injuries to women from pregnancy-related conditions are preventable through early diagnosis and intervention (Mavalankar & Rosenfield, 2005). Third, it has long been acknowledged that the health of mothers and

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doi:10.1016/j.socscimed.2005.11.034

their children is at the cornerstone of public health and also an aspect of socio-economic development (AbouZahr, 2003).

Given the link that has been made between MCH service utilization and morbidity and mortality patterns, it is no surprise that many African countries have put strong emphasis on Safe Motherhood Programs, and also established targeted goals aimed at reducing maternal and child mortality as part of their Millennium Development Goals (Maine & Rosenfield, 1999; Mavalankar & Rosenfield, 2005; United Nations, 2000). What is more, the World Health Organization (WHO) and the Partnership for Safe Motherhood and Newborn Health have launched a new global campaign (October 2004) aimed at reducing maternal mortality and have already begun training staff in high-risk areas. However, as AbouZahr (2003) has pointed out, any progress in improving MCH will require a concerted effort by policy and non-policy makers alike.

While it is true to say that many African countries have made some progress in their attempt at reducing maternal and child morbidity and mortality levels, the most recent available data also indicate that maternal and child mortality levels in Africa are among the highest in the world. According to the WHO, for example, about a fifth of all children in sub-Saharan Africa die before their fifth birthday compared to less than a tenth reported in Asia and Latin America. In addition, AbouZahr and Wardlaw (2001) note that in comparison to North America where maternal mortality rates are estimated to be about 12 per 100,000 live births, estimated maternal mortality rate for sub-Saharan Africa is around 1000 per 100,000 live births.

It is against this background that we explore the linkages between macro-structural processes, in this case religion, and its impact on programs aimed at improving MCH in Ghana. More specifically, we use recent demographic and health data to examine the effect of religion on four markers of maternal health (MH) utilization during the most recent pregnancy: prenatal care (PNC) use, number of antenatal visits and tetanus immunizations, and delivery in an institutional facility. Our emphasis on the mothers' religion is borne in large part by its re-emergence as a major social force on the continent, and the fact that previous studies have linked women's reproductive behavior to their religious beliefs and involvement (see e.g., Takyi, 2003). In addition, a recent BBC News (2005) report indicated that the Ghanaian government had to intervene in the case of a sick young girl whose parents declined medical treatment on religious grounds. According to the report, members of the religious sect believe in divine healing and do not even accept polio immunization. The above report provides us additional support to pursue the question of whether there is a relationship between religion and the use of MCH services, and whether such an association is mediated through other socio-economic, socio-cultural and demographic factors.

Background and conceptual framework

According to some estimates, about 90% of the 600,000 women around the world that die each year from pregnancy-related causes are from developing countries (Claeson & Waldman, 2000; Ransom, 2002). The issue is more grievous given that for every woman who dies from pregnancy-related conditions, Tahib (1989) has reported that an additional 10–15% are impaired or injured, thus preventing them from normal functioning.

Sub-Saharan Africa typifies this pattern of high maternal morbidity and mortality (AbouZahr & Royston, 1993). Although many African countries have made significant progress in reducing maternal and child mortality levels, the available data suggest that the region still lags behind other major global regions. According to the United Nations (2002), for example, about a fifth of children in sub-Saharan Africa die before their fifth birthday. In contrast, the comparable figures are about 8% and 5% for the other developing regions of Asia and Latin America, respectively. African nations also have the highest rates of childbirth-related deaths in the world with women in sub-Saharan Africa having a one-in-13 chance of dying during pregnancy or childbirth compared with a one-in-4000 chance for their counterparts in the developed countries.

More importantly, several studies have also noted that the advances that were made during the mid-1980s regarding child survivorship, and thus improvements in women's health, have in some cases slowed, stopped, or reversed (Kuate-Defo & Diallo, 2002; Rutstein, 2000). In the case of Ghana, data from the most recent national survey indicate that the pace of mortality decline has slowed in recent years (Ghana Statistical Service, Nugouchi Institute, and Macro International, 2004). Ghana's national objectives as outlined in the first Ministry of Health's Five Year (1997–2001) Program of