

Full Length Research Paper

Utilization of Health Care Services by Pregnant Mothers during Delivery: A community based study in Nigeria.

Moore BM, Alex-Hart BA, George IO*

Departments of *community medicine and Paediatrics, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria.

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Poor utilization of health facilities during delivery by pregnant mothers is still a major cause of maternal and childhood morbidity and mortality in Nigeria. The aim of this study was to determine the level of utilization of health care services by pregnant women during delivery in Gokana Local Government Area of River State, Nigeria. This was a cross-sectional, questionnaire; based study involving 112 mothers aged 15 years to 49 years from Gokana Local Government Area of Rivers State, Nigeria. The local Government Area has 12 health centres and 6 health centres were selected by multistage sampling. 112 were then selected by simple random sampling. Of the 112 mothers interviewed 91(81.3%) were married, 13(11.6%) were single, 5(4.5%) were widows, 2(1.8%) divorced and 1(0.9%) separated. Ninety seven (86.6%) of these mothers (n=112) had formal education while 15 (13.4%) had no formal education. Most 42(37.5%) of the mothers were between 25-29 years. Sixty four (57.1%) of the 112 mothers in their recent delivery used a health facility while 48(42.9%) did not. Factors responsible for non utilization of health facility for delivery include: Long distance to health facility 33(68.7%), onset of labour at night 40(83.3%), unavailability of means of transportation 37(77.1%), Lack of money for transportation 26(54.2%), unsatisfactory services at health facility 26(54.2%), unfriendly attitude of staff of the health facility 34(70.8%), unavailability of staff at health facility 32(64.0%), lack of urgency at health facility 36(75.0%), previous uneventful delivery at the health facility 32(66.7%). Utilization of health care services during delivery in Nigeria is still poor. Concerted efforts should be made both at community and Government levels to improve utilization of health facility during delivery. This will go a long way in reducing maternal and child mortality.

Key Words: Utilization, Health Care, pregnant mothers, Nigeria

INTRODUCTION

Maternal Health Care Services are organized services provided to cater for the health needs of women during pregnancy, labour, delivery, and puerperal periods so as to reduce morbidity and mortality (Goodburn and Campbell, 2001). An estimated 529,000 girls and women die of pregnancy-related causes and childbirth (Lawn et al., 2005). Ninety nine percent of all maternal deaths occur in the developing world (Lawn et al., 2005) Maternal health has a high priority on the global agenda mentioned under MDG 5 which aims to improve on maternal health (Ronsmans and Graham, 2006) The target is to reduce

by three-quarter between 1990 and 2015 the maternal mortality ratio (MMR) (Ronsmans and Graham, 2006).

In Nigeria the use of health facilities during delivery by pregnant mothers is still very low and maternal morbidity and mortality remains a public health problem (Khalid 2006). This may be influenced by a lot of factors including demographic, socio-economic, cultural, obstetric and health system factors (Khalid 2006). Most maternal deaths seem to occur between the third trimester and first week after delivery and so skilled attendance at the time of delivery and access to emergency obstetric care remains the most effective measures to reduce morbidity and mortality (De Bernis et al). Improved maternal health is achieved through skilled care at every birth and adequate management of pregnancy, childbirth and the

*Corresponding author E-mail: geonosdemed@yahoo.com

Table 1: Sociodemographics characteristics

Characteristics	Number	Percentage
Age(year)		
15-19	4	3.6
20-24	17	15.2
25-29	42	37.5
30-35	20	17.9
40-44	13	11.6
45-49	5	4.5

post-partum period. (Abrahams et al., 2001;Camacho et al., 2006).

The aim of this study was to determine the level of utilization of health care services by pregnant women during delivery in Gokana Local Government Area of River State, Nigeria .Information obtained will serve as advocacy tool to improve maternal health and reduce maternal morbidity and mortality.

MATERIALS AND METHODS

This was a cross-sectional, questionnaire; based study involving 112 mothers (aged 15 years to 49 years) from Gokana Local Government Area of Rivers State, Nigeria. The Local Area is one of the 23 Local Government Areas of Rivers state, Nigeria. It has 12 health centres rendering primary health care services to members of the community. Two health centres were selected for the study by systematic random sampling.

The study team comprised the investigators and 26 research assistants who were made of final year medical students. These research assistants were trained on how the questionnaires were to be administered.

Data was analysed using Epi info 6 version software. Simple descriptive statistics in the form of percentages were implored.

RESULTS

Of the 112 mothers interviewed 91(81.3%) were married, 13(11.6%) were single, 5(4.5%) were widows, 2(1.8%) divorced and 1(0.9%) separated. Ninety seven (86.6%) of these mothers (n=112) had formal education while 15 (13.4%) had no formal education. Most 42(37.5%) of the mothers were between 25-29 years. Sixty four (57.1%) of the 112 mothers in their recent delivery used a health facility while 48(42.9%) did not. Factors responsible for non utilization of health facility for delivery include: Long distance to health facility 33(68.7%), onset of labour at night 40(83.3%), unavailability of means of transportation 37(77.1%), Lack of money for transportation 26(54.2%), unsatisfactory services at health facility 26(54.2%), unfriendly attitude of staff of the health facility 34(70.8%), unavailability of staff at health facility 32(64.0%), lack of

urgency at health facility 36(75.0%), previous uneventful delivery at the health facility 32(66.7%).

