

HEALTH CARE-SEEKING BEHAVIOUR DURING PREGNANCY AMONG WOMEN OF AKINYELE LOCAL GOVERNMENT AREA, OYO STATE, NIGERIA

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ABSTRACT: The problems of maternal morbidity and mortality have been associated with inappropriate health care seeking behaviour in pregnancy and childbirth. The purpose of this study was to learn the details of prenatal health care seeking, the social and cognitive factors that influence these choices in Akinyele Local Government Area Oyo State and to discuss the implications for health education. Population for the study was women who delivered babies 1 year ago. Systematic sampling was used to cover the eight communities in Akinyele . Questionnaire was developed from focus group discussion and pretested. Women of childbearing age were trained as interviewers. A total of 405 women were interviewed. 84.9% registered for ANC during recent pregnancy. Median age of pregnancy at registration was 20 weeks, 6.0% registered in first trimester, 64.8% second trimester and the remainder registered last trimester. Regression analysis showed that ANC registration was associated with higher educational level; 61.4% no education, 84.7% primary education and 91.3% higher education; higher level of perceived self-efficacy and more positive attitude towards ANC. Social support was higher for those who registered (20.9) compared to those who did not (15.8). 193 (47.7%) delivered at Maternity Centers, 73 (18.1%) private hospitals, 43 (10.6%) at home, 41 (10.1%) government hospitals, 33 (8.1%) spiritual homes, 15 (3.7%) Traditional Birth Attendants, 2 (0.5%) on the farm and 5 (1.2%) no response. Education influenced registration for ANC as most delivering were attended by skilled personnel. Therefore, girl child education is recommended.

Keywords: Health care-seeking, Behaviour, Pregnant women.

INTRODUCTION

The major challenges of maternal and child health are maternal and child morbidity and mortality in the developing world including Nigeria. These are associated with inappropriate health seeking behaviour in pregnancy and childbirth. As a result, WHO and UNICEF established the safe motherhood initiative with a major focus on prenatal care which includes early presentation at antenatal clinic (ANC) where risk factors can be identified and managed, and safe delivery of live babies can be ensured.

Health care seeking behaviours are specific actions taken to maintain health or remedy health problems, including health behaviour during pregnancy, household self-treatment of common ailments, reliance on care available within a community's indigenous health system or referral for care outside of the community (Moore,1990 Grover, Kumar,Jindal,2006).

Kasl and Cobb (1966) provided classical definitions of health behaviour when they explained, (1) a preventive health behaviour as action taken to stay well and prevent illness. (2) illness behaviour as actions taken when one is feeling indisposed to determine the cause and find help and (3) sick role behaviour that consists of actions taken to

recover from illness. These concepts have been adapted to the needs of pregnant women, whose health seeking behaviour may include both promotive, preventive actions and curative measures.

Pregnant women are usually vulnerable to several health problems which if not promptly managed could lead to maternal morbidity, poor pregnancy outcome, such as loss of the baby and death of the mother for these reasons pregnant women are expected to seek pre-natal, antenatal care (ANC) so as to maintain good physical, mental, social and emotional health during pregnancy and also for early detection and prompt treatment of high risk condition that would endanger the life of mother and baby (Myles,1975, 2013). When health care during pregnancy is not sought in a timely and appropriate manner, maternal mortality may result. This affects her baby.

STATEMENT OF PROBLEMS

Maternal mortality is, on the average, 10 times higher in the developing world than in the developed world. 99% of maternal and under five child deaths occur in Sub-Saharan Africa and South Asia.

Many researchers have identified the value of seeking early care in Pregnancy (Lia-Hoagberg, Lewis & Greenberg, 1990. Onah, Iheako and Iloabuchi 2006). Specifically, Harrison (1985) reported that maternal mortality was much lower for women who booked to ANC (1.2 per 1,000 deliveries) compared with those who did not (107.1 per 1000 deliveries).

