KNOWLEDGE AND ACCESSIBILITY OF OBSTETRIC CARE SERVICES AMONG WOMEN IN EDU LOCAL GOVERNMENT AREA, NIGERIA

Umar, N. Jibril[1]
Sanusi, Arimiyau, A[2],
Nuhu Lawan A[3],
Kamar, A.[4]
Aliyu, Umar.[5]
Ayo Jimoh.[6]

Corresponding Author: Umar, N. Jibril (umaribna@gmail.com)
Department of Nursing Science, College of Health Sciences, University of Ilorin, Nigeria.

ABSTRACT

Objective: This study aimed at determines the knowledge about Pregnancy Related Problems (PRP) and accessibility of obstetrics care services among women in Edu Local Government Area Nigeria.Four research questions answered and three hypotheses were tested in this study.

Methods: A descriptive research design was used for this study. Two hundred and forty women were purposively sampled for the study. Researchers-designed questionnaire was used as instrument for data collection and a split-half test of reliability was used to determine the reliability of the instrument. The results were analyzed using frequency count and percentage, mean and standard deviation to answer research questions while t-test was used to test null hypothesisat Alpha level of 0.05.

Result: The finding shows that women of childbearing age knowledge about pregnancy related problems were low. This study also showed poor willingness of women of childbearing age to report early and access obstetric care services in Edu Local Government Area of Kwara State.

Conclusion: This study concluded that there is no significant difference between the knowledge about PRP and accessibility of obstetric care services among women of childbearing age. This study recommended that Edu LGA, Kwara State and Federal ministries of health and Non-governmental Organizations should strengthen the existing primary health care services particularly health education intervention programmes on pregnancy related problems and obstetric care servicesamong WCA.

Keywords: Knowledge and Utilization, Obstetric care services, Pregnancy related problems, Women of Childbearing Age,.

[1,6] Department of Nursing Science, College of Health Sciences, University of Ilorin, Kwara State, Nigeria
[2]Department of Health Promotion and Environmental Health Education, Faculty of Education, University of Ilorin, Kwara State, Nigeria
[3]School of Nursing University of Maiduguri Teaching Hospital Maiduguri, Borno state. Nigeria
[4]Department of Physical and Health education, Faculty of Education, University of Maiduguri, Borno State,
[5]Department of Nursing Services, National Hospital Abuja, Nigeria

INTRODUCTION

Every minute of the day, somewhere in the world and most often in a developing country, a woman dies from complications related to pregnancy or childbirth.[1] Approximately 515,000 women die every year and nearly all maternal deaths (99 percent) occur in the developing world making maternal mortality health statistic with the largest disparity between developed and developing countries.[2] Pregnancy-related complications are among the leading causes of death and disability among women aged 14-49 in the developing countries. An estimated 529,000 girls and women die of pregnancy-related causes at childbirth. The WHO Fact sheet also indicated that globally, about 80 percent of maternal deaths are due to four major causes severe bleeding, infections, hypertensive disorders in pregnancy (eclampsia) and obstructed labour which are pregnancy associated problems.[3] Complications after unsafe abortion cause 13 percent of maternal deaths, it was also reported that small and affordable measures can significantly reduce the health risks that women face when they become pregnant and most maternal deaths could be prevented if women had access to appropriate health care during pregnancy childbirth and immediately afterwards.[1]

nowledge level is a key to understanding and health seeking behaviours especially among women of childbearing age. Several studies have stressed the importance of knowledge as it affect behaviour on human health. In rural Gujarat and South Kalimantan the lack of women's knowledge about pregnancy complications has been attributed to delays in seeking medical help. In rural Gujarat, postpartum haemorrhage, fever, swelling of the hand, feet and face are considered natural effects of pregnancy and delivery.[4,5] Women are also not aware of the fatal consequences of retained placenta and ante-partum haemorrhage. Furthermore a district based audit in South Kalimantan shows that lack of knowledge about signs of pregnancy complications stimulate delays in decision-making to go to health facilities. Similar findings were obtained in rural South Africa where women lack awareness about health risk during pregnancy, which affects their utilization of antenatal care.[6]

