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MATERNAL HEALTH SEEKING BEHAVIOUR AND PREGNANCY OUTCOME IN RURAL COMMUNITIES IN ENUGU, STATE, SOUTHEAST NIGERIA

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ABSTRACT

Background: Antenatal clinic attendance by pregnant women and utilization of skilled health care providers at delivery is still issues of major concern in developing countries including Nigeria. Nigeria Demographic and Health Survey (2013) noted that only 18% of pregnant women had their first antenatal clinic visit in the first trimester of pregnancy while 34% did not receive any antenatal care at all. The report also showed disparity between urban dwellers (23%) and (15%) rural dwellers with reference to antenatal clinic attendance in the first trimester of pregnancy. The choice of place for antenatal care and delivery, to a large extent influence pregnancy outcome for both mother and baby. Thus, positive maternal health seeking behavior contributes significantly to the reduction of the high morbidity and mortality associated with pregnancy and child birth especially in rural communities, of most developing countries.

Objective: The *aim* of the study was to assess maternal health seeking`behaviour and pregnancy outcome in rural communities in Enugu State in order to provide evidence based information for effective health education for the study population.

Methods and Materials: TheCross-sectional descriptive survey design was used for the study. Validated researcher developed questionnaire and observation guide were the instruments used for data collection. Descriptive and inferential statistics were used to analyze data obtained using SPSS version 20 at 0.05 level of significance.

Results: Majority of the respondents 165 (79.7%) booked for antenatal care during the first trimester of pregnancy, and 193 (93.2%) attended antenatal care in a health facility while only 7 (3.4%) did not attend antenatal care in a health facility nor visited a traditional birth attendant home. The study further revealed that 100 (48.3%) of the respondents attended secondary health care facilities (General Hospital) while 74(35.7%) attended primary health care facilities which were located within the communities. Out of the 207 pregnant women studied, 141 (68%) had health problems associated with pregnancy and all of them visited a secondary health care facility for treatmentwhile only 42 (20.3%) visited a primary health care facility.Most of the mothers 172(83%) carried their pregnancies to term and had safe delivery. They were also healthy to take care of their babies while 35 (16.9%) were weak for self-care and care of their babies at birth. They however, gradually regained strength within one week postpartum. Baby's outcome was good, 175 (84.5%) cried vigorously at birth, 31 (15%) had weak cry one minute at birth but picked up at 5 minutes after birth, however one baby 1 (0.5%) was stillborn. Age and educational level of respondents did not significantly influence their health seeking behaviour ($p>0.05$). But pregnancy outcome for baby and place of antenatal care showed significant association ($p<0.05$).

Conclusion: The study concluded that maternal health seeking behaviour in the rural communities studied in Enugu was good as revealed in the positive pregnancy outcome for most of the mothers and their babies.However it was intriguing to find out that primary health care facilities which were located within the communities were poorly utilized by the mothers for antenatal care and delivery while secondary health care facility located at some distance from their homes had better patronage. It was therefore recommendedthat there is need to identify factors that hinder the use of primary health care facilities by pregnant mothers in the studied population and such factors should be addressed for better utilization by these rural women.

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INTRODUCTION

A woman's health care seeking behaviour during pregnancy and childbirth depends a great deal on her beliefs, culture, experience, educational level, financial status, attitude towards pregnancy, as well as her autonomy and decision making power. Osubor, Fatusi, and Chiwuzie (2005) opined that Maternal Health Seeking Behaviour (MHSB) includes the number of visits made to antenatal clinic by pregnant women and their preferred place of delivery. Adamu (2011) describes Maternal Health Seeking Behaviour as the way mothers take care of their health and that of the unborn baby in order to carry pregnancy to term very healthy with positive outcome. Yubia (2011) opined that in Nigeria, maternal health seeking behaviour is similar to that of other developing countries where negative health seeking behaviours shown by most mothers often lead to poor use of maternal health care services provided by skilled health care attendants with eventual negative pregnancy outcome. Woldemicael (2008) identified lack of transportation as the reason why some pregnant women may not utilize antenatal and other maternal and child health services provided by skilled health care attendants in health facilities and therefore seek help from alternative sources. Rastogi (2012) posited that pregnant women may not develop much complication if a skilled health care provider regularly visits them while Yubia (2011) stated that maternal deaths occur due to poverty, cultural beliefs and practices of the people, ignorance and lack of basic maternal health services. He further explained that the situation is worse in developing countries due to poor health seeking behaviour of the mothers such as poor utilization of maternal health services, ignorance and the people's illness behaviour. NDHS (2013) showed that in Nigeria, only 58% of women attended at least one antenatal care during pregnancy, 39% of births were attended to by skilled health care provider, 35% of deliveries took place in a health facility and 43.7% received postnatal care. Hence the need to study the current trend in maternal health seeking behavior. The study objectives therefore were to (1) determine the trimester which pregnant women book for antenatal care in Udi and Abia communities, (2) determine women go for antenatal care in third trimester, (3) find out facility utilized by pregnant women when they experience problems during pregnancy and childbirth and (4) identify pregnancy outcome for both mothers and their babies in the studied population.

