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Research Paper

MATERNAL HEALTH SEEKING BEHAVIOR AMONG PREGNANT WOMEN IN STATE SPECIALIST HOSPITAL IKERE AND COMPREHENSIVE HEALTH CENTER OKE-YINMI, ADO EKITI EKITI STATE

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ABSTRACT **Maternal mortality is a fundamental key factor of population health and of social and economic advancement. World Health Organization estimated that hat about 800 women die every d ay from pregnancy and childbirth complications. Maternal health is women's health during preg nancy, labor and the post pregnancy time frame which can be influenced by health seeking** ***Health seeking behavior refers to eff orts put in place by an individual to detect and prevent diseases in order to obtain relief and adequate remedy from such ailment. However, pregnancy remains one of the major events in the existence of every woman and it is likewise a unique cycle in which a woman's danger status can possibly change at any time.***

KEYWORDS :Analysis, maternal health seeking behavior, pregnant women, child

INTRODUCTION

Maternal health simply means women's health during pregnancy, childbirth, and post-pregnancy period, in which the actions towards health related behavior can influence [1] The World Health Organization (WHO, 2019) defined health as the full state of physical, psychological and social wellbeing, and not just the absence of sickness or infirmity.

Health seeking behavior can be perceived as an individual's way of being involved (or not) with a specific health administration. For instance, how indications are seen and followed up on and how, just as which kind of and when medical care administration are gotten [2]. Health seeking behavior therefore may refer to any activity embraced by people who see themselves to have a medical issue in-order to track down a suitable cure [3]. It incorporates the circumstance and kinds of medical services administration use which may influence population health outcomes.

In Nigeria, women are said to be mothers of all since they are commonly the carriers of pregnancy, that is, they are generally responsible for the role of child bearing[4]. Thus, pregnancy is one of the most crucial events in a woman's life and it is also a complex process in which the risk status of a woman can change per time [4]. Therefore, pregnant women may be at the risk of developing other health problems like anemia, diarrhea, malaria, prolonged tiredness, diarrhea, reproductive tract infections, sexually transmitted infections, headache, backache, swelling, cramps [5]. These issues as expressed might be because of either obsessive or physiological interaction, or might also be because of insufficiencies in the ordinary body components. Opinions on the causes of such issues vary as they see their challenges either as a result of conventional black magic (juju), or supernatural attack (witch craft), malnutrition while some others are in the category of 'don't know' or 'no opinion on the causes of health problems in their pregnant state [4].

These opinions of theirs will in general have impact on their health related wellbeing. Moreover, factors such as cultural factors may affect their health seeking behavior. Also, factors including the low status of women in situations where they take authority from their husbands before taking or seeking medical assistance; social factors such as sex, educational attainment, marital status, age, employment and other factors like growth and equity, peer pressure, governance (which may include the entire strategy of the government towards health of the state) also affect maternal health seeking behavior. Other factors that can affect maternal health seeking actions include socio economic factors such as standard of living, income level/economic status, religion, quality and cost of treatment, form and extent of diseases, geographical factors like terrible roads, weather/climatic shifts, physical factors such as health care workers attitudes, long waits at medical services centers/ waste of time, equipment quality, reliability and availability of necessary medications, the cost of treatment and care not equivalent to the services delivered and the collaborative relationship between the medical services group [4].

Maternal death is often a sad event which implies the demise of a woman while connected on bringing another life into existence. In order to reduce maternal mortality, any potential intervention must eventually reduce the risk of a woman being pregnant, as pregnant women may have serious complication while woman with complications may eventually die [5].

The global community has adopted the elimination of maternal mortality as one of the sustainable development goals, despite its importance as one of the key growth issues that must be tackled urgently. According to the recent assessment carried out by the World Health Organization, the United Nations Children's Fund and the United Nations Population fund 1999; 2016, they estimated that the global maternal mortality ratio reduced by 44 percent, that is, from 385 deaths to 216 deaths per 100, 000 live births, with an increasing rate occurring in developing countries. In Nigeria, maternal mortality represents 59,000 deaths of women yearly. Access to trained birth attendants and emergency obstetrical treatment has demonstrated principal to the anticipation of avoidable maternal deaths.

However, when maternal wellbeing administrations are working admirably, women with obstetric entanglements frequently face an assortment of financial, social or potentially geographical obstructions to utilizing them [6]. The three types of delays likewise increase the likelihood of maternal death; delay in choosing to receive care, delay in arriving at a treatment facility and delay in obtaining sufficient treatment at facility. Indigenous women around the world are especially vulnerable to pregnancy and child birth complications. Findings from this study would reveal generally the health seeking behavior of pregnant women in Comprehensive Health Center Okeyinmi and State Specialist Hospital Ikere Ekiti, Ekiti State. The study specifically focused on barriers to the utilization of health services among pregnant women and also know the influences to the women's choices of health care services.