Pregnancy and childbirth generally bring joy to parents and families, however, in Nigeria; this situation is occasioned by sadness and sorrow in some families, due to loss of loved ones during pregnancy, labour or complications arising from both. Incidence of morbidity and mortality among Women of Childbearing Age (WCA) were due to inadequate knowledge and utilization of maternal health care services among WCA. Women of childbearing age inability to recognize pregnancy related problems during pregnancy and shortly after delivery of the baby in Edu LGA has resulted into so many obstetrics complications which in most casesled to loss of mothers lives after delivery of baby. Between January and June 2014, about fifteen (15) WCA lost their lives shortly after delivery of life babies in the communities of Edu Local Government.[7] This loss of lives have become worrisome as most of these conditions are attributed to low level of knowledge about importance of maternal health services particularly women inability to recognize pregnancy related problems during pregnancy and delivery of babies at health centers. The underutilization of health facilities particularly antenatal and delivery care services for years has contributed to high maternal and infant morbidity and mortality rate in Edu Local Government Area in particular andKwara State in general. This ugly situation has become a health threat and a challenge not only to population in Edu LGA but to Nigeria as a Nation.It was against this background that this study aimed to determine the knowledge of Women of Childbearing Age about Pregnancy Related Problems (PRP) and their willingness to access obstetric care servicesin Edu Local Government Area of Kwara State, Nigeria.

Research Questions;

1. What is the knowledge level of women of childbearing age about **Pregnancy Related Problems** (Obstetrics problems) in Edu Local Government Area of Kwara State?
2. What is the knowledge level difference between WCA in urban and rural communities about pregnancy related

problems in Edu LGA?

3. Do women of childbearing age access obstetrics care services in Edu Local Government Area of Kwara State?
4. What is the difference between accessibility of obstetrics care services among Women of Childbearing Age in urban and rural communities of Edu Local Government Area of Kwara State?

Hypotheses

HO_1: There is no significant difference between knowledge and accessibility of obstetrics care services among women of childbearing age *in Edu LG,* Kwara State *A*

HO_2: There is no significant difference between willingness of women of childbearing age in rural and urban communities to access obstetrics care services in Edu LGA, Kwara State

METHODS

This study used descriptive research design to determine the knowledge about pregnancy related problems and accessibility of obstetric care services among women of childbearing age in Edu Local Government Area of Kwara State. The population for this study consisted of women of childbearing age in Edu Local Government Area (LGA) of Kwara State, Nigeria. Edu LGA has population of 201,642, out of which 97,602 were females (National population Census, 2006).The LGA comprises of three traditional districts which has ten (10) political wards with sixty five (65) health facilities located in all communities around the LGA. Eleven (11) out of sixty five (65) health facilities, provided maternal health services among others which did not offer antenatal and delivery care services.

A multiple stage sampling method was used to select WCA from two traditional districts, that is, Six (6) political wards were selected by simple random sampling, and thirty households were selected using systematic sampling procedure from each of the political ward. The house numbering was conducted with the help of research assistants and the 64.selection of 40 houses were made from the buildings' list in each ward at specified intervals of every third building from a starting number (determined randomly) depending on the total number of houses on each street or area. In each of the selected building, a WCA, who is pregnant or with maximum of two live births were selected. Two hundred and forty (240) WCA were 68.purposely selected from the sampled households in the two districts selected for the study.

The instrument for this study was researchers-designed questionnaire which covered various components of Pregnancy Related Problems (PRP) and Obstetric Care Services (OCS) to ensure content validity upon which women knowledge and access to OCS was defined. The questionnaire was translated into Nupe language the major language spoken by women who could not read nor write in English Language. Section A obtained information about knowledge of women about pregnancy related problems while, Section B sought information on the accessibility of OCS services by WCA in Edu Local Government Area of Kwara State.