Unfortunately, most women including Nigerian women received no ANC, even in urban areas where medical services are readily available (Otolorin, 1997,2015). Even if women do attend ANC and receive health education on other health seeking behaviours such as eating a nutritious diet and resting more during pregnancy, there is no guarantee that they will follow-up on such suggestions.

JUSTIFICATION FOR STUDY

For over a decade now maternal morbidity and mortality have been of concern worldwide. This is more so in the developing world. Although a number of studies have been carried out in Nigeria to determine the major causes of maternal morbidity and mortality, little is known about pregnant women's pattern of health care seeking behavior (Otolorin, 1997, Onah, Iheako, and Iloabuchi, 2006).

Therefore, the pattern of health care seeking behaviour of expectant mothers needs to be explored so as to identify behavioural factors and health related issues relevant to the design of culturally appropriate safe motherhood programmes. This constitutes the focus of this case study in Moniya, Nigeria.

This study is significant because it provides baseline data on the prevailing pattern of health care seeking behavior of pregnant women in Moniya, Akinyele Local Government Area which will provide basis for making recommendation for the future design of intervention programme for reducing maternal mortality and morbidity.

OBJECTIVES OF THE STUDY

The general objectives are to document details of prenatal health care seeking behaviour and the social and cognitive factors that influence their health care choices.

SPECIFIC OBJECTIVES

- To document prenatal; health care seeking behaviour during pregnancy of women in Akinyele L.G.A of Oyo State.
- To determine the influence of antecedent factors such as perceived social support and self-efficacy, perception on health care seeking behaviour during pregnancy.
- To make recommendations for health education to enhance appropriate health seeking behaviour during pregnancy.

LITERATURE REVIEW

For decades, pregnant women have been encouraged to believe that early frequent attendance for formal antenatal care is an essential part of safe and responsible childbearing. This care includes;

- Screening for high risk
- Primary and Secondary prevention of certain conditions
- Treating such conditions as anemia before they become so serious as to threaten safe childbirth.
- Health education to change their attitudes to pregnancy related complications, and
- Nutritional education to improve nutrition status and counseling.

Several studies in the developed world have demonstrated that prenatal care can make a difference. The relationship between antenatal care and improved prenatal outcome has been demonstrated primarily through its

effect on infant birth weight (Greenberg, 1983: Lia-Hoagberg *et al*,1990, Walford,2011). In the developing world, data from all but two of 30 countries reviewed showed that the number of ANC visits had a positive effect on birth weight (Donaldson and Billy, 1984. Hodgkin,1997) . In Israel, almost three times as many deaths occurred among newborns of women who had not attended ANC (Risphon, 1980). In traditional community in Guatemala, it has been demonstrated that failure to use formal ANC is significantly associated with both intrapartum and neonatal deaths (Barlett and Paz, 1990. Mullaay,2013).

Although not as well defined or studied as infant outcomes, improvements in maternal health including, decreased morbidity and intrapartum complications as well as improved nutritional status, are also potential outcomes of ANC use. A study among the Maori in New Zealand, focused on delivery of ANC health education found that these interventions resulted in decreased incidence of premature labour, operative delivery and post partum haemorrhage (Clark and Fallowfield, 1986). In Nigeria 46 of 49 maternal deaths, which occurred among women during labour and delivery, had not attended ANC (Rossiter, Chona and Lister, 1985).

NATURE OF HEALTH CARE SEEKING DURING PREGNANCY

Health care seeking during pregnancy can be promotive, preventive and curative. The most well documented form of health care seeking during pregnancy is ANC, which in fact combines several types of care in a formal clinic setting as well as educates mothers on self-care activities to perform at home.

