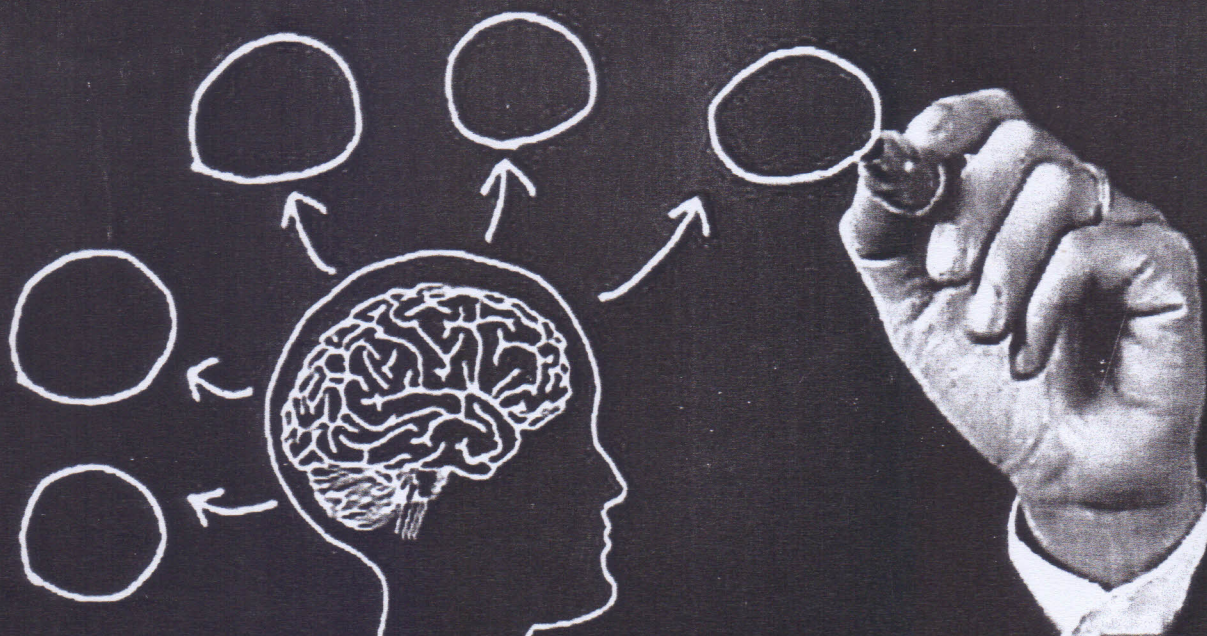
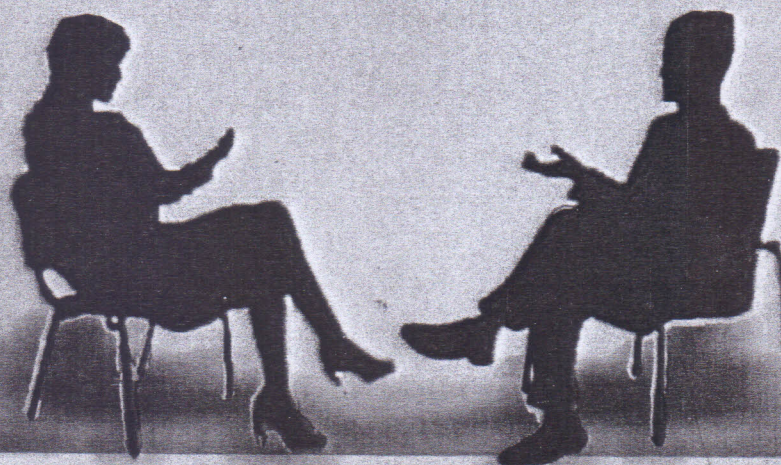


