OPEN ACCESS
Saudi Journal of Biomedical Research
Abbreviated Key Title: Saudi J Biomed Res
ISSN 2518-3214 (Print) |ISSN 2518-3222 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Original Research Article

Choice of Antenatal among Women in Rural Areas of South-South, Nigeria

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DOI: 10.36348/sjbr.2023.v08i09.002 | **Received:** 18.08.2023 | **Accepted:** 23.09.2023 | **Published:** 28.09.2023

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Abstract

Antenatal is an important process that every pregnant woman must experience or undergo, either through church, traditional or hospitals after their missed period to ensure a safe delivery. It is a crucial period during pregnancy, because its identify pregnancy that are at risk and also to enlighten expectant mothers with good information that will keep them healthy and eat good food and also to carryout basic investigations and provide routine drugs. The aim of this study is to evaluate the Choice of Antenatal Among Women In Rural Areas Of South-South, Nigeria**.** The study was a cross-sectional study and a total of 260 female students within participated in the study. A well-structured questionnaire was distributed to each participant by the research assistant after consent was granted by the participants. The study was carried out in the six States that make up South-South Geopolitical Zones and it lasted for a period of 4 months. The findings revealed that 38.50% of the participants are between the 28-32 years of age. Also, 42.20% of the participants had primary education, 38.50% had secondary education while 19.20% had tertiary education. The research showed that 57.70% of the participants were farmers, 31.20% traders, 7.70% civil servants, and 3.50% were students. The study revealed that, 61.50% of the participants were married, 11.50% single, while 26.90% were divorced. 73.10% of the participants agreed that they were pregnant and 26.90% agreed that there were not pregnant. The findings revealed that 73.06% of the participants have choice of antennal and 26.92 did not. Reasons for choice of antenatal were comfortable (7.70%), stress less (7.70%), cheap (15.40%), accessible (38.50%), available (7.70%) and it was both spiritual and medicinal (23.10%). Again, the research revealed that 73.10% of the participants did not registered for antenatal and 92.30% said no health centre in their community. The data were analysed using SPSS version 23 and $P < 0.05$ was said to be significant.

Keywords: Choice, Antenatal, Women, Rural, Areas.

INTRODUCTION

Developing countries account for over 99% of all maternal deaths around the world (Ackerman *et al*., 2015). Adequate antenatal care (ANC) and skilled obstetric assistance during delivery are important strategies that decrease maternal mortality and morbidity (WHO, 2005). Antenatal care provides pregnant women with information, treatment of existing social and medical conditions and screen for risk factors. Fact Sheet, (2002), said it is not enough to receive antenatal care, since majority of the fatal complications occur during or shortly after delivery. Lack of education and poor knowledge of maternal health care has contributed to delays in seeking care during pregnancy and child birth and poverty is one of the major health determinants (Ewa *et al.*, 2012) Mothers that are not financially buoyant are at high risk of developing pregnancy related

complications, because they are not financially able to pay for the required services (UNFPA, 2006). Antenatal care is one of the vital maternal health care services worldwide, because pregnancy complications are important source of maternal mortality and morbidity. In Nigeria, the utilization of antenatal care is still very low especially in the rural areas and the northern part of the country. Less educated as well as poor people also have poor utilization level (Rifkatu and Olaniyan, 2019). World Health Organization (WHO) also, revealed that majority of women who attend antenatal care do not attain the required number of visits recommended by the World Health Organization (WHO). Previous study by Rifkatu and Olaniyan, (2019). Revealed that regular antenatal care attendance ensures proper monitoring of the health of the mother and child throughout pregnancy to enhance their optimal health outcomes. It also exposes pregnant women to counseling and education about their own health and the health of their children. Antenatal care can be more effective when it is sought early in pregnancy and continues until delivery (Rifkatu and Olaniyan, 2019). Studies show that the choice or utilization and accessibility of childbearing women to ANC and delivering services depend on several factors such as socioeconomic factors, geographic barriers and quality of services among others.

MATERIAL AND METHODS

This was a descriptive cross-sectional study involving 260 pregnant mothers who are within the age of 18 to 47 years. The pregnant women were recruited from the six states that make up South-South Geopolitical zones. A well-structured questionnaire was administered to participants. Each participant had one questionnaire to fill appropriately and independently after a well informed consent was granted. The study lasted for a period of 4 months (January to April, 2022). Statistical analysis of data was done using SPSS Version 25 and P value < 0.05 was considered significant for data.