Theoretical Underpinning

The theory of care seeking behavior by Diane Lauver (1992) talks about certain components that can influence maternal health through certain health related behavior. Affect refers to emotions associated with conduct that requires treatment, such as fear a bout a medical illness or an embarrassment about an examination.

Expectations refer to beliefs about the likelihood of relevant care seeking outcomes while values refer to the significance of those outcomes. A utility concept is measured based on the subjective expected utility theory when related expectations and value scores are weighted an d averaged over specific desired outcomes of care

seeking. [7] However, the selection of these variables as the main explanatory variables of behavior is influenced by the assumption that behavior can be affected by many factors (that is, person's emotions, psychological state, social conduct, past experiences among other factors) [8].

Methods and Materials

Study design. The study utilized the qualitative research design that employed the use of audiotaped, semi-structured interview to determine the health care seeking behavior among pregnant women of the study area.

Settings. The study was conducted in Oke- yinmi health centre in Ado Ekiti Local Government, Ekiti state and State Specialist Hospital, Ikere, Ekiti state.

Ekiti State is an urban area located in the Yoruba speaking south western geopolitical region of Nigeria.The state is predominantly an upland region with two distinct seasonsalso enjoys tropical climate. There are 16 Local Government Councils in total in the state. The services rendered at Oke-yinmi Comprehensive Health Center includes, family planning, immunization services, antenatal clinic, delivery, circumcision and treatment of childhood diseases. The State Specialist Hospital Ikere-Ekiti is located along Ise-Ekiti road and it provides both general medical care and health services.

Selection and description of participants. The study population comprises pregnant women who registered for antenatal care at Oke –iyinmi Community Health Centre and State Specialist Hospital, Ikere- Ekiti, Ekiti State. Participants that met the following criteria were included in the study.

(a) Women who are pregnant

(b) Pregnant women attending ante natal clinic

(c) Willingness of the pregnant women to take part in the study Simple random sampling technique was used as it provides an equal chance for participants to be picked therefore avoiding bias. The head of ante natal units were informed prior data collection, both participants agreed to be interviewed, and saturation of data was used to assess the sample size. Data saturation was reached with the interviewing of 30 participants.

Data saturation was reached when researcher didn't get any new information. In order to maintai n trustworthiness, the information gathered was transcribed and analysed into categories.

Data collection

All the participants used in the research were given the detail of the research and their consentwasgiven.The collection of data took place from December 2019 through February 2020. The pregnant women attending ante natal clinic in the selected facilities were interviewed using a n interview guide with some questions bothering about the reason for selecting a particular facilit y, the factors influencing health care seeking behaviors of pregnant women and the obstacles affecting behavior seeking for maternal health.

Data collection took place on the days of clinic appointments on Tuesdays and Thursdays, while each interview last foe about 25-30 minutes.

The interview was audio taped and field notes were taken after getting informed consent from the participants, thereafter, the participants checked their contribution so as to achieve trustworthiness.

Data analysis

Data transcriptions were done daily immediately after data collection session. Data was analyzed using an analysis of Tesch's material. The narrative data collected for each su bject was analyzed using open coding, which is the process of analyzing, assessing, contrasting, actualizing and categorizing data and not simply defining themes.

Trustworthiness

To ensure trustworthiness, the participants were assured of a relaxed and friendly atmosphere to build trust and confidence. The researchers detailed definition and assured credibility.

The work plan was reviewed and accepted by institutional and hospital ethics committees.

Ethical considerations.

Ethical approval was obtained from the institution's Ethics Committee, the State Specialist hospital, Ikere Ekiti research and Ethics committee and Oke-Iyinmi, Oke iyinmi Comprehensive health centre, Ado Ekiti. Prior to the start of the report. Before the commencement of the interview, the rights of the participants, the study details and the position of the participants were fully expounded to the participants while informed consent and approval to use the audio recorder was granted.

Interviews were performed in a secure and private room for anonymity, in which only each partic ipant and the researcher were present.

Results

Socio demographic data.

As presented in table 1, which showed that majority of the respondents (46.7%) were between 26 30years of age, while 66.7% were Christian. Also, 66.7% were Yoruba, while others are just were from other tribes. Furthermore, majority of the respondents (53.3.0%) have secondary level of education, 53.3% are self-employed. Moreover, majority (50.0%) earned between ranges of #31,000-50,000 monthly. 33,3% earns above #50,000 while just 16.7% earns about #11,000-30,000 monthly. 33.3% of the respondents reported to be carrying their first pregnancy, although 50.0% had between 1-3 children and 16.7% had above 3 children.

