

EXPLORING MATERNAL HEALTHCARE-SEEKING PATTERNS THROUGH A RADICAL FEMINIST LENS: A MIXED-METHODS REVIEW

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Abstract

In the context of maternal health care, this article did a critical investigation into the nuanced and multifaceted relationships between gender dynamics, power structures, and societal norms. It delved into the intricate determinants influencing maternal health-seeking behaviour, employing a radical feminist perspective. Using mixed-methods review involving a synthesis of diverse viewpoints, the study investigated the impact of socio-cultural norms, economic constraints, and systemic complexities on women's decisions related to seeking maternal health care. Patriarchal structures, mandating male authorization for healthcare were spotlighted, while education emerged as a catalyst for women's empowerment. Economic barriers and cultural beliefs presented obstacles to accessing care, as healthcare providers' attitudes and skilled workforce availability further shape women's choices. In conclusion, this mixed-methods review presents a succinct exploration of determinants impacting women's maternal health-seeking behaviour, proposing actionable insights to enhance equitable healthcare access and catalyze transformative societal change. Drawing from this comprehensive analysis, the study puts forth actionable recommendations. Urging gender-sensitive policies, targeted health education campaigns, and augmented investment in health care, the study advocates for empowering women and cultivating proactive maternal health-seeking behaviour. Community engagement is proposed as a potent strategy to surmount socio-cultural impediments. Acknowledging inherent limitations, this paper leverages existing research to construct a holistic narrative.

Keywords: Health-seeking Behaviour; Mixed-Methods; Patriarchy; Patriarchal Structures; Radical Feminism.

Introduction

The health-related choices made by individuals, with a special focus on women, have a profound impact on shaping their overall health results, including aspects like maternal mortality rates and life expectancy. Nonetheless, across the world, women encounter a spectrum of health challenges that are distinctly linked to their gender (Bhattacharjee & Banerjee, 2019). According to Benova, Campbell, Sholkamy, and Ploubidis (2014), these challenges are primarily deeply rooted in social, cultural, and economic factors. Health seeking behaviour, which encompasses the actions taken by individuals to restore their health, is influenced by complex decision-making processes shaped by individual and household behaviours, community norms, provider characteristics, and societal expectations (Ihaji, et al., 2014).

Globally, maternal health-seeking behaviour is a complex and multifaceted phenomenon influenced by socio-economic, cultural, and systemic factors. For instance, Hyzam et al. (2020) noted that insufficient financial support from governmental authorities has played a significant role in shaping the perceived standard of maternal healthcare services offered by public health institutions. It was also noted among some women in Peru that factors such as feelings of discomfort, apprehension, and reliance, as well as a shortage of healthcare staff with unfavourable attitudes, inadequate availability of essential medications and resources in medical facilities, among others, could influence the health-seeking behaviours of some mothers (Westgard et al., 2019). In Pakistan, women's social networks influenced their attitude to the uptake of antenatal care services (Ahmad, Zhu, Lebcir & Atun, 2019). According to Islary (2014), tribal identity influences health-seeking behaviour in a community. In the African setting, He et al. (2022) documented from their cluster survey involving selected African countries that age and residential location were determinant for maternal health-seeking behaviour. Despite the availability of healthcare facilities, women in Nigeria encounter overt discrimination when seeking healthcare.

The World Health Organization (WHO) has identified several determinants that significantly impact women's health seeking behaviour. These determinants include unequal power relationships between men and women, social norms that limit educational and employment opportunities for women, an exclusive focus on women's reproductive roles, and the potential or actual experience of physical, sexual, and emotional violence (WHO, N.d; Ogunkorode, Holtslander, Ferguson, Maree, Anonson and Ramsden, 2021). Additionally, poverty is recognized as a determinant affecting both men and women; however, it disproportionately burdens women (Weldegiorgis & Feyisa, 2021). Statistic reveals that more than 800 women continue to lose their lives every day as a result of complications during pregnancy and childbirth, with a predominant occurrence in Sub-Saharan Africa (Olonade, Olawande, Alabi, Imhonopi, 2019). In their study, Uzochukwu et al. (2016) emphasized the pressing requirement to tackle women's health concerns and the barriers they encounter.