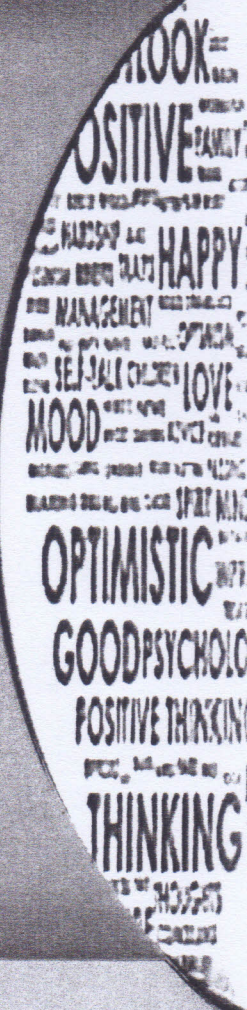


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Factors influencing the choice of birthplace among women of childbearing age in selected health facilities in Saki West Local Government Area of Oyo State, Nigeria

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Abstract

Birthplace is a practically important aspect of childbearing preparation because of its medical effects on the life of the baby and the mother. The study aim was to evaluate the factors associated with choice of birthplace among women of childbearing age in Saki-West Local Government Area, Oyo State, Nigeria.

A descriptive cross-sectional study design was used with a validated structured questionnaire administered to 147 women selected purposively within child bearing age to assess their social demography, knowledge, accessibility, attitude of health workers, influence of economic factors on choice of birthplace.

The findings reveal that barriers to healthcare facilities delivery among women of childbearing age were mostly associated with factors surrounding income, accessible healthcare centre to deliver and education. The results of multiple regression show statistically significantly predict the choice of birthplace, $F(4, 140) = 0.728, p < .0005, R^2 = 0.174$. All the variables added statistically significantly to the prediction, $p < 0.05$. The analysis also showed that knowledge $\beta = -0.136$, satisfaction $\beta = 0.146$, and accessibility $\beta = -0.023$ have influence on the choice of birthplace.

This study has brought a better understanding into the factors influencing the choice of birthplace among women of childbearing age. Therefore, there should be focused and intensified

counselling for women with more children and those with history of previous home deliveries to emphasize the benefit of facility delivery.

Keywords: Birthplace, Choice, Childbearing age, Women Factor

Introduction

Birthplace is a profoundly important aspect of childbearing preparation and has powerful socio-cultural implications in some cultures. However, the primary consideration for women in birthplace decision-making is the safety of themselves and their babies as 'Everyone wants to be safe. Indeed, everyone believes in her own perception and an understanding of what 'safety' is all about (Sofolahan-Oladehinde, 2017) with the hope that a safe area confers survival on both mother and the new-born. Although, delivery could take hours, but the effects of the process on the health condition on both the mother and the baby cannot be over-emphasized. It is undeniable that not every birthplace has skilled personnel, yet people deliver in many places (Kabakyenga, Östergren, Turyakira, & Pettersson, 2012). The occurrences of preventable birth complications are of major concern to midwives. It is also noted that birthplace decision-making occurs in, and is strongly influenced by, the social, cultural, economic, and political context within which expectant mother and her families live. The effect of decision making in choice of childbirth is highly influential. One or more of these play out when an expectant mother is making choice of where to put to bed. Significantly, birthplace has considerable effects on the outcome(s) of delivery both to the neonate and the mother. The reason for choosing birthplace without a skilled birth attendance remains worrisome.

Decision making is a process of assessing options and choices. It involves inference and the processing of emotions and may be rational or irrational. Completely rational decisions do not exist in real life; most of the time, people rely on intuition and heuristics. The process through which people weigh pros and cons based on knowledge of probabilities and outcomes is called risky decision making. When the knowledge of probabilities and outcomes is insufficient, this process becomes ambiguous decision making. An expectant mother is faced with many factors which can influence her decision making which may include but not limited to her level of knowledge, accessibility, economic status, perception etc.

Distance and transport to health services exerts a dual influence on use. It is use as a disincentive to seeking care in the first place and as an actual obstacle to it (Zeray & Abteu, 2019). 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 start at night and means of transport are often not available. The obstacle effect of distance is stronger when combined with lack of transport and poor roads.

