

Pregnant Women's Perception On Maternal Health Care Services

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Abstract

Maternal healthcare services is the promotion of women's health and other preventive maternal healthcare practice which should start before birth, during intrauterine life and extends throughout different phases of lives in order to sustain their reproductive health in general. The study was conducted to determine the socio-cultural determinants of maternal healthcare services uptake among women attending antenatal clinic in General Hospital Ilorin, Kwara State. The survey research design was adopted for the study. The study population consisted of 357 pregnant women out of which 120 pregnant women were randomly sampled. Structured questionnaire validated and tested for reliability was used for data collection. Data collected were sorted, coded and analysed using SPSS software version 20.0. Two hypotheses were formulated and tested at 0.05 level of significance. The instrument used was questionnaire tagged 'Perception of pregnant women questionnaire' and it had a reliability coefficient of 0.706. The null hypotheses were analysed with Analyses of Variance (ANOVA). Results of the study revealed that there was no significant difference between educational status of the pregnant women and perception of maternal healthcare services ($p < 0.005$) and there was no significant difference between culture and the perception of maternal healthcare services ($p < 0.005$). The study concluded that educational status and culture of pregnant women do not make a difference on their perception of maternal health care services in General Hospital Ilorin. It was therefore recommended that government should intensify on her efforts to get pregnant women informed of maternal health care services through campaigns on the mass media. Also, maternal healthcare practitioners should learn to communicate well to all pregnant women regardless of their culture.

Keywords: Socio-cultural, determinants, uptake, maternal healthcare services, women

INTRODUCTION

The World Health Organisation (WHO) defines maternal health as the health of women during pregnancy, childbirth and the postpartum period. Maternal healthcare services is a concept that encompasses the various care dimensions of family planning, preconception, antenatal, intrapartum and postnatal care which incorporates physical examinations, early identification of high risk mothers, recognizing danger signs, monitors pregnant woman from conception to 6 weeks post-delivery. It is therefore, the promotion of women's health and other preventive maternal health care practice should start before birth, during intrauterine life and extends throughout different phases of lives in order to sustain their reproductive health in general. Women who begin prenatal care early in their pregnancies have better outcome than women who receive little or no care during their pregnancies.

Complications of pregnancy and childbirth are a leading cause of maternal morbidities and mortalities (Ogunjuyigbe & Liasu, 2011). According to World

Health Organisation (WHO, 2005), about 80% of maternal mortality worldwide occur due to haemorrhage, sepsis, induced abortion, hypertensive disorder of pregnancy and obstructed labour among others. Of-course, such happenings are unpleasant and can be avoided by key health interventions such as: provision of antenatal care services, medically assisted birth delivery and so on (Adam, Melita, Bhutta, & Fostad, 2005; McCaw-Binns, Lagrenade, & Ashley, 2007).

Increasing attention has been placed on maternal health globally in order to reduce maternal mortality. In 2000, there was an estimate of 529,000 maternal deaths worldwide, and from this figure, Asia and Africa accounted for about 95% (502,550) deaths, where each continent contributing half of this figure, and about 4% (22,000) occurring in Latin America and the Caribbean and less than 1% (2,500) in developed countries. Maternal health care service utilisation is very important for the early detection of mothers who are at high risk of illness and eventually die during pregnancy.

In effect, the key maternal health care services that should be rendered during pregnancy include antenatal care (ANC) or prenatal care, skilled care during delivery and postnatal or postpartum care (PNC) (Adam, Melita, Bhutta, & Fostad, 2005; McCaw-Binns, Lagrenade, & Ashley, 2007).

Focused ANC has been found to offer the opportunity for early detection and timely treatment of diseases, which improves maternal outcomes. For example, detection and treatment of high blood pressure, anaemia, to prevent eclampsia, has been found to greatly reduce mortality (McCaw-Binns, Lagrenade, & Ashley, 2007; Reynolds, Wong & Tucker, 2006). The WHO recommends a minimum of four ANC visits for every pregnant woman.

Skilled birth attendance is a term which encompasses the presence of professionals (midwives, doctors, nurses, etc.) during delivery and also an enabling environment where the equipment, drugs and other supplies required for effective and efficient management of obstetric complications are available (UNFPA, 2005; Bell, Curtis & Alayon, 2003). Skilled birth attendants (SBA) are trained to recognize the signs of complications early enough to intervene and manage the situation or make quick referrals to higher levels of care. Available evidence suggests that the presence of SBAs during delivery dramatically reduces maternal mortality (UNFPA, 2005; Reynolds, Wong, & Tucker, 2006; Kruk, Galea, Prescott, & Freedman, 2007; Mpembeni et al., 2007). The presence of SBAs at all births is regarded as, probably, the single most critical intervention for reducing pregnancy-related deaths and disabilities (Bell, Curtis & Alayon, 2003; Mpembeni et al., 2007).