The instrument was scrutinized and reviewed for face and content validity, the reliability of the instrument was determined by pre-testing using the split-half test of Cronbach statistic of reliability method. Permission to conduct the study was obtained from the authorities of Edu Local Government Area and community leaders of the study areas, an informed consent was also obtained from women selected to participate in the study following the detail explanation of the purpose and method of study. Descriptive statistics of frequency count and percentage was used to answer research questions and inferential statistic of t-test was used to test null hypotheses at 0.05 level of significance. Knowledge of women on the question items on pregnancy related problems were categorized into high knowledge if respondents chose yes and low knowledge if the respondent chose no. On the obstetrics care services question items was categorized into very high accessibility if the respondent chose always, high accessibility if the respondent chose not always and poor accessibility if the respondent chose not at all.

RESULTS

Research Question 1: *What is the knowledge level of childbearing women about* ***pregnancy related problems*** *in Edu Local Government Area of Kwara State?*

The table 1 reveals the knowledge level of WCA about Pregnancy Related Problems (PRP) and obstetric care services. Majority (60.4%) of WCA agreed that early detection of pregnancy related problems is beneficial for early treatment while, almost 58 percent of them claimed to have knowledge about warning signs of PRP such as headache (56.7%), bleeding per vagina (54.1%) and swollen of lower extremities (55.8%) respectively.

Research Question 2: *what is the knowledge difference between WCA in urban and rural communities about pregnancy related problems in Edu LGA*

Table 2 shows the mean of 66.67for WCA in urban communities and 51.67 for WCA in rural communities respectively. This shows that WCA in Urban communities of Edu LGA communities have significant knowledge about pregnancy related problems over those in rural communities, this was probably due to the persistent health information gotten from various sources in the urban communities about the significance of attending clinics and reporting early PRP to health workers for immediate treatments.

Research Question 3: *Do women of childbearing age utilize Obstetrics Care Services in Edu Local Government Area of Kwara State?*

Table 3 revealed high percentages(71.7%) of WCA that reported at health center when experiencing signs of PRP but 43.3 percent of them did not complained about pregnancy discomforts during visit at the health centers. Although women level of utilization of other OCS was considerably high, WCA reports on PRP at health centers was not encouraging.

Research Question 4: *What is the difference between Utilization of Obstetrics Care Services among Women of Childbearing Age in urban and rural communities of Edu Local Government Area of Kwara State?*

Table 4 shows mean of41.09 for knowledge level and utilization level mean of 38.33 with t-value of 0.36. Since t-calculated (0.36) < t–tabulated (1.96), the null hypothesis is hereby accepted at 0.05 level of significance. This implied that there is no significant difference between the knowledge and willingness of WCA to utilize obstetric care services at the health centers of Edu LGA.

Table 5 shows mean of 34.23 for the urban community and 28.54 for the rural community; this implies that there was poor utilization of Obstetric care services among WCA in both rural and urban communities of Edu LGA.

Ho_1 : there is no significance difference between knowledge and willingness of WCA to utilize Obstetrics Care Services in Edu LGA

Table 1 - Knowledge of Pregnancy Related Problems (PRP) Among Women of Childbearing Age in Edu Local Government Area.

Variables	(n = 240)		
Pregnancy Related Problems	**Yes**	**No**	**Not sure**
Is detecting early pregnancy related problems beneficial?	145(60.4%)	60(25.0%)	35(14.6%)
Do you know warning signs of pregnancy related problems?	139(58%)	53(22%)	48(20%)
Is bleeding per vaginal during pregnancy a pregnancy related problem?	130(54%)	71(27.6%)	39(16.3%)
Are headac he and dizziness signs of pregnancy problems?	136(57%)	66(27.5%)	38(15.8%)
Are swollen of extremities signs of pregnancy problems?	134(56)	71(27.6)	35(14.6%)

Table 2 - Summary of Mean and Standard Deviation Scores on Knowledge of Women of Childbearing Age in Communities of Edu LGA about Pregnancy Related Problems (PRP).

District	N	M	S.D	Std. Error
Urban	**120**	66.67	36.31	4.68734
Rural	**120**	51.67	33.85	4.37040

Table 3 - The Utilization of Obstetric Care Services among Women of Childbearing Age in Edu Local Government Area.