METHODS AND MATERIALS

Cross-sectional descriptive survey design was used for the study. The sample for the study was two hundred and thirty-two (232), which was determined by creative research system software but only 207 pregnant women who met the inclusion criteria were included in the study. Convenience sampling technique was used,so the pregnant women were selected during their women fellowship meeting days and during their village meeting days until the sample size was reached. Through this initial contact, their home addresses were collected for easy follow up. They were visited in their homes once in every two weeks from the beginning of third trimester (37 – 40 weeks) till delivery and every week after delivery. The home visiting lasted 6 weeks post-delivery. Selection of the days for revisiting were scheduled in such a way that it did not clash with their important activities. Researcher developed questionnaire and observation checklist were used for data collection. The questionnaire was structured and consisted of four parts, sections A, B, C and D. Section A has four items on demographic characteristics of mothers; Section B has six items on obstetric information of mothers, Section C has fifty-one items on maternal health seeking behaviour while Section D has sixteen items on pregnancy outcome. The questionnaire was pilot tested among pregnant women in rural communities with comparable characteristics that was not part of the study population. A test retest method was used to test the reliability of the instrument and the correlation coefficient of 0.82 was obtained. The instrument was also translated into Igbo language for non-literate women and retranslated back to English again by experts in Igbo language to ensure its' reliability. Ethical clearance was obtained from Ethical and Research Committee of Enugu State University Teaching Hospital Enugu while permission was obtained from traditional rulers of Udi and Abia communities as well as from the local government chairman of the study area (Udi LGA).The respondents were assured that the information they provided was for academic purposes only. Written or verbal informed consent was obtained and anonymity was guaranteed. The questionnaire was interviewer administered to the respondents at their meetings and at home for those that were not reached at the meetings. The literate women filled their own while the non-literate ones were assisted with the Igbo version of the questionnaire. The information obtained from the observations, checklist was used to corroborate that from the questionnaire. The data collection process lasted for 14 weeks. Data were analyzed using SPSS (version 20), in frequencies, percentages and presented in tables.

RESULTS

Majority of the respondents 165 (79.7%) booked for antenatal care during the first trimester of pregnancy while 193 (93.2%) of them received antenatal care in a health facility while only 7 (3.4%) did not attend antenatal clinic for care nor visited a traditional birth attendant's home. The study further revealed that a little lower than half of the respondents 100(48%) attended a secondary health facility located outside the community for their antenatal care while 74 (35.7%) attended primary health care facilities which were located within their communities. The finding also showed that out of 207 pregnant women studied, 141 (68%) had health problems associated with their pregnancy and they visited secondary health facilities for their health problems but only 42 (20.3%) visited primary health care facilities for health problems associated with pregnancy despite its location within the communities. The pregnancy outcome for the women was good as 172 (83%) of the respondents delivered safely and were strong to take care of their babies after delivery while pregnancy outcome for the baby was also good as 175 (84.5%) of the babies cried vigorously at birth though one baby did not cry at all (stillbirth). The respondents' socio- demographic characteristics (age and educational level) did not significantly influence their health seeking behaviour ($p>0.05$). However, there was a significant association ($p<0.05$) between pregnancy outcome for baby and place for antenatal care.

DISCUSSION

Majority of the women (79.7%) booked for ANC during the first trimester while only a few booked during the third trimester. Also (93.2%) received antenatal care in a health facility either secondary or primary health care facility. This is a commendable behavior from rural women. It implies that most of the women had the opportunity to receive care from

skilled healthcare providers. It also showed that rural women in the study population were aware of the benefits of antenatal care and delivery by skilled health care providers.

Table 1. Demographic Characteristics of the Respondents

n = 207

Variables	F	%
Age :		
18-27	96	46.4
28-37	80	38.6
38-47	31	15.0
Educational level		
No formal education	21	10.1
Primary education	65	31.4
Secondary education	100	48.3
Tertiary education	21	10.1
Occupation		
House wife	4	1.9
Student	14	6.8
Hair dressing	18	8.7
Poultry farming	65	31.4
Petty trading	35	16.9
Tailoring	20	9.7
Catering	8	3.9
Public servants	43	20.8
Parity		
1	10	4.8
2	52	25.1
3	72	37.8
4	31	15.0
5	15	7.2
6	4	1.9
7	2	1.0