Although healthcare facilities are available to the general population, women encounter overt discrimination when seeking healthcare services. This discrimination presents a significant barrier to women of reproductive age in accessing the necessary healthcare they require. The main objective of this paper is to comprehensively investigate and analyze the multifaceted influences of gender dynamics, power structures, societal norms, socio-economic status and health systems on maternal healthcare-seeking behaviour within the framework of radical feminism. By exploring the underlying factors that influence women's health-seeking

behaviour, the paper contributes to a deeper understanding of the barriers and challenges faced by women in accessing healthcare services, ultimately paving the way for targeted interventions and policy recommendations to improve women's health outcomes.

Methodology

The paper employed a blended approach known as a Mixed-methods review, which amalgamates both quantitative and qualitative evidence to delve into some nuances surrounding maternal healthcare-seeking patterns. In this methodology, the paper amalgamated findings from varied studies, encompassing both quantitative and qualitative data sources. The justification for adopting the mixed-methods review was to offer a more exhaustive and nuanced grasp of the research domain by capitalizing on the strengths inherent in both quantitative and qualitative research techniques. Also, the option of the method was due to the intricate nature of investigating multifaceted relationships between gender dynamics, power structures, and societal norms in relation to maternal health-seeking behaviour. The primary data sources for this paper encompassed online academic journals, scholarly theses, and textbooks. The pool of published literature was extracted using the Google Scholar tool. The search process was meticulously guided by the aforementioned research inquiries. Consequently, any study within the literature that deviated from precise alignment with the main objective was purposefully excluded from consideration.

Conceptual Clarification

Healthcare: It refers to the organized provision of medical services, treatments, and preventive measures to individuals and communities to promote, maintain and restore health (World Health Organization [WHO], 2000). It encompasses a wide range of activities, including diagnosis, treatment, prevention, rehabilitation, and palliative care, aimed at addressing physical, mental, and social well-being (Svalastog, Doney, Kristoffersen & Gajovic, 2017). From another similar view, it was referred to as the multitude of services rendered to individuals or communities by the agents of health services or professionals for the purpose of promoting, restoring and maintaining health (Firestone, 1970). In other words, it is a broad range of services, activities, and interventions aimed at promoting, maintaining, and restoring the physical, mental, and social well-being of individuals and populations (Svalastog et al., 2017). It encompasses the prevention, diagnosis, treatment, and management of diseases, injuries, and other health conditions as well as the provision of supportive care, rehabilitation, and palliative care (WHO, n.d). However, this definition is based on the conceptual understanding of healthcare and does not reflect specific details or variations in healthcare systems across different countries or regions.

The expanded clarification of the concept shows a multidisciplinary approach which entails various components like medical, nursing, pharmaceutical and allied health services. It includes primary healthcare delivered in community settings, specialized care provided in hospitals and clinics as well as preventive measures, health education, and health promotion initiatives. The ultimate goal of healthcare is to optimize health outcomes and improve the quality of life for individuals and communities (Behera et al., 2022).

Health-seeking behaviour: It has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an

appropriate remedy. In other words, health-seeking behaviour refers to the actions, decisions, and choices individuals make when they perceive a need to address their health concerns, whether it is for preventive care, diagnosis, treatment, or management of illnesses or other health conditions. It encompasses a wide range of behaviours, including seeking professional medical advice, visiting healthcare facilities, adhering to prescribed treatments, utilizing traditional or alternative healing practices, and engaging in self-care activities (Latunji & Akinyemi, 2018).

