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 behavior 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 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; LHoagberg 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 (Risporn, 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 (Marshall, 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 Hoaerg, Roda, Skov/rol 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, 1998: Maine and Allman, 1990, Bkom, Wypi, 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
example may not doubt that she has the physical skill to walk from her house to the clinic but she may not have the confidence to overcome the objections of her mother or mother-in-law to her starting antenatal clinic until her pregnancy is obvious. Self-efficacy increases through information, encouragement, modeling and practice. According to Bandura (1982, 1986), the state of belief in one's ability is a good predictor of motivation to perform a particular behaviour.

MATERIALS AND METHODS

METHODOLOGY

Study Design

The study was descriptive in nature and because of its focus on the ward of Moniya within Akinyele L.G.A., was a case study of the health care seeking behaviour of women during pregnancy in that ward.

The study identified health seeking behaviour as dependent variable, intermediate variables of interest were social support and self-efficacy; independent variables include basic socio-demography characteristic of the respondent. Both quantitative and qualitative methods of data collection were employed.

SCOPE OF STUDY

The study focused on the most recent pregnancy experienced by women in Moniya – To this end only mothers who had delivered their babies within one year were interviewed to ensure better recall and a better reflection of current health care-seeking practices in the community.

Systematic sampling was used to cover the eight communities in Moniya in Akinyele L.G.A. A questionnaire was developed from focus group discussion (FGD) and protested. Women of childbearing age were trained as interviewers. A total of 405 were interviewed.

Data gathered through questionnaires were sorted and coded manually by the investigator. Date entry and analysis was made using EPINFO (version 6.0). Content and face validity were enhanced through review by the researchers.

RESULTS AND DISCUSSION

RESULTS

A total of 405 women who had delivered a baby in the year prior to the study were interviewed in the eight villages within the Moniya area of Akinyele L.G.A. This was larger than the minimum sample size of 384. The ages of the respondents ranged between 18 and 50 years. With a mean of 27.

EDUCATIONAL LEVEL OF RESPONDENTS

Only 44 (10.9%) of the women had not been educated. This shows that educational level ranged from primary (29.1%) junior secondary (14.6%) senior secondary (33.1%) to post-secondary (12.3%).

ANTENATAL CARE (ANC)

Some type of ANC registration was reported by 344 (84.9%) of the women. The majority of those or 219 (63.7%) registered at an L.G.A. maternity centre. Sixty-five (18.9%) registered at a private hospital. 28 (8.1%) at a state government hospital and 15 (4.4%) at a mission hospital. Other choices were made by 12 (3.5%) who said they registered with a traditional birth attendant (TBA) and 5 (1.4%) registered at a church.

The average age of the pregnancy at registration for ANC was 4.7 months with a median of 5.0 months. When considering trimester, 20 (6.0%) registered in the first three months of pregnancy 223 (64.8%) registered in the second trimester and 101 (29.4%) registered in the third trimester. Of those who registered, 297 could recall how many times they attended ANC meetings. The average was 6.8. The median was 6.0 times and the range extended from zero to 14 times. Those who actually registered had significantly higher mean score 20.9 points than those who did not 15.9 points.

COMPARISON OF SOME VARIABLES WITH REGISTRATION

Table 1

<table>
<thead>
<tr>
<th>Registered</th>
<th>None (%)</th>
<th>Level of Education Minimum of Primary (%)</th>
<th>Completed Secondary (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>17 (36.8)</td>
<td>28 (15.8)</td>
<td>16 (8.7)</td>
<td>61</td>
</tr>
<tr>
<td>YES</td>
<td>27 (61.4)</td>
<td>149 (84.2)</td>
<td>168 (91.3)</td>
<td>344</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>177</td>
<td>184</td>
<td>405</td>
</tr>
</tbody>
</table>

$X^2 = 25.02$, d.f = 2, $p<0.000004$
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).

<table>
<thead>
<tr>
<th>Registered</th>
<th>Number</th>
<th>Mean Support</th>
<th>Median</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>60</td>
<td>15.9</td>
<td>16.0</td>
<td>7.36</td>
</tr>
<tr>
<td>YES</td>
<td>343</td>
<td>20.9</td>
<td>23.0</td>
<td>5.46</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>-5.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Registered</th>
<th>Number</th>
<th>Mean Support</th>
<th>Median</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>61</td>
<td>2.4</td>
<td>3.0</td>
<td>1.324</td>
</tr>
<tr>
<td>YES</td>
<td>340</td>
<td>3.3</td>
<td>4.0</td>
<td>1.181</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>-0.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>B Coefficient</th>
<th>95% confidence Interval</th>
<th>Std Error</th>
<th>Partial F-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
</tr>
<tr>
<td>Attitude Toward ANC</td>
<td>24.2</td>
<td>0.014</td>
<td>0.004</td>
<td>0.022</td>
<td>0.006</td>
</tr>
<tr>
<td>Self Efficacy</td>
<td>3.2</td>
<td>0.055</td>
<td>0.026</td>
<td>0.083</td>
<td>0.014</td>
</tr>
<tr>
<td>Parity</td>
<td>0.7</td>
<td>0.091</td>
<td>0.018</td>
<td>0.164</td>
<td>0.037</td>
</tr>
<tr>
<td>Educational Level</td>
<td>1.5</td>
<td>0.075</td>
<td>0.025</td>
<td>0.126</td>
<td>0.026</td>
</tr>
<tr>
<td>Y-intercept</td>
<td></td>
<td>0.168</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F - Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>4</td>
<td>5.910</td>
<td>1.478</td>
<td>12.77</td>
</tr>
<tr>
<td>Residuals</td>
<td>396</td>
<td>45.811</td>
<td>0.116</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>51.721</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

REFERENCES

Tialey CR, Hunter CL, Heywood P. 2010. Why don’t some women attend antenatal and postnatal care service? A qualitative survey of community member’s perspective in Garut, West Java Province