Cultural ethnicity, religion and traditional belief are often consistent as markers of cultural background and are thought to influence beliefs, norms, and values in relation to childbirth and service use by women (Okeshola, & Sadiq, 2013). Certain ethnic or religious group may be discriminated against by staff making them less likely to use health care services. According to Adejumo (2015), women in some cultures may avoid facility delivery due to cultural requirements of seclusion in the household during this period or because specific requirements around delivery position, warmth and handling of the placenta. Beliefs that birth is a test of

endurance and care seeking is seen as a sign of weakness may be another reason for delivery at home in some context. Financial capability directly affects whether women can actually reach a facility for delivery (Koblinsky, Moyer, Calvert, Campbell, Campbell, Feigl, ... & McDougall, 2016). The anticipation of high costs will affect whether a decision for a facility delivery is made in the first place (Koblinsky, et al., 2016).

According to Atuoye and Amovaw (2017), marital status influences the choice of delivery, probably via influence on female autonomy and status or through financial resources. Single or divorced women may be power to enjoy greater autonomy than those currently married. Young single mothers may be cared for by their natal family which may encourage skilled attendance especially for the first birth. As women living in the same context 'choose' different birthplaces, caregivers and birth types, women clearly have different ways of achieving this sense of safety. Arguably the current dominant discourse is that hospital is the 'safest' place to give birth (Story, Burgard & Lovi, 2016). Decision-making on where to deliver has considerable complexity surrounding it. It can have far-reaching implications for women, their families, and communities, as well as for healthcare givers, facility funders and providers (Hadjigeorgiou, Kouta, Papastavrou, Papadopoulos, & Mårtensson, 2012; Jeyashree, Kathirvel, Trusty, & Singh, 2018). Based on knowledge and experience, women's particularistic beliefs and values regarding birth are often deeply held. These are influenced by a wide range of factors including their personal experiences of birth and those of their family and friends, the beliefs and values of their partner and sometimes those of their family and friends, and their knowledge-based inferences (Murray-Davis, McNiven, McDonald, Malott, Elarar, & Hutton, 2012).

It is worrisome as many pregnant women encounter preventable complications which make the maternal and foetal mortality rate alarming in the Nigeria (Alvarez, Gil & Hernandez, 2009). There are many factors that could directly or indirectly be associated with birth preparedness and choice of place to deliver. Most women who gave birth outside the health facilities give birth at home or private facilities where risks of mortality are on the increase in the absence of skilled birth attendants (Sarker, Rahman, Rahman, Hossain, Reichenbach, & Mitra, 2016). However, it was estimated that only 50% of the women in the world have access to such skilled care in developing countries (World Health Organization, 2014).

In 2018, a total of 2037 registered pregnant women occurred on the ANC register in the six health facilities visited in Saki-West Local Government Area of Oyo State while 1105 birth occurred at the same 6 health facilities visited representing 54.2% of pregnant women (Adejumo, 2015). Also, the cases of birth complications referred is alarming in Saki West Local Government. A study conducted by Sofolahan-Oladehinde (2017), showed that majority of women who give birth outside the skilled attendants delivered either in a private setting or inside the house. These deliveries are attended by neighbours, traditional birth attendants, auxiliary nurse, midwives and family members and many women have preventable complications or even die due to mismanagement. According to WHO (2019), the continuing high rates of maternal death ratio in Nigeria remain worrisome having about 834 death in every 100,000 birth. This study, therefore, investigated the likely factors associated with choice of birthplace among women of childbearing age in Saki-West Local Government Area, Oyo State, Nigeria.

Research Questions

1. What is the knowledge of women of childbearing age on choice of birthplace?
2. Are the women of childbearing age satisfied with the service rendered in the birthplace?
3. How accessible is the birthplace to women of Childbearing age?
4. What is the role of the economic status in choice of birthplace?

Materials and Methods

Research design

The descriptive cross-sectional design was adopted to evaluate factors influencing the choice of birthplace among women of childbearing age in selected health facilities in Saki-West LGA, Oyo State.