Considerable disagreement also exists surrounding the “critical ANC contact points”, that is, the precise and specific times during pregnancy when use of care is especially important. Recently it has been suggested that utilization of ANC as soon as possible after conception and at 32-34 weeks of gestation might be minimally acceptable prenatal contact points. Concern about start and frequency of ANC attendance is based on the desire that mothers have adequate time to take advantage of services that will promote her health and protect her pregnancy

The importance of making the initial ANC visit for assessment during the first trimester has been stressed, even by those who argue about the desirable timing and frequency of later visits (Marshal, 1985 Barlett,Paz DE BOCCALTTI, 2008). However, the average first visit among those pregnant women who use ANC in the developing world does not usually occur until the second trimester of pregnancy (Parker *et al*, 1990: Brieger, Luckok, Eng and Earp, 1994 Lia Haoberg,Roda,Skov/nol *et al* 2008). In many cases, this “first visit” is the only visit and is sought either to confirm pregnancy or to complete the registration requirement and for access to hospital delivery (Rossiter *et al*, 1985: Rawlings and Sargent, 1990 Onah,Iheako and Iloabuchi, 2006).

ANC has been linked to better outcomes for mothers and infants in many studies in Nigeria (Hartfield, 1980: Harrison, 1985: Adetoro, 1989: Wright, 1990). During antenatal visits providers identify high-risk pregnancies through physical examination, screening and treatment for anemia, high blood pressure and malaria, tetanus toxoid immunization, preventive health education and referral. Better obstetrical care at delivery has also been found to be important for preventing maternal death and illness (Harrison, 1985, 2009: Adetoro, 1989: Maine and Allman, 1990,Bkom,Wypu,Gupta,2001). These benefits of maternity care cannot be gained when available services are not utilized(Nisar and White,2008,Reassa,2011).

In Africa, the likelihood of receiving antenatal care is 50% lower than in developed countries. In most African countries, 65-80% of pregnant women do not receive antenatal care for reasons of inaccessibility, cost and lack of time (Thaddeus and Maine, 1990, Jacobson, 1991 Titaley,Hunter Heywood 2010). Women with little or no education are less likely to use antenatal care (Harrison, 1985: Jacobson, 1991). Only about one-third of births in Africa are attended by a trained health worker, compared with 98% of births in developed countries (Winkoff, 1990).

SOCIAL SUPPORT

Social support, defined as the presence, guidance and assistance of a wide network of family, extended family and community members, is a crucial factor influencing maternal care choices throughout all phases of the reproductive process (Moore, 1990). In addition to the more obvious psychological benefits appropriate social support can also provide a means to reinforce desired maternal health practices and health care use.

In Jamaica, pregnant adolescents identified the support of close friends as a pre requisite to initiation of ANC (Wedderburn, 1990).

In France emotional support from midwives was valued more than all forms of pain relief offered to women during labour (Morgan and Barden, 1995). Some recent studies have reviewed positive effects of social support on the outcome of labour and delivery in a variety of settings (Oakley, 1985.Mackian *et al*,2004,Baum and Ziersch,2003).

SELF-EFFICACY

Self-efficacy expectation are personal perceptions of capacity to perform a certain behaviour and may also be termed self-confidence. Perception of ability is seen as distinct from actual ability or skill level. A pregnant woman for

This table shows 27 (61.4%) of 44 women with no education registered compared to 149 (84.2%) of 177 with at least primary education and 168 (91.3%) who had finished secondary school. These differences were statistically significant.

Table 2

Perceived Social Support for ANC Registration Compared with Actual registration for last Delivery.

Perceived social support from all sources for specific actions were also calculated and compared with actual performance of these actions. As seen in the tables, mean perceived support for the item “Go for ANC booking around 3 months was 20.2 points. Table 2 shows that those who actually registered has a significantly higher mean score of 20.9 points than those who did not register (15.9).

Registered	Number	Mean Support	Median	Std. Dev.
NO	60	15.9	16.0	7.36
YES	343	20.9	23.0	5.46
Difference		-5.0		

ANOVA Variation	SS	DF	MS	F Statistic	P value	t value
Between	1273.079	1	1273.079	38.141	0.00000	6.176
Within	13384.782	401	33.379			
Total	14657.861	402				

Table 3

Self-Efficacy to Register for ANC and whether registered for ANC at last pregnancy.