DISCUSSION

Access to a proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may lead to death or serious illness for the mother and baby (Van Lerberghe and Brouwere V, 2001). Our study shows that the rate of utilization of health facilities for delivery by pregnant women in Gokana Local Government Area is 57.1 %. This is similar to previous study done in a rural community in Nigeria(Nwakoby 1994). However, our value was higher than the national average of 35%, and is also higher than the National figure of 24% for rural areas in Nigeria(Nigeria Demographic and Health Survey 2008). Thus indicating a large variation of health care utilization rates for child birth between rural areas of Nigeria. Futhermore, lower rates of utilization of health facility were reported in some rural communities in Africa, for example literatures from rural areas of Orange Free State in South Africa, Changwe district of Zambia and Kenya had shown rates of 37%, 42.8% and 47.55 respectively(Cronje et al., 1995; Hazemba and Siziya 2009; Hodgkin 1996).

Mothers education has contributed significantly to increased health facility utilization in previous studies(Elo, 1992; Celik and Hotchkiss, 2000; Becker et al., 1993; Stewart and Sommerfelt, 1991). This, however agrees with our finding where more than two third of the women were found to have formal education. This may have influenced their level of utilization of health facilities for delivery. Furthermore, the Nigeria Demographic and Health Survey 2008 reported that only 10% of deliveries to mothers with no education occurred in health facilities compared to 90% of deliveries to mothers with education (Nigeria Demographic and Health Survey 2008). This further emphasizes the importance of education in decision making. Education serves as a proxy for information, cognitive skills, and values; education exerts effect on health-seeking behavior through a number of pathways . These pathways include higher level of health awareness and greater knowledge of available health services among educated women, improved ability of educated women to afford the cost of medical health care, and their enhanced level of autonomy that results in improved ability and freedom to make health-related decisions, including choice of maternal services to use(Hodgkin, 1996; Elo, 1992; Celik and Hotchkiss, 2000; Becker et al., 1993; Stewart and Sommerfelt, 1991; Schultz, 1984; Raghupathy, 1996; Caldwell, 1981). Educated mothers are more likely to take advantage of public health-care services than other women (Orubuloye and Caldwell, 1975; Caldwell, 1979). Education may also impart feelings of self-worth and confidence as well

as reduce the power differential between service providers and clients, thereby reducing the reluctance to seek care(Chanana, 1996; Starrs, 1998).

In our study, 68.7% of our respondents blamed their lack of utilization of health facility for delivery on long distance to the health facilities. Previous studies have documented overwhelming evidence that distance to a health facility is a strong determinant of its choice for a maternal health services(AL-Nahedh, 1995; Esimai, 2002). Distance to health services exerts a dual influence on use, as a disincentive to seeking care in the first place and as an actual obstacle to reaching care after a decision has been made to seek it. Many pregnant women do not even attempt to reach a facility for delivery since walking many kilometres is difficult in labour and impossible if labour starts at night(as was reported by 83.3% of our respondents), and transport means are often unavailable(reported by 77.1% of our respondents). Those trying to reach a far-off facility often fail, and women with serious complications may die en route(Federal Ministry of Health. Integrating maternal, newborn and child health strategy. Abuja, Government of Nigeria 2007). The obstacle effect of distance is stronger when combined with lack of transport and poor roads(Federal Ministry of Health. Integrating maternal, newborn and child health strategy. Abuja, Government of Nigeria 2007). To overcome this problem of distance, Nigeria adopted the concept of Primary Health Care (PHC) to bring health services including maternity services as close to the family as possible(Thaddeus and Maine, 1994). It is estimated that approximately 71% of Nigerians have access to a PHC facility located within a 5 km radius of their home(Thaddeus and Maine, 1994). However, many of these PHC centres are not functional due to frequent stock-outs, a lack of equipment, essential supplies and qualified staff(Thaddeus and Maine, 1994). This may have necessitated the choice of non-orthodox delivery services by these pregnant women.

Perceived quality of care in a health facility will influence the level of utilization of that facility by the community. This perceived quality of care comprise the quality of the medical care and people's own experience and the experience of the people they know with the health facility. In our study many respondents blamed their lack of utilization of health facility for childbirth on unsatisfactory services at the health facility (54.2%), unfriendly attitude of staff at the health facility (70.8%), unavailability of staff at the health facility (64.0%) long waiting time(75%). These findings are similar to the reports of previous studies, in which many women reported dissatisfaction with rude, arrogant and neglectful behaviour at health facilities and prefer the care of a TBA or relative(Kyomuhendo, 2003; Mrisho et al., 2007; Amooti-Kaguna and Nuwaha 2000; Paul and Rumsey, 2002; D'Ambruso et al., 2005).

Previous experience with childbirth in a health facility will determine whether that facility will be utilized for

further delivery services. In our study 66.7% of our respondents blamed their lack of utilization of health facility for childbirth on their previous uneventful delivery in health facilities. This corroborates the reports of previous studies that women tend to deliver with the same provider if a previous delivery went well and tend to change when they are dissatisfied(Amooti-Kaguna and Nuwaha 2000; Paul and Rumsey, 2002; D'Ambruso et al., 2005; Duong et al., 2005).

In conclusion, utilization of health care services during delivery in Nigeria is still poor. Concerted efforts should be made both at community and Government levels to improve utilization of health facility during delivery. This will go a long way in reducing maternal and child mortality.

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