



Full Length Research Paper

Health seeking behaviour amongst pregnant women attending antenatal clinic in primary health care centres in rural communities of Nnewi North L.G.A Anambra State

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Abstract

This study is to determine the health seeking behaviour of pregnant women attending antenatal clinic in primary health care centres in Nnewi North Local Government area of Anambra State. A descriptive research design was utilized, and a well structured questionnaire was used as an instrument for data collection. A total of 110 respondents were used for the study. Results revealed that 81.82% of them suffered from malaria, excessive fatigue, swelling of feet and face, and 9.09% suffered malnutrition. Also majority of respondents (47.27%) were of the opinion that the health problems they face are pregnancy related, whereas a significant number (9.09%) opined that the causes of their health problems were as a result of curse from gods. Husbands' decision (40.91%) and financial income (36.36%) were seen as the major factors influencing their health seeking behaviour. The researchers therefore recommended that an intensive community mobilization and health awareness programs should be done by health workers; also government should provide free antenatal care services for pregnant women and monitor its implementation.

Keywords: Health, health seeking behaviour, antenatal, primary health centres.

INTRODUCTION

Also the World Health Organization (WHO) defined health as the complete state of physical, mental and social well being, and not merely the presence or absence of disease or infirmity.

Therefore, health seeking behaviour refers to all those things humans do to prevent diseases and detect diseases in their asymptomatic stages. In contrast, illness behaviour refers to all those activities designed to recognize and explain symptoms felt by an ill person and sick role behaviour refers to all those activities designed to cure diseases and restore health after a diagnoses has been made (Kraszewski, 2009).

In Nigeria, women are said to be mothers of all, because they are usually the bearer of pregnancy, that is, the role of child bearing is traditionally assigned to them

(Ogunjuyigbe, 2000). Thus pregnancy is one of the most important events in the life of every woman and it is also a dynamic process in which a woman's risk status can change at any point in time (WHO, 2000). Hence, pregnant women can be said to be at risk of developing some health problems such as anaemia, fever, malaria, excessive fatigue, diarrhoea, reproductive tract infections, sexually transmitted infections, headache, backache, swelling, cramps (Chamberlain, 2001). These problems as stated may be as a result of either the pathological or physiological process or may also be as a result of deficiencies in the normal body constituents. Opinions towards the causes of these problems varies as they see their problems as either a result of traditional black magic (juju), or spiritual attack (witch craft), malnutrition while

some others are under the group of 'don't know' or 'no opinion' of the causes of the health problems in their pregnant state(Ogunjuyigbe and Ayotunde, 2007). These opinions of theirs' tend to have effect on their health seeking behaviour.

Furthermore, their health seeking behaviour can be influenced by some factors such as cultural factors (which includes low status of women in the sense that they take authority from their husbands before taking/seeking medical aid),social factors like sex, age, educational level, marital status, occupation. Societal factors may include growth and equity, peer pressure, governance(which include overall approach of government toward health of the state), socioeconomic factors like standard of living, economic status/income, religion, cost of care , the type and severity of illness, geographical factors such as bad roads, weather/climatic changes, physical factors like the attitudes of health care personnel, long waiting at the healthcare centres/time wasting, standards of equipment, standard and availability of essential drugs, cost of care not equal to services rendered, interpersonal relationship between the health care team (Borras, 2004). In a study carried out by Karoline Jackoniah and Temmerman (2002), to determine the opinion of the pregnant women on the causes of their problem using a population of 800 pregnant women in Utah-Nariobi –kenya. The result showed that women's general knowledge of the pregnancy related problem were poor. This is because only 42.27% of the women used for this research could think of their health problems during pregnancy as being pregnancy related and not just a curse from gods or that they do not know the cause at all. This indicates that these women actually needed to be educated about pregnancy and the need for good health seeking behaviour especially when pregnant so that they will be able to co-operate with the health professionals to ensure safe antenatal, intra-natal, and postnatal care.

Statement of problem

In the recent years, health promotion programmes worldwide have been premised on the idea that providing knowledge about causes of ill health, choices and health care available. This had gone a long way towards promoting a change in individual behaviours towards more beneficial health seeking behaviours.