This is in agreement with Kamal (2009) who found out that pregnant women who are aware of benefits of maternal health care services provided by skilled health care providers and have access to them are more likely to use them during pregnancy and delivery than those who do not. With reference to the type of health facility, a little lower than half of the respondents (48.3%) attended secondary health facility, while (35.7%) of the respondents attended primary health care facilities located within the communities. These women stated that they preferred the secondary health facilities because a medical doctor was always there as well as nurses to attend to them on each visit than in the primary health care facilities where there are few nurses and other categories of staff while doctors rarely attend to them. This shows that the majority of the women recognized the importance of skilled health care providers which showed positive health care seeking behavior. The recognition helped them to take care of themselves as well as prepare adequately for delivery. It was also observed that (40.6%) of the respondents who had health problems associated with pregnancy visited secondary health facility for their health problems while only (20.3%) visited primary health facilities. The positive health seeking behavior exhibited by these rural women by seeking skilled health care providers seem to be associated with the free maternal health care services provided by the Enugu State Government. Respondents' behavior showed that they were aware of the risks associated with pregnancy that is not attended to by skilled health care providers.

Table 2. Maternal Health Seeking Behaviour (MHSB) and Pregnancy Outcome

Variables	F	%
Time of booking		
1st Trimester	165	79.7
2nd Trimester	27	13
3rd Trimester	8	3.9
None	7	3.4
Place of ANC		
H/C	74	35.7
G/H	100	48.3
P/H	8	3.9
TBA	7	3.4
ANC in 3rd Trimester		
1 weekly	168	81.1
2 weekly	32	15.5
None	7	3.4

Place of care for health problems experienced during pregnancy

Facility	Headache	Excessive vomiting	Spotting	Bleeding	Oedoma	Fever	Insomnia	No problem	F	%
H/C	19	3	1	-	3	15	-	-	6	20.3
G/H	29	9	2	5	7	29	3	-	12	40.6
P/H	7	4	-	-	-	4	-	-	6	7.2
TBA	-	-	-	-	-	-	-	-	-	-

Pregnancy outcome

Baby's birth outcome

Outcome	F	%
1	175	84.5
2	31	15
3	1	0.5
Mothers delivery outcome	F	%
1	172	83.1
2	35	16.9
3	-	-

KEY

Baby's birth outcome	Mother's delivery outcome	Type of health facility
1- Baby cried very well (vigorously) at birth 2 – Baby cried weakly at birth 3 – Baby did not cry at birth (still birth)	1 – Strong to take care of self and baby after delivery 2 – Weak to care for self and baby after delivery 3 – Very weak and drowsy	H/C – Health center G/H – General hospital P/H – private hospital TBA – Traditional birth attendant home

This finding agrees with Mosha and Philemon (2010) who found out that more than 70% of the pregnant women were aware of the risk factors that could affect pregnancy outcome if health problems experienced during pregnancy were not properly managed by skilled health care providers. It however disagrees with Streafield, Saha, Al-Sabir, and Arifeen (2007) who found out that about half of the study population who reported having one or more problem(s) during pregnancy, only one in three sought treatment from skilled health care providers. Findings also revealed positive pregnancy outcome as (83%) of the respondents were strong to take care of their babies after delivery while pregnancy outcome for the baby was also good as (84.5%) of the babies cried vigorously after birth though one baby did not cry at all (one stillbirth) This negative outcome for the baby was recorded among the deliveries attended by a TBA.

This was in agreement with Mpembeni (2007) who explained that skilled care providers are trained to recognize the signs of complications early enough to intervene and make quick referral to higher levels of care which the TBAs find difficult to do because of limited knowledge. It also agrees with WHO (2012) which posited the presence of a skilled care provider at birth is a single most critical intervention for reducing pregnancy related deaths and disabilities. There was no significant association between respondents' demographic characteristics (age and educational level) and health seeking behavior of the respondents ($p>0.05$). This shows that education and age did not influence the behaviour exhibited by most of the pregnant women in the study population. However, there was a significant association ($p<0.05$) between pregnancy outcome for baby and place of antenatal care. This showed that some respondents booked for ANC in two places (a health facility and a TBA), and made a choice of where to go at delivery. Thus, place of ANC and delivery greatly influenced baby's birth outcome. This is because the only death of baby recorded was the delivery attended by a TBA.

Conclusion

Based on the findings of the study, it was concluded that maternal health seeking behaviour in the communities studied was good because they recognized the importance of skilled birth attendants and this resulted in positive pregnancy outcomes for most of the respondents and their babies. However primary health care facilities that were located within the communities were poorly utilized by the respondents in favour of secondary health facility that was located at quite a distance. It was therefore recommended that factors that hinder the utilization of primary health care facilities be identified and addressed for better utilization by the rural women.

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