Population and Sampling

The study population are women of childbearing age [15–49 years], who live in Saki Local Government area of Oyo State. The study population include all the 145 pregnant women who visited the selected health facilities. Eligibility for participating in the study was based on A woman that is within her childbearing age, of not less than 15 years and not older than 49 years. Woman who has had at least a childbirth and woman who had delivered in the last 1-2 years. Women who did not give consent for personal reasons and women in her childbearing age but has not delivered in the last 2 years and not pregnant at present were not recruited into the study.

Total enumeration method was used to select the 147 respondents of this study. A multi-staged technique was adopted. Simple random sampling technique was use to select 2 secondary health centres, 2 Primary health centres, 2 Private hospitals and 2 Traditional Birth Attendant homes while the second stage involved purposive sampling method was used to select 147 respondents

Instrumentation

A self-design validated instrument based on the objectives of the study was used to collect data from the respondents. It consists of six sections; section A comprises of socio-demographic characteristics of the women which comprised of ten questions section B seeks to ask questions about the knowledge on choice of birthplace and it consists of four-structured questions. Section C asked about the satisfaction received at birthplace and it consists of five-structured questions while section D help to find out the accessibility of pregnant women to their choice of birthplace and consists of nine-structured questions. Section E consists of questions on the economic status. The instrument was given to the experts who accessed the content and face validity of the instrument, all the suggested corrections were made before the distribution of the instrument to the respondents. The reliability of the instrument was established through an internal consistency approach, the instrument was administered to 20 pregnant women attending different clinics in Kajola Local Government Area, which is not in the same location with the sample for the study. The reliability coefficient of the instrument (Cronbach's alpha) was 0.8).

Ethical Consideration

All ethical procedures were observed in the conduct of this study, approval was obtained from the Research and Ethics Committee of Babcock University Health Research Committee (BUHREC) to conduct the study. An introductory letter will be collected from School of Nursing Science, Babcock University, Ilishan Remo, Ogun State. Permission was taken from appropriate authorities of the health facilities and the respondents. Also, the respondents were adequately informed about the purposes of the research work with the assurance that all information would be treated with confidentiality. They were informed that participation is free, and they are at liberty to withdraw at any stage of the research study. Questions raised by the respondents were appropriately answered and written informed consent was obtained.

Method of Data Collection and Analysis

Data were collected from all pregnant women that fit into the inclusion criteria. The researchers were the primary data collector using questionnaire which was administered to them after permission was taken from the respondents. For those that were unable to fill the questionnaire by themselves, the questions were translated and assisted in filling it with the appropriate answer provided.

The data was analysed based on the set research questions. Coding was done during data analysis to ensure accuracy. Data was analysed using Statistical Package for Social Sciences (SPSS) - version 22.0. The research questions were analysed using descriptive statistics (mean, frequency percentage count). Same are presented in tables.

Results

A total of 147 questionnaires were distributed to identify the factors influencing the choice of Birthplace among women of childbearing age in Saki-West Local Government Area, Oyo state. 145 of the questionnaires were returned and adequately filled giving a response rate of 98.6%. The demographic characteristics of the respondents show that majority of the respondents 91 (62.8%) were within ages 18-2, it is an Islamic dominated area as 119 (82.1%) are Islam, 128 (88.3%) were Yoruba, 99 (68.3%) completed tertiary education. The level of income for majority 71 (49.0%) was 11,000-50,000 (Table 1).

Table 1: Socio-demographic data of respondents

Variables	Frequency	Percent
Age (years)		
18-28	91	62.8
29-38	34	23.4
39 and above	20	13.8
Religion		
Christianity	26	17.9
Islam	119	82.1
Ethnicity		
Yoruba	128	88.3
Igbo	10	6.9
Hausa	7	4.8
Level of education		

No formal education	8	5.5	
Secondary	38	26.2	
Tertiary			68.3
Occupation			
Employed	39	26.9	
Unemployed	54	37.2	
Self-employed	52	35.9	
Level of income per month			
Below 10,000	54	37.2	
11,000-50,000	71	49.0	
50,000 and above			13.8
What type of family do you have?			
Monogamy	77	53.1	
Polygamy	66	45.5	
Polyandry	2	1.4	
Husband's occupation			
Employed	61	42.1	
Unemployed	7	4.8	
Self-employed	77	53.1	

Research Question 1: What is the knowledge of women of childbearing age on choice of birthplace?