However, owing to the difference in people's opinion on where and when to seek health care services and also from the review of available literatures, it shows that no study has been carried out to determine the health seeking behaviour amongst pregnant women attending antenatal clinic in health centres in Anambra State, especially in Nnewi North. Thus the researchers decided to embark on this study

Purpose of the study

To find out the health seeking behaviour of pregnant women that attend antenatal care clinic in primary health care centres in Nnewi North Local Government Area of Anambra State. Specifically, the family objectives were set to aid the researchers in carrying out this study.

- ❖ To determine the types of health problems experienced by pregnant women
- ❖ To ascertain their opinions towards the causes of their health problems
- ❖ To find out the factors that influence their health seeking behaviour
- ❖ To determine their opinion of suitable places to seek for health care
- ❖ To identify their reasons of choosing those places for health care.

Significance of the study

The result of this study will provide detailed information on the health seeking behaviour of pregnant women attending antenatal clinic in health care centres in Nnewi North Local Government Area of Anambra State, and this will be of benefit to the following:

- ❖ The pregnant women, as this will reveal their actual health seeking behaviour, such that they can be adequately be motivated and encouraged to develop better health seeking behaviours for their survival
- ❖ The family will also benefit as complications in pregnancy affect not only the woman, but also the family, bringing sorrow, thus the need for a good health seeking behaviour
- ❖ The community will also benefit as complications in pregnancy affect her and can lead to death of the pregnant woman, which will render the older children of the woman motherless and the husband, a widower. This affects the community negatively and depletes her economically as well.
- ❖ The policy makers will benefit from this as it will help them to plan effectively on how to combat the avoidable factors that militate against good health seeking behaviours amongst these women, such as reducing the cost of assessing health care services
- ❖ The health workers will also benefit as this will help them to effectively carryout campaign and actions on promoting good health seeking behaviour among these women through health education and rendering proper antenatal care services to them.

Scope of Study

This study is delimited to the pregnant women that attend antenatal clinic in health centres within Nnewi local

Table 1: showing the age range of the respondents

Age range (in years)	Frequency	Percentage (%)
Below 20	10	9.09
20-29	50	45.45
30-39	33	30.00
40-49	17	15.45
50 years	-	0.00
Total	110	100

Table 2: showing marital status distribution women used for the study.

Marital status	Frequency	Percentage (%)
Married	91	82.73
Single	19	17.27
Divorce	-	-
Separated	-	-
Widowed	-	-
Total	110	100

government area of Anambra State. It is also delimited to the types to the health problems experienced, causes of health problems, suitable places to go, and reasons for choosing the places.

METHODOLOGY

A descriptive research designed aimed at ascertaining the health seeking behaviour among pregnant women attending antenatal clinic at the primary health centres in Nnewi north local government of Anambra State. The town has twenty-three (23) primary health care centres. The population for the study includes all the pregnant women who attend various antenatal clinics within the study centres.

Sample and Sampling Technique

A simple random technique was used to select a health centre and after which systematic random sampling method was applied. A total of eleven (11) centres were chosen. In this sampling method, every health centre had equal opportunity to be chosen; also after every 2 health centres in the list one centre will be chosen, therefore amounting to the total of eleven centres chosen. A sample size of 110 pregnant women was chosen among all the pregnant women attending antenatal clinic in health centres within Nnewi Metropolis.

The instrument used for the data collection was a validated well structured questionnaire with open and close ended questions. A total of 120 copies of the

questionnaires were distributed and 110 filled copies of the questionnaires were collected and utilized for the study. An assistant was trained and allowed to participate in data collection which involved explaining of the purpose of the study and how to fill the questionnaires to the respondents. This was done with the permission of health professionals in charge of the health centres.

Confidentiality of the elicited information was ensured as the copies of the questionnaires used were kept anonymous.

Analysis and Presentation of Data

The data collected were analysed in accordance with the research questions. The statistical tools used were percentages and frequency table.

(Section A) bio-data of respondents' age

From the above table1, 9.09% of the total population of pregnant women used for the study were below 20 years of age, 45.445% were between 20-29 years of age, 30% were between 30-39 years of age, and 15.45 were between 40-49years of age while none of the respondents used was aged 50 years and above.

Marital status

From table 2 above, 17.27% of the respondents were single, 82.73% were married while there was no record of divorce, separated or widowed pregnant women.

Table 3: showing the distribution of the religion practiced by the respondents

Religion	Frequency	Percentage (%)
Christianity	78	70.91
Muslim (Islam)	5	4.55
African tradition religion	27	24.55
Others specify	-	-
Total	110	100

Table 4: showing the occupational distribution of the respondents.