RESULTS

A total of 260 participants were investigated for their choice of antenatal among women in Rural Areas of the six State that constitutes South-South Zone in Nigeria. The results of age distribution of respondents shows that 10(3.80%) were within 18-22 years, 20(7.70%) were within 23-27 years, 100(38.50%) were within 28-32 years, 40(15.40%) were within 33-37 years, 40(15.40%) were within 38-42 years while 50(19.20%) were within 43-47 years (Table 1). The results of educational distribution of respondents shows that 110(42.20%) had primary education, 100(38.50%) had secondary education while 50(19.20%) had tertiary education (Table 2). The results of participants revealed that 150(57.70%) were farmers, 81(31.20%) were traders, 20(7.70%) were civil servants, while 9(3.50%) were students. The results of marital distribution of respondents shows that that 160(61.50%) were married, 30(11.50%) single, while 70(26.90%) were divorced (Table 3). The results of pregnancy status of respondents shows that 190(73.10%) were pregnant while 70(26.90%) were not pregnant (Table 4). When respondents were asked about their reasons for choice of antennal, 20(7.70%) said it was comfortable, 20(7.70%) stress less, 40(15.40%) cheap, 100(38.50%) accessible, 20(7.70%) available while 60(23.10%) said is both spiritual and medicinal. Participants preferred choice of antenatal were, 50(19.20%) chosed church, 10(3.80%) health centre, 30(11.50%) general hospital, 50(19.20%) maternity home, while 120(46.20%) chosed TBA (Table 6). When respondents were asked about their reasons for choice of antennal, 20(7.70%) said it was comfortable, 20(7.70%) stress less, 40(15.40%) cheap, 100(38.50%) accessible, 20(7.70%) available while 60(23.10%) said is both spiritual and medicinal (Table 7). Results revealed that respondents who registered in any health centre were 70(26.90%) and those who did not registered with any health centrewere 190(73.10%) (Table 8). Results also showed that, 20(7.70%) of the participants have health centre in their community while 240(92.30%) do not have health centre in their community (Table 9).

Table 1: Age Distribution of Respondents

Age Group	Frequency	Percentage (%)
18-22	10	3.8
23-27	20	7.7
28-32	100	38.5
33-37	40	15.4
38-42	40	15.4
43-47	50	19.2
Total	**260**	**100.0**

Table 2: Educational Distribution of Respondents

Educations	Frequency	Percent (%)
Primary	110	42.3
Secondary	100	38.5
Tertiary	50	19.2
Total	**260**	**100.0**

Table 3: Occupational Distribution of Respondents

Occupation	Frequency	Percentage (%)
Farming	150	57.7
Business	81	31.2
Civil servant	20	7.7
Student	9	3.5
Total	**260**	**100.0**

Table 4: Marital Status of Participants

Marital Status	Frequency	Percentage (%)
MARRIED	160	61.5
SINGLE	30	11.5
DIVORCE	70	26.9
Total	**260**	**100.0**

Table 5: Participants who were pregnant

Option	Frequency	Percent (%)
YES	190	73.1
NO	70	26.9
Total	**260**	**100.0**

Table 6: Participants preferred choice of antenatal

Options	Frequency	Percent (%)
Church	50	19.2
Health center	10	3.8
General hospital	30	11.5
Maternity home	50	19.2
TBA	120	46.2
Total	260	100.0

Table 7: Reason for choice of antenatal

Option	Frequency	Percent (%)
Comfortable	20	7.7
Stress less	20	7.7
Cheap	40	15.4
Accessible	100	38.5
Available	20	7.7
Spiritual	60	23.1
Total	260	100.0

Table 8: Participants who registered for antenatal

Option	Frequency	Percent (%)
YES	70	26.9
NO	190	73.1
Total	260	100.0

Table 9: Participants who had health centre in their community

Option	Frequency	Percentage (%)
YES	20	7.7
NO	240	92.3
Total	260	100.0

DISCUSSION

Pregnancy is a process and every mother who are pregnant need to pass through antenatal care. Antenatal care is a systematic care that is organized into stages to the safe arrival of the expected baby and also guarantee the life of the mother. During antenatal care, vital information on good hygiene, eating good and quality food and how to stay happily will be provided by the healthcare professionals. During antenatal physical examination and some laboratory and radiological examinations will be conducted on the pregnant women to identify pregnancy that will be risk and those that will not be risk and proffer solution to those that have been identified as risk pregnancy.