It is important to clarify that health-seeking behaviour is influenced by various factors, including individual characteristics, socioeconomic status, cultural beliefs, social norms and accessibility of healthcare services. Individuals' perceptions of their health, level of health literacy and their trust in healthcare providers also play a role in shaping their health-seeking behaviour (Andersen et al, 2005). Health-seeking behaviour is a dynamic process that involves both the individual and the healthcare system. It is influenced by personal experiences, knowledge, social networks, and the availability, affordability and quality of healthcare services. The decision-making process regarding seeking healthcare is often complex and may be influenced by cultural norms, gender roles and power dynamics within families and communities (Hooks, 2000). Understanding health-seeking behaviour is essential for healthcare providers, policymakers, and researchers, as it provides insights into the barriers and facilitators individuals face in accessing healthcare services. By comprehending the factors that influence health-seeking behaviour, interventions and policies can be developed to promote equitable access to healthcare and improve health outcomes for individuals and communities.

Theoretical Framework

Radical feminism theory

Radical feminism is a theoretical perspective within feminism that aims to dismantle the patriarchal nature of society through radical social and political change. It views gender inequality as deeply rooted in social structures and systems, advocating for a complete overhaul of existing social, economic and political systems. Unlike liberal feminism, which focuses on achieving gender equality through legal and policy reforms, radical feminism argues that such reforms are insufficient for true gender liberation (Hooks, 2000).

Emerging during the second wave of feminist movements in the 1960s and 1970s, radical feminism diverged from mainstream feminism's goal of attaining an egalitarian society for both men and women. While mainstream feminists believed in reforming the existing system to achieve equal rights for women, radical feminists sought to break the perceived dominance of men over women. They criticised the dualistic system of domination and subordination, where power was unequally distributed, and viewed it as oppressive (Bhattacharjee & Banerjee, 2019). Radical feminists considered power dynamics to be predominantly negative, with one party always experiencing oppression. This perspective led them to take a more militant approach, advocating for direct action against patriarchy and male supremacy. Their ultimate aim was to eliminate the concept of gender itself and create a gender-free and egalitarian society (Uche, 2017, Merriam-Webster. (n.d.)).

One key aspect of radical feminism is its analysis of patriarchy as a system of oppression that operates across multiple dimensions of women's lives. It has been argued that patriarchy not only reinforces gender inequality but also intersects with other systems of oppression, such

as racism, tribalism and classism, leading to intersecting forms of discrimination and disadvantage for women (Firestone, 1970). Radical feminists often critique traditional gender roles and argue for the abolition of gender as a social construct. They contend that gender is a tool used by the patriarchal system to maintain power imbalances and subjugate women. An author contended that gender was perceived as a performance enforced through socialisation and reinforced by societal expectations and norms (Leaper & Friedman, 2007).

Furthermore, radical feminists highlight the importance of women's consciousness-raising and collective action as means to challenge and resist patriarchal oppression. Through feminist consciousness-raising groups and activism, women can develop a shared understanding of their experiences and work together to effect social change (Ononokpono, & Odimegwu, 2015). In short, radical feminism is a feminist perspective that seeks radical societal transformation to address gender inequality and dismantle patriarchy. It emphasises the need for systemic change, challenges traditional gender roles and advocates for collective action and consciousness-raising among women.

Its goal is to create a society where access to basic amenities is gender blind. It sought to eliminate traditional gender roles and focused efforts on completely eliminating patriarchy by transforming the entire structure of society. More specifically, its goal is to usurp the patriarchal control over women's life. Its idea is to exclude men from having rights over women and not make decisions for them. The appropriation of women by men within the framework of a patriarchy is manifested in the control over their bodies, including their sexuality and motherhood, right to sexual decisions independent of men; perpetration of sexual violence as well as sexist advertising, prostitution and pornography, all of which contribute to the objectification of women (Cottais, 2021).

Radical feminist thought thus analyses women's oppression primarily from the understanding of patriarchal control over women's sexuality and reproductive labour. Radical feminism not only attempts to understand women's oppression and victimhood but also focuses on celebrating womanhood and sisterhood and consciousness-raising, to negotiate with patriarchal and structural inequities (Bhattacharjee & Banerjee, 2019). So, the dominance of men over women is protested by the radical feminist school of thought and gives women a charge to take control of their lives and narrate their life course. It resists the control of men over women.