Occupation	Frequency	Percentage (%)
Trader	10	9.09
Civil servant	2	1.82
Banker	6	5.45
Engineer	4	3.64
Housewife	88	80.00
Total	110	100

Table 5: showing highest educational attainments of respondents

Educational Level	Frequency	Percentage (%)
Attained		
Primary school	69	62.73
Secondary school	24	21.82
Tertiary institution	15	13.64
None	2	1.82
Total	110	100

Table 6: showing the distribution of the various occupations practiced by the husbands of the respondents

Occupation	Frequency	Percentage
Traders	26	26.64
Civil servant	9	8.18
Jobless	10	9.09
Banker	-	-
Engineer	-	-
Artisan	50	45.55
Truck pusher	5	4.55
Farmer	10	9.09
Total	110	100

Religion

From the above table 3, 70.91% of the respondents were Christians, 4.55% were Muslim, 24 were African tradition religion believers.

Occupation

From table 4: it can be seen that majority 80% of the pregnant women used for the study were housewives, 9.09% were traders, 5.45% were banker, 3.64% were engineers, and 1.82% were civil servants.

Highest Educational Attainment

From table 5 above, 62.73% of the pregnant women used for the study attained primary school as their highest level of education, 21.82% attained secondary school, 13.64% attained tertiary institution and 1.82% of them did not attend any school hence 1.82% are illiterates.

Husbands' occupation

From table 6 above, 26.64% of the husbands were traders, 8.18% were civil servants, 9.09% were jobless 45.55% were artisan workers. 4.5% were truck pushers, and 9.09% were farmers.

Table 7: showing the distribution of the various health problems experienced by the respondents.

Health problems	Frequency	Percentage (%)
Fever, malaria, excessive fatigue, vomiting, backache, swelling of feet and face	90	81.82
Malnutrition	10	9.09
Anaemia and diarrhoea	2	1.82
Abnormal cramps and ache	4	3.64
Abnormal vaginal discharge	4	3.64
Tuberculosis	-	-
Total	110	100

Table 8: showing distribution of their opinion the cause of their problems

Opinions on cause of Disease	Frequency	Percentage (%)
Curse from gods	10	9.09
Natural	18	16.36
Unknown	30	27.27
Pregnancy related problem	52	47.27
Bacteria	-	-
Other specify	-	-
Total	110	100

Table 9: showing distribution of their actions when they notice any of the problems in question no.7

Actions to problems in question 7	frequency	Percentage (%)
Ignore	15	13.64
Pray	9	8.18
Goes to hospital	-	-
Reports to husband	70	63.64
Visit health centers	-	-
Consult friends/family Members	16	14.55
Others specify	-	-
Total	110	100

Section B (specific question)

Question 7: what are the health problems experienced by the respondents?

From table7, 81.82% (90) of the respondents suffered from fever, malaria, excessive fatigue vomiting back ache, swelling of face and feet, 10 (9.09%) of them collectively suffered from malnutrition, 2 (1.82%) of the respondents suffered from anaemia, and diarrhoea, 4 (3.64%) pregnant women suffered from blurred vision, abnormal cramps and ache, while (3.64%) pregnant women suffered from abnormal vaginal discharge, none of them suffered from tuberculosis

Question 8: what do you think are the cause of problem (s)?

From table 8, 9.09% of the pregnant women were of the opinion that their problems were as a result of curse

from gods. 16.36% of them opined that it natural, 27.27% of them opined that they believe the cause is unknown while 47.27% of them opined that the problems were as result of the pregnancy.

Question 9: what do you DO when you notice the problem (s) in question 7?

From table 9, 63.64% of the respondents report to their husbands on any problem noticed, 14.45% consult friends /family members, 13.64% ignore the problems while 8.18% resolve to prayer.

Question 10: Who influences your decision making on where to go and seek for health care?

Table 10 below shows that, 72.73% of the respondents have their husbands, as the one who, helps them in

Table 10: showing the distribution of who influences the decision taking on where the pregnant women used in the study go and seek for health care.