Variable		(n = 240)	
Obstetric Care Services	***Always***	***Sometimes***	***Not at All***
I do report at health center when experiencing any signs of pregnancy related problems	173(71.7%)	24(10.0%)	44(18.3%)
I do complain about discomfort during pregnancy at health center	40(16.7%)	96(40.0%)	104(43.3%)
I was made confortable during my visits at health centers	128(53.3%)	12(5.0%)	100(41.7%)
I do go for blood and urine screening/testing regularly	196(81.7%)	24(10.0%)	20(8.3%)
Nurses/midwives do monitored progress of my pregnancy	196(81.7%)	24(10.0%)	20(8.3%)
I do attend health education session given by nurses and midwifes at the health center	173(71.7%)	24(10.0%)	44(18.3%)
I do take my medications as advised by health workers during previous visit	168(70.0%)	24(10.0%)	48(20.0%)

Table 4 - Summary of Mean and Standard Deviation Scores on the Utilization of Obstetrics Care Services among Women of Childbearing Age in communities of Edu LGA

Community	N	M	S.D	Std. Error Mean
urban community	120	34.23	26.20	4.01
rural community	120	28.54	21.13	3.63

Knowledge and Access to Obstetric Care Services among women in Edu, Nigeria.

Table 5 - Summary of t -test on the Knowledge and Utilization of Obstetrics Care Services among Women of Childbearing Age in Edu LGA

Variable n=240	X	S.D	S.E	t	p -value
Knowledge	41.09	27.23	3.25	0.36	0.62
Utilization	38.33	21.18	4.27		

Sig.= 0.05 (2tailed)

DISCUSSION

This study determined knowledge of pregnancy related problems and accessibility of obstetrics care services among women of childbearing age in Edu Local Government Area of Kwara State. The study was delimited to 14-49 years range of women in their reproductive age. The knowledge of women of childbearing age about Pregnancy Related Problems (PRP) in both urban and rural communities in Edu LGA was reasonably high as majority of them agreed that pregnancy is associated with one form of discomforts or the other, such as headache (70.0%), bleeding per vagina (66.7%) and swollen of lower extremities (63.3%) respectively. However, there was a disparity on the knowledge between women in urban and rural communities as shown by the mean of 66.67 for WCA in urban communities and 51.67 for WCA in rural communities respectively. This implied that WCA in Urban communities of Edu LGA communities have significant higher knowledge about pregnancy related problems over their counterpart in rural communities. This disparity may probably be due to the persistent health information gotten from various sources in the urban communities about the significance of attending clinics and reporting early PRP to health workers for immediate treatments. The WCA high level of knowledge may be attributed to routine maternal health services intervention session offered in communities of Edu LGA. This result is consistent with the studies on the significant of knowledge to shape health-seeking behaviour by several authors on childbearing women.[6,8,9]

This study further revealed the unfortunate situation in Nigeria communities particularly among women in Edu LGA who demonstrated inadequate knowledge about pregnancy complications and their treatments, even though such knowledge is important in the prevention of pregnancy complications. This study corroborates the report of NDHS 2005-2008 which revealed that only 40.7 percent of the women, who had their most recent birth in the five years preceding the survey, knew about the signs of pregnancy complications. In other words, 6 in 10 women were not aware of the symptoms of pregnancy complications. Among women who demonstrated knowledge about the signs of pregnancy complications, 51.4 percent opined that vaginal bleeding was one of the signs, while wrong position of the baby in the womb, women's tiredness,

prolonged labour and swollen limbs were mentioned as other signs of pregnancy complications by 26.1, 18.3, 17.7 and 14.9 percent among women respectively.

The findings of this study showed that WCA were aware of the presence of PRP but could not attribute the consequences of these problems to sudden changes that occurred following delivery which in most cases led to death of both mother and the new born baby.