Table shows that those who did not had a mean score of 2.4 compared to significantly higher score of 3.3 for those who did register.

Registered	Number	Mean Support	Median	Std. Dev.
NO	61	2.4	3.0	1.324
YES	340	3.3	4.0	1.181
Difference		-0.9		

ANOVA Variation	SS	DF	MS	F Statistic	P value	t value
Between	37.610	1	37.610	25.958	0.000001	5.094
Within	578.100	399	1.449			
Total	615.711	400				

Table 4

Regression Analysis of Factors Associated with registration for ANC at Last Pregnancy

Variable	Mean	B Coefficient	95% confidence Interval		Std Error	Partial F-test
			Lower	Upper		
Attitude Toward ANC	24.2	0.014	0.004	0.022	0.006	8.656
Self Efficacy	3.2	0.055	0.026	0.083	0.014	14.142
Parity	0.7	0.091	0.018	0.164	0.037	6.006
Educational Level	1.5	0.075	0.025	0.126	0.026	8.720
Y-intercept		0.168				

Source	df	Sum of Squares	Mean Square	F - Statistic
Regression	4	5.910	1.478	12.77
Residuals	396	45.811	0.116	
Total	400	51.721		

This table shows those factors, which were positively associated with, whether the woman registered for ANC during her last pregnancy. Education, parity, attitudes towards ANC and self-efficacy to register next time were all related. This finding support social learning theory (SLT) as a good way to explain ANC registration behaviour in Moniya Akinyele L.G.A. Oyo State.

DISCUSSION

Health care-seeking activities during pregnancy included utilization of formal antenatal clinic services during prenatal period. In the context of utilization of antenatal clinic services, the findings revealed that registration for these services was a major general activity during pregnancy for most women. The fact that they considered the ANC services useful and actually registered and attended implies a sound belief in and understanding of the importance of these acts in guaranteeing safe motherhood. This reflects a worldwide trend of mothers in developing countries

recognizing the risks posed to pregnant women and the value of orthodox care during the antenatal and delivery periods (Wedderburne, 1990; Abouzahv, 1998). Isiugo – Abanihe (1995) pointed out that such trends are not universal. That in Nigeria there are regional variations. That majority of women in South West embrace modern health practices. Only one third in South-East and one quarter in North were so inclined. The women of Moniya appear to be in line with Isiugo-Abanihe (1995) documentation for South West.

Fortunately majority register for ANC but time of registration was late. This contradicts the purpose of ANC wherein early registration is synonymous with early detection of pregnancy risks factors and allow for prompt management and timely referral.

The positive association between education level of women and utilization of maternal care services ANC and delivery conforms that education empowers women to take right decision concerning their health; as it is said, “Knowledge is Power”.

The positive influence of perceived social support was demonstrated in this study. In Jamaica, social support for close friends was said to be a prerequisite to initiating antenatal care among pregnant adolescents (Wedderburne, 1990). Oakley (1999) found that social support had a positive effect on the outcome of labour and delivery in a variety of settings.

In this study perceived self-efficacy or self-confidence was associated with desired ANC registration and delivery. Self-efficacy is seen as essential for both initiating and maintaining health seeking behaviour during pregnancy (Bandura, 1982 and 1986).

CONCLUSION

In this study, 405 women who had babies in the previous year in Moniya Akinyele L.G.A. Oyo State were interviewed. Registration for ANC, an essential health care seeking behaviour was adopted by most women. Age registration was late, social support and self-efficacy influenced registration.

RECOMMENDATION

Based on the findings of this study the researcher officers the following recommendations;

- Increase girls-child education
- Enhancing social support
- Enhancing self-efficacy
- Training and quality of care

As they are essential ingredients for improving the health care seeking behaviour of women during pregnancy.

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