Receiving postnatal Care (PNC) can make 11 times the difference between life and death for both mother and child. The postnatal period is the time from immediately after birth up to 40 days. It is important for mothers to receive care at this time as it has been recorded that more than 60% of maternal deaths take place during the postnatal period (Gill, Pande, & Malhotra, 2007).

Research in developing countries has consistently shown maternal schooling to be strongly and positively associated with utilization of maternal healthcare services (Rogan & Olvena, 2004; Fotso, Ezeh & Essendi, 2009; Kamal, 2009; Munsur, Atia & Kawahara, 2010). The higher a woman's level of education the more likely she is to utilize maternal healthcare services. Some studies have suggested that more educated women are better able to comprehend the importance of receiving prenatal care and are also more likely to know where to get it (Obermeyer & Potter, 1991; Raghupathy, 1996). Some researchers, however, question the strong independent effects of education on

maternal healthcare services utilization. They argue that other factors such as childhood place of residence, husband's educational level, socioeconomic environment, etc. interact to dilute this strong association (Raghupathy, 1996; Gage & Calixte, 2006).

The study of Lama and Krishna (2014) in India showed that some women interviewed felt that it is important to follow their culture and tradition regarding home delivery especially for their first baby. According to the report, service providers also mentioned that there are various cultural practices in the communities where people live, which prevent them from availing the health services. Some female health volunteer stated, "Some prefer home delivery because of home environment (warmth from a fire, hot food and massage) some are reassured by elder women that their delivery can be managed at home, while some are too shy to seek care from a health facility, especially if they have to see a male health provider".

This paper is relevant to the conference theme "Embracing Capacity Building Opportunities in Health, Environment Science, Climate Change, and Project Planning" in that it exposes doctors, midwives, nurses, health educators, community health workers and other health workers involved in maternal health care services to the need to embrace capacity building opportunities especially around maternal health care services regardless of the educational background or culture of the pregnant women attending antenatal clinic. By implication, there would be increased uptake of maternal healthcare services among women attending antenatal clinic when attendant health workers are capacitated both to communicate better and to deliver high quality healthcare services to them.

Statement of the Problem

The World Health Organisation (WHO) estimates that over 500,000 women and girls die from complications of pregnancy and childbirth each year, worldwide, with an approximately 99% of these deaths occurring in developing countries, with Nigeria accounting for about 10 per cent of all maternal deaths globally (Ogunjuyigbe & Liasu, 2011; WHO, 2007).

Previous studies carried out on maternal health care services in the locale of study and in Kwara State, have focused on primary healthcare centres' offering of maternal healthcare services. Fasiku and colleagues (2018) assessed the determinants of maternal health services utilization among mothers attending primary health care clinics in Ilorin. Saidu and colleagues (2013) conducted a survey of health facilities in six of the 16 Local Government Areas (LGAs) to determine if there are differences between public and private health facilities in terms of availability of emergency obstetrics care signal functions to pregnant women

were surveyed. This present study, however, seeks to investigate the perception of pregnant women on maternal healthcare services in General Hospital Ilorin, which is a major secondary health facility in Ilorin.

Purpose of the Study

The main purpose of the study is to investigate the perception of pregnant women on maternal health care services in General Hospital Ilorin.

Specifically, the study attempted to:

- i. Determine the difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on educational status.
- ii. Examine the difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on culture.

Research Hypotheses

The following null hypotheses were tested in the study at 0.05 level of significance:

H₀₁: There is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on educational status.

H₀₂: There is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on culture.

METHODOLOGY

Design and Area of Study

Descriptive research design of the survey type was adopted in carrying out the study in General Hospital Ilorin.

Population for the Study

The population of the study comprised all pregnant women attending antenatal clinic General Hospital Ilorin, Kwara State numbering three hundred and fifty-seven (357).

Sample for the Study

The sampling of the respondents was done using simple random sampling method. One hundred and twenty (120) respondents were used for the study

Instrument for Data Collection

Questionnaire tagged 'perception of pregnant women Questionnaire' (PPWQ) was used for data collection. The questionnaire was developed based on the objectives and research questions of the study. The instrument was divided into two sections – A and B. Section A was structured to elicit information about the biodata of the respondents such as ethnicity, religion and educational qualification. Section B finds out pregnant women's perception on maternal healthcare services. Responses of each item was rated on a "4-point" scale ranging from "1" which indicates "strongly disagree" to "4" which indicates "strongly agree".