Discussion

Radical Feminism and Health-Seeking Behaviour

Radical feminism offers a critical lens through which to examine the relationship between gender inequality and health-seeking behaviour. This perspective highlights how patriarchal systems and societal structures contribute to the subjugation and marginalization of women, impacting their access to and utilization of healthcare services. Radical feminists argue that traditional gender roles and expectations shape women's health behaviours, often reinforcing power imbalances and limiting their agency in making decisions about their own well-being. Patriarchal systems and societal structures, as observed in Nigeria for instance, contribute to the oppression and marginalization of women. These factors consequently impact their ability to access and make use of essential healthcare services (WHO, n.d., Oduenyi et al., 2021). These gender inequalities are deeply rooted in cultural norms, traditional practices

and power dynamics that disadvantage women in various aspects of their lives, including healthcare.

One example of how patriarchal systems impact women's healthcare access is the issue of decision-making power. In many Nigerian households, men are considered the primary decision-makers and gatekeepers of resources, including healthcare decisions (Uzochukwu et al., 2016). Women often require permission from their male partners or other male family members to seek healthcare services, which can delay or restrict their access to timely and appropriate care. This power dynamic can be particularly detrimental in emergency situations or when women need to make decisions about their reproductive health. Furthermore, traditional gender roles and expectations place a burden of care giving and household responsibilities on women, limiting their time, mobility and autonomy (Sibani, 2017). This can make it challenging for women to prioritize their own health needs and seek healthcare services when necessary. Additionally, societal norms that prioritize men's health and well-being over women can result in limited attention and resources allocated to women's health issues, further exacerbating disparities in access to healthcare (Yaya, et al, 2019).

Contemporary examples of the impact of patriarchal systems on women's healthcare access in Nigeria can be seen in the context of maternal healthcare. Nigeria has one of the highest maternal mortality rates globally, with many women facing barriers in accessing quality maternal healthcare services. These barriers include limited decision-making power, financial constraints, lack of transportation and inadequate healthcare infrastructure. The patriarchal norms and practices that perpetuate gender inequalities contribute to these challenges, leaving many women at risk of preventable maternal health complications and death (Udenigwe et al, 2023).

Efforts are being made to address these issues and empower women in accessing healthcare services. Women's rights organizations and activists are advocating for policy changes, awareness campaigns and community-based interventions to challenge patriarchal norms, increase women's decision-making autonomy and improve healthcare services (Uzochukwu et al., 2016; Orubuloye, 2003). These initiatives aim to promote gender equality, enhance women's agency in healthcare decision-making, and create supportive environments that prioritize women's health. By challenging the prevailing norms and structures that perpetuate gender inequality, radical feminism aims to empower women to take control of their health and challenge oppressive systems. It emphasizes the importance of collective action and consciousness-raising, providing spaces for women to share their experiences, validate their concerns and collectively address the social, economic, and political barriers that hinder their health seeking behaviour.

Critics of radical feminism argue that its focus on gender as the primary lens for analyzing health-seeking behaviour may overlook other intersecting factors, such as race, class, and sexuality that also shape women's experiences. Inter-sectionality theory asserts that individuals' experiences of oppression are influenced by multiple social identities and thus a comprehensive analysis of health-seeking behaviour should consider the interplay of various forms of oppression. Moreover, some critics contend that radical feminism's emphasis on dismantling existing systems and structures may not adequately address the immediate healthcare needs of women, particularly those from marginalized communities who face intersecting forms of discrimination.

In summary, radical feminism provides a valuable perspective for understanding the relationship between gender inequality and health seeking behaviour. It underscores the need for structural change to challenge patriarchal systems and empower women to make informed decisions about their health. However, it is essential to complement this analysis with an intersectional lens that acknowledges the influence of other social identities and to consider the practical implications of addressing immediate healthcare needs while working towards broader societal transformation.