Table 2 shows that majority of the respondents 90 (62.1%) identified that their childbirth place was safe for delivery, 127 (87.6%) did not know that there are childbirth places that provide all they needed for safe delivery, 138 (95.2%) had not visited any of the childbirth place to receive healthcare services. In identifying the risks associated with delivering at home, majority of the respondents 140 (96.6%) did not know that the woman may die, 140 (96.6%) did not know that she may lose the baby while 137 (94.5%) did not know that there can be retention of placenta.

Table 2: Knowledge on choice of birthplace (N=145)

Knowledge on choice of birthplace	No (%)	Yes (%)
Are all childbirth place safe for delivery?	90 (62.1)	55 (37.9)
Do you know that there are childbirth places that provide all you need for safe delivery?	18 (12.4)	127 (87.6)
If yes, have you visited any of the childbirth places to receive healthcare services or give birth?	7 (4.8)	138 (95.2)
What are the risks associated with pregnant women delivering at home?		
Woman may die	5 (3.4)	140 (96.6)
She may lose the baby	5 (3.4)	140 (96.6)
Retention of placenta	8 (5.5)	137 (94.5)

Research Question 2: What is the satisfaction level of women of childbearing age with respect to birthplace and services received?

Table 3 shows that majority of the respondents 82 (66.6%) were satisfied with their experience during the last delivery, 71 (49.0%) rated the respect the health providers gave as good, 71 (49.0%) rated the availability of drugs, supplies and medical equipment at the facility as good, 66 (45.5%) rated the communication of health workers as excellent, 75 (51.7%) rated the quality of care received at the health facility as excellent/very good.

Table 3: Satisfaction about the birthplace and services received

Satisfaction	Fair/poor	Good	Excellent/ very good
Overall, how satisfied are you with your experience during the last delivery?	7 (4.8)	56 (38.6)	82 (56.6)
How would you rate the respect the health providers showed you at the facility used for your last childbirth?	38 (26.2)	71 (49.0)	36 (24.8)
How would you rate the availability of drugs, supplies, and medical equipment at the facility used for your last childbirth?	38 (26.2)	71 (49.0)	36 (24.8)
How would rate the Communication language used by providers?	32 (22.1)	47 (32.4)	66 (45.5)
Overall, taking everything into account, how would you rate the quality of care you received at the facility where you had your last delivery?	7 (4.8)	63 (43.4)	75 (51.7)

Research Question 3: How accessible is the birthplace to women of Childbearing age?

Table 4 shows that majority of the respondents 131 (90.3%) had visited a birthplace of choice in their locality, 88 (60.7%) identified that the cost of giving birth in the birthplace was not affordable, 89 (61.4%) identified that reproductive health centres were not close to them. On the distance of the health centre, majority of the respondents 80 (55.2%) identified that the cost of transportation required more than #100 while minority 18 (12.4%) identified that it was a short walking distance. The result also depicted that majority 84 (57.9%) had waited long hours before they were attended to at the birthplace, 74 (51.0%) believed that there were no enough resources (human and materials) at the birthplace, 81 (55.9%) identified that the nature of roads leading to the health facility was good, 113 (77.9%) identified that the distance affected their choice of delivery, 97 (66.9%) identified that the nature of building of the health facility affected their choice of birthplace.