Who helps in decision making	Frequency	Percentage (%)
Husband	80	72.73
Self	12	10.91
Neighbours	-	-
Friends	5	4.55
Relative	13	11.82
Total	110	100

Table11: showing distribution of factors that influence their seeking for health care

Factors	Frequency	Percentage (%)
Finance	40	36.36
Distance of place	20	18.18
Communication barrier	2	1.82
Husband decision	45	40.91
Facilities in the health care Centers	3	2.73
Type of personnel working There	-	-
Total	110	100

Table12: showing distribution of where pregnant woman go to seek for health care

Regular port of call For health care	Frequency	Percentage(%)
Herbalist	14	12.73
Traditional birth Attendants	30	27.27
Hospital	10	9.09
Primary health care Centres	51	46.36
Religious homes	5	4.55
Others specify	-	-
Total	110	100

decision making. 10.91% of them take decisions on their own, 4.55% depends on the decisions of their friends. 11.82% depends on their relatives for decision making, while none of them depends on their neighbours for decision making.

Question 11: what are the factors that influence your seeking for health care?

From table 11 above, 40.91% of the pregnant women had husband decision as a factor that influence their seeking for health care, 36.36% had finance as a factor. 18% had distance of place as a factor, 2.73% had facilities in the health center as a factor, while 1.82 of the respondents had communication barrier as a factor militating against their seeking for health care.

Question 12: where do you often go to seek for health care whenever you are ill?

From table 12, 12.73% of the respondents seek for healthcare from the herbalists, 27.27% seek for health care centres from the traditional birth attendants (TBA), 9.09% seek health care from the primary health care, while 4.55% seek for health care from various religious homes.

Question 13: what are your reasons for choosing the answer in No 12?

From table 13 below, 4.55% of the pregnant women chose the place they want to receive health care because they are effective, 54.55% was as a result of their family

Table 13: Showing distribution of reason for choosing where to seek health care as seen in question 12

Reason for choosing (%)	Frequency	Percentage
Answer in question No 12		
They are effective	5	4.55
My family choice	60	54.55
It is my belief	35	31.83
Distance to my home	2	1.82
Cheap (cost)	8	7.27
Total	110	100

choice/decision, 31.83% was as a result of their believe in it, while 7.27% of them did so because the health care is cheap, that is, the cost of assessing it.

Summary of major findings

The following are major finding from data collected and analyzed;

Majority of the respondents used for this study were between the ages of 20-29 years of age.

❖ 82.73% (91) of the respondents used for this study were married but the percentage of teenage pregnancy was noted to be on a high side evidenced by it constituting 17.27% singles) of the population for the study.

❖ Most of the respondents used for the study were of Christian religion constituting 70.91% of the entire population for the study.

❖ 80% of the respondents were housewives whom do nothing for a living but are dependent on their husbands. Also 45.55% of their husbands were artisan workers, 26.64% were traders, 8.18% were civil servants, 9.09 were farmers, 9.09% were jobless and 4.55% were truck pushers. (Hence can be said to be of a low income group).

❖ The health problems experienced by the respondents in the study were fever, malaria, excessive fatigue, vomiting, backache, swelling of the face and feet, malnutrition, anaemia, diarrhoea, abnormal vaginal discharge, blurred vision and abnormal cramps.

❖ Most of the respondents were of the opinion that these problems were just pregnancy related problem (47.27%), about 27.27% of them were of the opinion that its causes were unknown to them, 16.36% of them believe that it is a natural occurrence and 9.09% were of the opinion that it is a curse from the gods.

❖ The factors that influence their health-seeking behaviour from this study included finance which constituted 36.36%, distance of place 18.18%, communication barriers 1.82%, husband's decision 40.19%, and facilities in the health care centre 2.73%.

❖ 12.73% of the respondents used for this study were of the opinion to utilize herbalist as a place to seek for health care, 27.27% opined traditional birth attendants, 9.09% opined hospitals, 46.36% opined primary health care centre while 4.55%, opined religious homes /prayer houses.

❖ The respondents had the reason to their opinion as in above to be; they are effective (4.55%), distance to my home (1.82%), cheap cost (7.27%).

DISCUSSION OF MAJOR FINDINGS

The discussion of major findings was done in line with the set objectives.

Objective 1

To determine the types of health problems experienced by pregnant women

From the findings above, 90(81.82%) of 110 women experienced fever, malaria, excessive fatigue, Backache, vomiting, swelling face and feet, 10(9.09%) of pregnant women suffered from malnutrition, 2(1.82%) suffered from anaemia and diarrhoea, 4(3.64%) suffered from blurred vision and abnormal cramps and aches while 4(3.64%) suffered from abnormal vaginal discharge.