The most prevailing determinant of health-seeking behaviour in Nigeria is patriarchy. Patriarchy is a cultural norm that places men as superior to women. It gives men ownership of the society and empowers them to make decisions over women. This includes the healthcare of women. Women are subject to patriarchal influence as a daughter or sister while unmarried and as a wife when married. The man has to assent to whether, how and when a woman will seek healthcare. For instance, in Ogun State, Nigeria, pregnant women's utilisation of maternal healthcare services was largely influenced by their husbands' traditional authorities over them and this was also the same with some women in Egypt (Benova et al., 2014; Akeju et al., 2016). It appears to have been even institutionalised that a woman in a critical condition needing a surgery must be signed off by a man before the healthcare can be accessed. While this alignment could be congruent with the patriarchal framework of the specific society, it is closely intertwined with medical ethics concerning consent (Grisso & Appelbaum, 1998). Nonetheless, in the case of pregnant adolescents, research indicates that the choice to pursue healthcare is often influenced by family members, particularly mother in-laws (Pike et al., 2021).

The deterrent effect of cost on seeking healthcare is closely intertwined with patriarchal norms. Within numerous Nigerian households, the ownership of means of production and property predominantly rests with the man, regardless of the woman's contributions (Ahmadu & Idisi, 2014; Nnaji, Ratna & Renwick, 2022). This arrangement is often reinforced by religious and cultural beliefs. Consequently, decision-making authority over resource allocation is primarily vested in the man, granting him autonomy in such matters. Since healthcare services are not provided free of charge and entail expenses, women find it challenging to independently afford healthcare when the need arises. Compounding this issue, certain cultural norms impose restrictions on some women, necessitating their adherence to spending money only with their husbands' consent, particularly applicable to married women (Cornish et al., 2021; Amraeni et al., 2021; Imo, 2022).

Socio-Cultural and Economic Determinants of Maternal Health-seeking Behaviour

Socio-cultural factors play a crucial role in shaping individuals' decisions and actions and this influence extends to the realm of healthcare. Numerous studies have demonstrated the significant impact of socio-cultural factors on women's utilisation of healthcare services, particularly in Nigeria. A study shed light on the influence of patriarchy as a social determinant of women's health-seeking behaviour. According to the findings, women in the study were unable to independently seek healthcare unless they obtained consent and permission from a male figure such as their husband or father (Akeju, 2016). This highlights the restrictive effect of patriarchal norms on women's autonomy in accessing healthcare services. Moreover, the effects of socio-cultural and economic factors on maternal health-seeking behaviour cannot be overemphasised as reflected in a couple of studies that highlighted the influence of socio-

cultural factors on the utilisation of healthcare among women (Chi et al., 2015; Das et al., 2018; Jalu et al., 2019).

Additionally, the educational attainment of women significantly influences their approach to seeking healthcare (Morgan, 1970). Women who have received education tend to possess a higher level of awareness regarding necessary healthcare measures, leading to a more proactive health-seeking demeanor. This perspective finds support in another investigation that highlighted the active involvement of educated women in household and healthcare decisions (Ikechukwu et al, 2020). Educated women demonstrate a greater tendency to promptly seek healthcare in comparison to those with limited educational backgrounds. These conclusions align with similar findings from a study conducted in a rural Nigerian community, underscoring the role of educational level in shaping maternal health-seeking behaviors (Oshi et al, 2014).

Moreover, various determinants were identified as influencing women's health-seeking behaviour for tuberculosis care in Ebonyi State, Nigeria. These determinants include patriarchal influence, economic status and stigmatisation (Ononokpono, & Odimegwu, 2015). In a related development, it was discovered that the health-seeking behaviour of women living with fibroids in Benue State was found to be influenced by income, proximity to healthcare facilities and the influence of spouses, relatives and friends (Akpenpuun et al., 2019). Also, a study on women's autonomy and participation in healthcare decision-making revealed that only a small percentage of women had autonomy over where to seek healthcare and participated in the decision-making process (Osuala & Eze, 2017). Patriarchy and cultural norms played a significant role in shaping women's health seeking behaviour, often limiting their agency due to cultural expectations.