The findings revealed that majority of the participants were between the 28-32 years of age. At this age, the participants were still young and were self-decision takers. The results also, revealed the educational distribution of the respondents and 42.20% had primary education, 38.50% had secondary education while 19.20% had tertiary education. This shows majority of the pregnant women living in the rural of the South-South were not equipped with adequate and quality education to give them a sense of belonging. Education is power and knowledge and so if the participants were well educated, they will get more information about themselves and the activity they need to carry out. Education is an instrument that prepare the minds of the populace towards achieving a greater height in the near future and to be independent in decisions making at certain level. This poor level of education acquired by these rural women could affect their choice of antenatal and this could also lure them to patronize traditional birth attendants in the rural areas. The occupational status of the participants shows that greater percentage of them were practicing subsistence farming (57.70%) and petty trading (31.20%). This level of occupation might have even affect whatever decision they ought to make concerning themselves and family. Also, 61.50% of the participants were married, 11.50% were single, and 26.90% were divorced. The study revealed that majority of the pregnant women were married and because they were married, the burden on their nuclear family is much and so they might not have enough money to carry out any activity, including antenatal care that may require money. Also, the single mothers and divorced mothers may also find it difficult to carry out full antenatal care due to financial constraints. This study agreed with previous study by Ewa *et al.*, (2012) who revealed that lack of education and poor knowledge of maternal health care has contributed to delays in seeking care during pregnancy and child birth and poverty is one of the major health determinants (Ewa *et al.*, 2012).

The study shows that 73.10% of the participants were pregnant and 26.90% were not pregnant and 73.06% agreed that they have choice of antenatal. The participants also displayed their preferred choice of antenatal which include: church (19.20%), health centre (3.80%), General hospital (11.50%), maternity home (19.20%), and 46.20% chose traditional birth attendant' home (TBA). This finding revealed that greater percentage of the women living in the rural areas opted for TBA home probably because they do not have enough education before their choice were made and this could also be attributed to the level of education they acquired. General hospital and health centres were the least they opted for as their choice of antenatal. However, the participants gave several reasons for their choice and these are: comfortability, stress less, cheap, accessibility, availability and spiritual and medicinal. Majority of the participants said their choice of antenatal was due to the quick accessibility they have each time they intend seeing the TBA at her home and it was also less expensive compared with the orthodox place of antenatal. These reasons the participants gave could be from experienced when they try to do their antennal in the secondary and tertiary healthcare centres. This could also be that the participants may have passed through enough stress before accessing the healthcare providers. These could be the reasons why majority of the participants (73.10%) did not formally register with the primary, secondary and tertiary levels of healthcare. Again, 92.30% of the participants said their community do not have health centre or health post. The absence of

this basic healthcare facility could be a majority obstacle that is preventing the participants from choosing primary, secondary, and tertiary healthcare facilities.

CONCLUSION

The study revealed that greater percentage of the participants choosed traditional birth attendant's home as their preferred place of antenatal due to several reasons such as comfortability, stress less, cheap, accessibility, availability and spiritual and medicinal. The research also revealed that the participants have poor level of education, poverty and absence of health centre in their community could also be the determinants of their choice of antenatal.

RECOMMENDATIONS

The researchers after their findings pointed out the following recommendations:

1. 1.That the three tiers of Government should provide basic and social infrastructure such schools and hospital to the rural areas
2. That Government should endeavor to provide or create jobs for the rural dwellers in other to eradicate poverty.
3. Enlightenment campaign on orthodox choice of antenatal among people living in the rural areas should be carry out by Non-Governmental Organizations(NGOs) and Government.

ACKNOWLEDGMENTS

We acknowledge Nazor Barinua-Gbaranor, Nuazor Victory Barinua-Gbaranor, Kedumle Success. Barinua-Gbaranor and Excellent Support Global Foundation for their moral support, understanding, and encouragement during the period of research.

Funding: No funding

Conflict of Interest: None declared. Ethical Approval: Not required

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