This finding depicts that a greater number of pregnant women suffered from fever, malaria, excessive fatigue, backache, vomiting swelling of face and feet, hence adequate health care should be given to the pregnant women.

This finding does not in any way agree with any study as no evident available literature reviewed showed that such study was conducted in health problems in general. This finding is novel. Also in this, majority of respondent were pregnant women of within age range 20-29(50) and it was found that there is high level of teenage pregnancy evidenced by pregnant women below 20 years numbered 10.

Objective 2

To ascertain their opinions towards the cause of health problems

From this study, it was discovered that 9.09% of which is a significant number used for the study, believed that the cause of their health problem is as a result of curse from gods, 16.36% opined that the cause was unknown to them (meaning that they cannot tribute it to anything), only 47.27% opined that they were pregnancy related.

This result agrees with the findings from the study carried out by Karoline, Jackoniah and Temmerman (2002) to determine the opinions of the pregnant women on the cause of their problem using a population of 800 pregnant women in Utah-Nairobi –kenya. The result showed that women's general knowledge of the pregnancy related problem were poor. This is because only 42.27% of the women used for this research could think of their health problems during pregnancy as being pregnancy related and not just a curse from gods or that they do not know the cause at all. This indicates that these women actually needed to be educated about pregnancy and the need for good health seeking behaviour especially when pregnant so that they will be able to co-operate with the health professionals to ensure safe antenatal, intra-natal, and postnatal.

Objective 3

To find out the factors influencing their health seeking behaviour

From this study to determine the health seeking behaviour of pregnant women attending antenatal clinic in primary health care centres in Nnewi north local government arena, it was found out that the factors that influence the health seeking behaviour of the pregnant women utilized for the study were finance which influence health seeking behaviour of 40(36.36%) pregnant women, distance of the place influence 20 (18.18%) pregnant women, husbands decision 45(40.91%) and facilities in health centres 3 (2.73%) pregnant women.

This does not agree with the findings of Karoline, Jackoniah and Temmerman (2006), who in a study to determine the factors that influence the health seeking behaviour of pregnant women in Uttah – Nairobi- Kenya found that educational level of the pregnant women was a major militating factor against their health seeking behaviour (70%) while decision making by their husband and financial (income) status accounted for 30%.

Hence the major factors that influence their health seeking behaviour of the pregnant women in Nnewi North LGA is the husband's decision; this may be because majority of the respondents (80%) are housewives and may rely on their husband for financial support.

Objective 4

To determine opinions of suitable places to seek for health care

In this study, out of 110 pregnant women used as respondents for the study, a significant number 14(12.73%) opined that herbalist centres are suitable for them, 30(27.27%) indicated traditional birth attendants, 10 (9.09%) opined hospitals, 51(46.36%) opined primary health care centres, where as 5(4.55%), which cannot be overlooked opined religious homes. This findings does not agree with the findings of Narjis and Luby (1997) who in a study to determine the health seeking behaviour of pregnant women in Karachi – Kenya, discovered that 60% of the population of study (988) preferred seeking health care from traditional birth attendants, 29.5% sort for health care from hospitals/ health centres while 10.5% did not seek for any health care services (that is, they stayed at home and procured drugs from the patient medicine stores and drug hawkers). Having realized that a significant percentage 9.09% and 16.36% of the women believe that the cause of health problems during pregnancy were as a result of curse from god's and unknown factors respectively, it is therefore as surprise that a significant number of them prefer to go to herbalist centres (12.73%) and religious homes 4.55% to seek for health care.

Objective 5

To identify their reasons for choosing those places for health care

Findings on their reasons for choosing those places for health care depicts that 4.55% of the pregnant women chose those places because they feel/are of the opinion that their services/ care rendered were effective, 54.55% go there because they believe in the care rendered, 1.82% chose because of the distance to their respective homes, while 7.27% chose the place to seek for health care because of its cheap or low cost. This finding novel because there is no available study found to have the reasons of pregnant women for choosing their places of seeking for health care. This result implies that majority of the women (54.55% and 4.55%) chose their health care centres because they believe in the care rendered and that the care rendered is effective respectively, health care professionals in the various health centres need therefore to utilized their skills and thereby improve their health seeking behaviour. A significant percentage of the women, 7.27% indicated that they chose health care services being rendered at cheaper cost, not minding whether the care rendered is effective or not. This is not good enough, as it potentially leads to increased number of maternal mortality and morbidity in our society.