Existing literature has shed further light on the profound impact of costs on healthcare utilisation. The expenses associated with healthcare services, encompassing transportation costs and the intrinsic value of time spent at healthcare facilities, serve as significant barriers that deter women from seeking necessary care (Chukuezi, 2010). This challenge is further compounded when complications during pregnancy or childbirth necessitate referrals to more advanced medical facilities. The economic reliance on women within households amplifies the hesitancy to pursue healthcare due to the ensuing financial burdens.

Similarly, the sway of cultural beliefs and practices, such as early marriage, high fertility rates, and low literacy levels, exerts a detrimental influence on the utilisation of maternal healthcare services (Azuh et al, 2015). The prevailing culture, characterised by endurance and suppression of pain, which expects women to confront childbirth-related challenges with unwavering fortitude, serves as a discouraging factor for patronizing available healthcare services (Osuala & Eze, 2017).

Furthermore, the demeanor of healthcare practitioners and the presence of skilled professionals within healthcare facilities assume a pivotal role in shaping women's engagement with health services. Unfavorable encounters with healthcare providers and a stronger reliance on traditional birth attendants can dissuade women from pursuing care within formal medical settings as noted by Akeju (2016). Within the Nigerian context, an examination of the determinants of health-seeking behavior among rural populations and its repercussions for rural livelihoods revealed a prominent gender dynamic. This dynamic highlighted men as primary decision-makers, wielding control over resources, including the authority to dictate the timing and location of women's healthcare-seeking endeavours (Uzochukwu et al, 2016).

This underscores the prevailing narrative and accentuates the impact of socio-cultural elements on the healthcare-seeking behaviour of women within Nigerian , particularly in relation to men.

Conclusion and Recommendations

In conclusion, the determinants of health-seeking behaviour among women in Nigeria are complex and multifaceted, influenced by various factors such as socio-cultural norms, economic constraints, gender inequalities and healthcare system challenges. Understanding these determinants is crucial for developing effective policies and interventions to improve women's access to and utilization of healthcare services. Policy implications derived from the discourse on the determinants of health-seeking behaviour among women in Nigeria can guide practical interventions and initiatives aimed at addressing the identified barriers. Here are some key recommendations:

1. Policy-makers should prioritize the development and implementation of gender-sensitive policies that recognize and address the unique healthcare needs and challenges faced by women. These policies should promote women's empowerment, equal decision-making power and equitable access to healthcare services.
2. Comprehensive health education programmes should be designed and implemented to raise awareness about women's health issues, including the importance of regular health check-ups, preventive care, and early detection of diseases. These campaigns should target both women and men, addressing gender norms and promoting shared responsibility for healthcare.
3. Efforts should be made to reduce the financial burden associated with healthcare seeking. This can include expanding health insurance coverage for women, implementing targeted subsidies for healthcare services and improving transportation infrastructure to ensure better access to healthcare facilities, especially in rural areas.
4. Adequate investment in healthcare infrastructure is essential to ensure the availability and accessibility of quality healthcare services. This includes improving the availability of skilled healthcare professionals, equipping healthcare facilities with necessary resources and medical supplies and expanding the reach of healthcare facilities to underserved areas.
5. Engaging communities, local leaders, and women's organizations is crucial in fostering community ownership and support for women's health initiatives. Community-based interventions can include the establishment of support groups, community health outreaches, and the integration of traditional and cultural practices that promote women's health.
6. Continuous research and data collection on health-seeking behaviour among women in Nigeria are necessary to monitor progress, identify emerging challenges and inform evidence-based policy-making. Robust data collection systems should be in place to track key health indicators and evaluate the impact of interventions.

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