Data Collection and Analysis Techniques

Ethical principles guiding the use of human participants in research was upheld throughout the conduct of the study. The researcher made sure where possible that the completed copies of the questionnaire were collected back immediately to avoid the loss. The researcher scored the completed questionnaires retrieved from the pregnant women using the scoring key provided for each item. Inferential statistics of ANOVA was used to test the stated hypotheses at 0.05 level of significance.

Validity

Validity of the instrument was determined using content and face validity through critical review by lecturers from the Department of Home Economics and Food Science University of Ilorin.

Reliability

To determine the reliability of the instrument a pilot study was conducted using a sample size of twenty (20) pregnant women in Ilorin South Local Government Area of Kwara State, who are not part of the women participating in the study. Data from pilot study was subjected to Cronbach alpha statistics and a reliability index of 0.706 was obtained.

RESULTS

Analysis shows that majority of the respondents were from the Yoruba tribe (88.3%) and in terms of educational qualification, majority of respondents were M.Sc. degree holder (42.5%).

Hypothesis 1: There is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on educational status.

Table 1: Analysis of Variance (ANOVA) on perception of maternal health care services among pregnant women on the basis of educational status

	Sum of Squares	Df	Mean Square	Fcal.	Fcrit.	P-value	Decision
Between Groups	34.581	4	8.645	0.66	2.45	0.62	Accepted
Within Groups	1498.885	115	13.034				
Total	1533.467	119					

Table 1 shows that calculated F-ratio of 0.66, which is less than the critical F-ratio of 2.45 with a corresponding p-value of .62 which is greater at 0.05 alpha level. Hence, the hypothesis was accepted. This implies that there was no significant difference ($p > 0.05$). Thus, the perception of the pregnant women on maternal healthcare services did not vary based on their educational status.

Hypothesis 2: There is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on culture.

Table 2: Analysis of Variance (ANOVA) on perception of maternal health care services among pregnant women on the basis of culture

	Sum of Squares	Df	Mean Square	Fcal.	Fcrit.	P-value	Decision
Between Groups	1.635	2	0.817	0.06	3.07	.94	Accepted
Within Groups	1531.832	117	13.093				
Total	1533.467	119					

Table 2 presents the calculated F-ratio of 0.06 which is less than the critical F-ratio of 3.07 with a corresponding p-value of .94 which is greater at 0.05 alpha level. Hence, the hypothesis was accepted. This implies that there was no significant difference ($p > 0.05$). Thus, the perception of the pregnant women on maternal healthcare services did not vary based on their culture.

FINDINGS OF THE STUDY

The findings of this study can be summarized as follows-

1. There is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on educational status.
2. There is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on culture.

DISCUSSION

The result of hypothesis one, which states that there is no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on educational status disagrees with Raghupathy (1996) who stated that the higher a woman's level of education, the more likely she is to utilise maternal healthcare services. It is also at variance with Obermeyer and Potter (1991) which found that women that are more educated are better able to comprehend the importance of receiving prenatal care and are more likely to know where to get it. The result is likely to be because of the availability of information everywhere in the 21st century.

The result of hypothesis two revealed no significant difference in the perception of maternal health care services among pregnant women in General Hospital Ilorin based on culture. The finding disagrees with Lama and Krishna (2014) who stated that cultural

practices of the diverse people living in a community prevent them from availing the health services.

LIMITATIONS OF THE STUDY

A limitation of the study may be associated with the fact that the only health facility considered, is a secondary health facility; it has specialised health workers. We considered only the secondary health facility because it had more pregnant women attending the antenatal clinic on weekly basis. Perhaps, the views of the few women who attend antenatal clinics at the primary health care centres should have been collected too, at least for comparison of the perception of maternal health care services.

Rather than use a sample size of 120 pregnant women, the views of a smaller sample of women could have been collected through focus group discussion. Restrictions in expression, as is the case with surveys, might limit the generalisation of the findings of this study.

CONCLUSION

It was concluded that educational status and culture of pregnant women do not make a difference on their perception of maternal health care services in General Hospital Ilorin, Kwara State. It was also concluded of the pregnant women does not significantly influence the utilization of maternal healthcare services.

RECOMMENDATIONS

Based on the findings, the following recommendations were made:

1. The government should intensify on her efforts to get pregnant women informed of maternal health care services they need through the mass media.
2. Maternal healthcare practitioners should learn to communicate well to all pregnant women regardless of their culture.

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