Table 4: Accessibility to the choice of birthplace

Variable		Frequency	Percent
Have you ever visited any birthplace of your choice in your locality?	No	14	9.7%
	Yes	131	90.3%
Is the cost of giving birth in the birthplace affordable by you?	No	88	60.7%
	Yes	57	39.3%
Are reproductive health centres closer to you?	No	89	61.4%
	Yes	56	38.6%
	Near, a short walking distance	18	12.4%
	Requires about #50 for transport	27	18.6%
How far is the birthplace from you?	Requires about #100 for transport	20	13.8%
	Requires more than #100 for transport	80	55.2%
Have you ever waited for long hours before you are attended to at the birthplace before?	No	61	42.1%
	Yes	84	57.9%
Are there enough resources (human and materials) at the birthplace?	No	74	51.0%
	Yes	71	49.0%
Nature of roads leading to health Facility	No	64	44.1%
	Yes	81	55.9%
Does distance affect your choice of place of delivery	No	32	22.1%
	Yes	113	77.9%
Nature of building of the health Facility	No	48	33.1%
	Yes	97	66.9%

Research Question 4: What is the role of the economic status in choice of birthplace?

Table 5 shows that majority of the respondents 122 (84.1%) knew the factors influencing the pregnant woman's choice of delivery, 138 (95.2%) identified that financial status of the family affected the choice of birthplace, 124 (85.5%) identified that poor quality of services provided in health facilities affected the choice of birthplace, 135 (93.1%) identified cost of transportation, 134 (92.4%) identified type of occupation and 98 (67.6%) identified the human and material resources.

Table 5: Economic status on the choice of place of birth among the respondents

	No (%)	Yes (%)
Do you know factors that influence pregnant women's choice of delivery?	23 (15.9)	122 (84.1)
Financial status of the family	7 (4.8)	138 (95.2)
Poor quality of services provided in health facilities	21 (14.5)	124 (85.5)
Cost of transportation	10 (6.9)	135 (93.1)
Type of occupation	11 (7.6)	134 (92.4)
Availability of enough human and materials at the birthplace	47 (32.4)	98 (67.6)

Discussion

The findings show that 99 (68.3%) completed tertiary education, an overall result of good knowledge, this correlates with previous study (Adamu et al., 2002) showing that the more educated women are, the more likely their choice of birthplace and the more likely that they would have their births attended to by a professional health practitioner. The result of this study shows that majority of the respondents 138 (95.2%) had not visited any of the childbirth place to receive healthcare services. This does not go in tandem with a study by Belay and Sendo (2016), where just 38.2% of the respondents have not visited any of the childbirth place to receive healthcare services, it was also identified that levels of education, average monthly family income, and ANC attendance were significant factors among those with good knowledge of choice of delivery institution. However, another study by Gebregziabher, Zeray, Abteu, Kinfie and Abrha (2019), shows that only 63.2% of the respondents had visited any of the childbirth place to receive healthcare services.

Finding also shows that majority of the respondents 66.6% were satisfied with their experience during the last delivery. In comparison with a study by Belay & Sendo (2016), majority of the respondents were highly satisfied with their choice of birthplace and their experience during last delivery, however, most 77.5% identified fear of complications and the healthcare worker's friendly services as their major factors determining their satisfaction.

The result shows that majority of the respondents identified that the distance to the health care facilities, income of the family and the quality of healthcare provided affected their choice of delivery this goes in tandem with the study by Kaphagawani (2017) and Dickson (2016) who identified that the choice of place of delivery is influenced by the income of the family.

Conclusion

Our findings identified that barriers to the choice of healthcare facility delivery among women of childbearing age were mostly associated with factors surrounding income, satisfaction of the services received and education. There should be focused and intensified counseling for women with more children and those with history of previous home deliveries to emphasize the benefit of facility delivery. ANC attendees should be encouraged to prepare for childbirth financially

and psychologically through the institution of "Birth Plan" counseling sessions. Increased social support is needed throughout pregnancy and it should be intensified near delivery. It is also important that dispelling cultural beliefs that prevent women from delivering at a healthcare facility can also be encouraged to dispel poor perception about their knowledge of choice of birthplace. There is need to identify specific factors that could improve and contribute to the mothers utilizing safe healthcare facilities for their delivery.

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