CONCLUSION

Based on the major findings, the researchers concluded that;

- ❖ Majority of the respondents (pregnant women) used for the study were between the ages of 20-29 years of age.
- ❖ Most of the respondents are housewives while majority are civil servants, farmers, engineers and bankers.
- ❖ From the findings, it can be deduced that most of the respondents experienced fever, malaria, excessive fatigue, vomiting, backache, swelling of the face and feet, as their health problems during pregnancy while some experienced malnutrition, anaemia, diarrhoea, abnormal discharge, blurred vision and abnormal cramps as their health problems.
- ❖ A greater number of the respondents opined that the causes of these problems are pregnancy related.
- ❖ It was found that the major factors influencing the health seeking behaviour of the respondents are their husbands, followed by finance
- ❖ Majority of the respondents utilize primary health care centers as a place to seek for health care, few utilize hospitals and traditional birth attendants, while others utilize herbalist.
- ❖ Greater number of the respondents chose where to seek for health care because they feel the services/care rendered there are effective and cheap.
- ❖ Also, it is noted that teenage pregnancy was on a high side.

Implication of the study

Despite the fact that a greater number (46.36%) of the respondents utilize primary health care centers as a source of seeking health care, there is still need for health workers to indulge in community mobilization and health education of pregnant women on the importance of seeking for health care whenever they are ill in a health institution that is government approved or licensed and also to attend antenatal clinic at least four times before they put to bed. Also the women readily need to be empowered financially and the men encouraged to participate in the antenatal clinic with their wives as the study revealed that the greatest population of women depend on their husband decision in making choices to health care services to seek for.

RECOMMENDATIONS

Based on the finding in this study, the researchers recommended:

- ❖ Health workers should carry out an intensive community mobilization on healthy pregnancy.

- ❖ Effective education and counselling of women on the importance of antenatal care: emphasizing that it is cheap.

- ❖ Government should ensure that antenatal care services are affordable, especially at the grass root.

- ❖ Government should grant a policy on women empowerment to enable them take decision of their health problem especially in pregnancy.

- ❖ Public health campaign on the importance of healthy pregnancy, problems in pregnancy and where to get care.

SUMMARY

This study carried out to determine the health seeking behaviour among pregnant women attending antenatal clinic in primary health care centres in Nnewi North of Anambra state.

In this study a descriptive design was adopted using the study area as primary health care centres within Nnewi North L.G.A of Anambra state, the population of study included all pregnant women attending ante natal clinic, using simple random sampling 11 primary care centres were chosen out of 23 primary health care centers. Data were collected and analyzed using percentage for easy interpretation

Findings revealed that majority of the pregnant woman (45.45%) were within the age range of 20-29, below 20(9.09), at the same time (81.82%) of them suffered from vomiting fever malaria, backache, excessive fatigue, swelling of feet and face, 9.09% had malnutrition, 1.82% suffered from anaemia and diarrhoea, 3.64% suffered from blurred vision and abnormal cramps, 3.64% suffered from abnormal vaginal discharge. Also 47.27 of them opined that the cause of these problem were pregnancy induced, 27.27% opined that it is idiopathic (unknown). 16.36% opined that it is natural, while 9.09% opined that it is a curse from gods. Moreover, the husband's decision (40.91%) constituted a major factor influencing their health seeking behaviour, finance constituted 36.36% of the factors, distance of the place 18.18%, communication barriers 1.82% of the factors, and distance (facilities) 2.73%. Furthermore a great number of respondents (46.36%) opined to utilize primary health centres as a place to seek for health care, 27.27% opined traditional birth attendants, 12.73% opined herbalist 9.09% opined hospital and 4.55% opined religious homes. All having the reason of choosing to be because they feel it is effective 4.55%, because it is the husbands' decision 54.55%, it is what they believe, because health services there are cheap 7.27%.

Based on the findings of research, the researchers recommended public health campaign on the importance of healthy pregnancy, problem in pregnancy and where to get care when ill, government should enact policy or bill on free antenatal care, health workers should carry out

an intensive community mobilization on healthy pregnancy, effective education and counselling of pregnant women on the importance of antenatal care emphasizing that it is cheap.

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