This study further corroborate a similar study in Turkey, which observed that majority of women (68%) were aware of breast cancer and that breast cancer is associated with genetic factors. A greater number (75.0%) of WCA admitted that it is beneficial to detect early pregnancy related problems, but some could not associate these problems to pregnancy but rather considered them as normal physiological changes in pregnancy.[10]

This study further, revealed WCA lack knowledge about their gestational status, which was demonstrated by women inability to report early for antenatal care services. This delay in visit to ANC and PNC by WCA have a setback to women's health in Nigeria especially in Edu LGA as most PRP were not detected early for prompt management. This finding supported study in Shanghai China, they observed that about 50 per cent of WCA also, did not know that aneamia in pregnancy and other obstetrics complications can be prevented through regular attendance of ANC and PNC only much fewer (28.8%) could correctly understand the new-born deformity related to pregnancy and labour.[11]A study findings also supported this study that even though there was a highly significant improvement in knowledge items of the intervention group from pre to post-test some women did not understand breast inflammatory diseases as a PRP.[12]

Contrary to the above findings, on WCA knowledge about caesarian section which is a surgical measure to aid delivery was very poor among WCA in both urban and rural communities, only 30 percent of the women in urban and 26.7 percent of rural community knew about caesarian section operation as an obstetric care services designed to facilitate delivery to save life of both the mother and the baby in the communities.[12] This study was in agreement with the findings of study which revealed that pregnant women are aware of some symptoms of pregnancy related problems but unfortunately they do not realize that they need medical treatment due to their wrong understanding of PRP during pregnancy, but belief that evil spirits, incest, 170.illicit sex, and disobedience of husband or will of God are associated with such conditions.[13]Study in rural Gujarat and South Kalimantan, observed that lack of women's knowledge about pregnancy complications has been attributed to delays in seeking medical help, and also postpartum haemorrhage, fever, swelling of the hand, feet and face are considered natural effects of pregnancy and delivery.[14] This knowledge deficit by WCA on the pregnancy related problems could be dangerous to life of both the mother and her unborn baby. This study further corroborate the study in Shanghais, China and in Turkey and consistent with the results of NDHS 2005-08 in Nigeria respectively.[10,11]

On the accessibility of obstetric care services, this study showed little mean scores on willingness of women of childbearing age to access obstetric care services in health centers of Edu Local Government Area. This implied that there is poor willingness of WCA to access obstetric care services in both urban and rural communities of the LGA. The null hypothesis which stated that there will be no significant difference in the willingness of women of childbearing age to access obstetric care services is hereby accepted. The WCA lukewarm attitudes towards the use of obstetric care services in Edu LGA may be associated with high cost of health care service, poor attitudes of health workers and lack of social support from the families. This result agreed with National Population Commission reports that despite the fact that medical services were accessible and free of charge, women in Tajikistan prefer to deliver babies at home because they perceive available medical services 190.to be of low quality and unsafe.[15]This result further supported study which identified major variables associated with barriers to utilization of maternal health

services among women in Eastern part of Nigeria, such as poor knowledge of the existing services, previous bad obstetric history; attitude of the health care provider, availability, accessibility and husband's acceptance of the maternal healthcare services.[16]

CONCLUSION

Based on the findings of this study, it was concluded that despite the high knowledge level of women of childbearing age about pregnancy related problems, their willingness to use obstetric care services remain a challenge. Many women could not see these pregnancy-related problems as threat to life of both the mother and the unborn baby which consequently led to loss of WCA lives on daily bases. These PRP which are probably due to lack interface and synergy between WCA high knowledge about the presence of PRP and accessibility of obstetric care services could be easily be prevented and subsequently treated if reported early. Until drastic measures are taking to stop this ugly trend in the communities, pregnancy complications will remain undetected in the communities of Edu LGA in particular and Nigeria in general.

RECOMMENDATIONS

Based on the conclusion of this study, the following recommendations were made:-

1. Edu local Government Authority in collaboration with KwaraState, Non-governmental organizations and the primary health care development agencyneed to strengthen the existing maternal health services especially pregnancy related problems and obstetrics care services in all the primary health centres in Edu LGA andthe country at large.
2. Health education intervention programmes especially on pregnancy related problems should be emphasised to afford WCA opportunity to access obstetric care services
3. Health awareness campaigns on the significant of women of childbearing age visits, early reporting and utilisation of maternal health ervices at every stage of their pregnancy status for early detection and management of pregnancy complications.

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