Table 1 showing social-demographic variables among respondents

Socio-demographic data	Frequency (N=250)	Percentage (%)
Age (mean=29.96±)		
20-25years	6	20,0
26-30years	14	46.7
31-35years	7	23.3
36-40years	3	10,0
Religion		
Christianity	20	66.7
Islam	10	33.3
Ethnicity		
Yoruba	20	66.7
Igbo	7	23.3
Others	3	10.0
Level of education		
No formal education	3	10.0
Primary education	3	10.0
Secondary education	16	53.3
Tertiary education	8	26.7

Occupation		
Civil servant	6	20.0
Self employed	16	53.3
Student	5	16.7
Unemployed	3	10.0
Monthly income		
#11,000-30,000	5	16.7
#31,000-50,000	15	50.0
Above #50,000	10	33.3
Parity		
None	10	33.3
1-3	15	50.0
Above 3	5	16.7

The findings of the study are presented according to the themes and categories generated from the data as shown in Table 2.

Table 2 showing the themes and categories

THEMES	CATEGORIES
Choices of maternal seeking behavior	Reasons for choosing a particular facility
Influences to maternal health seeking behavior	Frequency of visits before pregnancy
	Accessibility of the facility
	Cost of the facility
	Attitude of health practitioners
	Husband attitude
	Quality of care
Barriers to maternal health seeking behavior	Challenges
	Cultural belief
	Finances
	Family influence

Theme 1: Choice of maternal health seeking behavior
Reasons for choosing this particular health facility.
It was gathered from the responses that most of the mothers (18 out of 30) claimed they have been using this health facility since their first child without any complaint, few of the participants (6 out of 30) were referred to this facility by their family, few (3 out of 30) were referred from the other health facilities they were using due to bad obstetric history while few of the participants (3 out of

30) said they chose this health facility because it was closer to their place of work. Some of the comments were:

"It is closer to my place of work". (p1) "It is closer to my house" (p10)
Theme 2: Influences to maternal health seeking behavior
Frequency of visits to the health facility before pregnancy.
When quizzed about their pattern of visits to the facility before pregnancy, the majority of the participants (16 out 30) said they don't come to the health facility until they are sick, few of them (8 out of 30) said they usually follow up appointments with the doctors and also come to the health facility when they feel sic while few of them (6 out of 30) said they prefer home remedies even when they are sick so they don't come to the facility**.** Some of the comments were:

"Why should I come to the hospital when I'm not sick?" (p3) "I only come to the hospital when I'm sick" (p1)
The accessibility of the health facility.
Some of the participants (21 out of 30) said the hospital is closer to their house and it is readily available even in the night while (10 out of the 21) participants who said the facility was closer to their house said the distance is a workable distance, few of the participants (6 out of 30) said the facility is not easily accessible because of lack of transport especially in the night, few of the participants (3 out of 30) said that there is transport readily available for them thus making the facility easily accessible.

"This place far from my house but I dey live around here before and na this place I dey use (I don use this place before I relocated") (p15)
"This place is not far from my house" (p6)
"My house is nearer to the health center" (p10)
"I can even trek from my house sef" (p2)
"The house is far from here because I was transferred from another hospital" (p13)
The attitude of the nurses and the doctors.
Another factor reported by the participants was the attitude of the nurses and doctors. Some of the participants (15 out of 30) said the nurses are harsh and hostile while (10 out of the 15) said the doctors are nice while the remaining 5 said the doctors and nurses attitude are both harsh and hostile, few of the participants (10 out of 30) said that the nurses and doctors are encouraging and supportive with care of plan, few of the participants (5 out of 30) said the nurses and doctors are just doing their jobs.Some of the comments were:

"Sometimes the nurses are harsh" (p1) "Sometimes the doctors are rude" (p10)
"The nurses and doctor do encourage us" (p 2)
Husband's attitude towards them coming to the hospital.
In addition, some of the participants (16 out of 30) said their husbands were quite supportive and encouraging them to come to the clinic, few of the participants (8 out of 30) said their husbands don't like to give them money whenever they are coming to the hospital with lots of complaints. Few of the participants (6 out of 30) said their husband don't like them coming to the clinic, they prefer them using the traditional way. Some of the comments ran thus:

"My husband do drop me off at the hospital whenever I have an appointment" (p4) "My husband like when I come to the hospital well" (p6)
"My husband always dey complain whenever I dey come hospital" (p15)
The quality of care received from the facility
All the participants (30 out of 30) said they enjoy the service they get from the hospital and it has enabled them to keep an healthy lifestyle to promote their health and that of their babies Some of their comments were:

"This hospital is good and affordable" (P1)
"This hospital has helped me in the delivery of all my children" (p15) **Theme 3: Barriers to maternal health seeking behavior**
Transportation challenges
Some of the participants (24 out of 30) said they have no challenges trying to get to the health facility, few of the participants (4 out of 30) said transportation is the only challenge they have trying to get to this health facility, few of the participants (2 out of 30) said that their husband is the only challenge they have trying to get to the hospital. Some of the comments were:

"I do not have any challenge trying to get to this place" (p6)
"Before I dey see cab or bike wey go bring me, it dey take time" (P15)
"My husband do restrict me from coming to the hospital" (P20)
Cultural belief that restricts them from coming to the clinic when sick.
When asked if there is any cultural influence on their utilization of the facility whenever they feel unwell**,** some of the participants (25 out of 30) said they do not have any cultural belief that restricts them from coming to the hospital, few of the participants (3 out of 30) said that their cultural beliefs that certain illnesses are accompanied with pregnancy and it would resolve over time without any medical help, while few of the participants (2 out of 30) said that they only have food taboos. Some of the comments were:

"I don't have any cultural belief" (P1)

"I am not allowed to eat certain food when I am pregnant" (P15)
"My husband people talk say snail no good for pregnant women, but nothing holds me from coming to the hospital" (P10)

Finances limit them from coming to the health facility.

Some of the participants (16 out of 30) said finances do not limit them from coming to the health facility, few of the participants (10 out of 30) said that sometimes there is no money available for them to come to the health center while few (4 of 30) said their husbands don't believe in hospital business so they don't bother about any money for hospital issues. Some of the comments were:

"The money is available whenever I want to come to the hospital" (P1)
"My husband does not like dropping money when I am coming to the hospital because he does not agree with hospital business" (P10)
"My husband is willingly to drop money but the money is not available" (P13)

Family restrictions

With regards to the influence of family on utilization of facilities, some of the participants (20 out of 30) said the husband family does not in any way restrict them from coming to the hospital, few of the participants (5 out of 30) said they live in a family compound and the husband family always advise that they go to traditional birth attendance or mission for care, few of the participants (5 out of 30) said that the husband family has influence on their marriage and always influence their husbands' decisions. Some of the comments were

"My husband's family doesn't have issues with me going to the hospital" (P6) "My husband family is learned" (P1)
"My husband family is always telling my husband what to do" (P10)

Discussion of findings

Gage & Calixte [9] indicated that the higher educational level a woman has leads to more likelihoo of seeking maternal health care services. They explained that trained women are better able to appreciate the value of prenatal ca re and also know where to get it. Clinical requirements and comfort both assume a part in the decision of hospital consideration for antenatal care, and impact on use of health services. As illustrated in Liu et al's study [2]. Transport costs, ignorance, and age of marriage are also identified. Magadi, Agwanda & Obare [10] indicates that at first birth, mother's age plays an important role in finding actions in maternal health care, though the direction of the effect is often inconsistent.

That is because younger women are more likely to fully experience first time pregnancy and childbirth, which in turn is strongly related to using maternal health care serv ices. Women who lives in rural area, having no media exposure, multiparous, poor financial and educational status, husband with no education and good employment status showed up as critical indicators of ideal level of maternal health care subsequent to adapting to different elements. [11] From the study, the participant stated their preferences for choosing where they received care for health issues during pregnancy, 70.0% said because of nearness to their residential area, 100% said due to skill provider while 20.0% reported husband's decision as a factor considered. It was however noted that respondents from State Specialist Hospital Ikere, Ekiti State specifically attends antenatal clinic in the hospital because of presence of more skilled and better qualified health professionals than Okeiyinmi health centre in Ado Ekiti Local Government. Equally some of the respondents at state hospital reported better facilities. Although, majority of the respondents complained about long waiting time in both facilities. Equally, 10.0% reported to have attended other facility which according to them service delivery is different from each other. Few of the respondents (3 out of 30) reported the second facility was private health institution, hence, they were always quickly been attended to. Reduced stress, swift service delivery coupled free flowing makes the experience worth-while for them. Restricted opportunity to transport and finance makes decision-taking on choice of health care facility more complex [12]. Factors identified in this study that influence maternal healthcare seeking behavior includes doctors not being responsive, non- availability of female health provider, husband restriction, hesitation, long queue in government of hospitals, heavy workload, income level. In addition, more than half of the respondents reported their house to hospital is within 5-10 minutes even though reported the distance is more than 20 minutes. Almost all respondents reported bad professional conduct from nurses and doctors, although, few said some health professionals are good. Regular check-ups can help discover potential health challenges before they become a problem. Early discovery gives the best opportunity of receiving the appropriate treatment quickly, preventing complications. The advantages of frequent checkups as reported by respondents include reducing the risk of bec oming ill, early detection of lifethreatening health conditions or diseases, raising chances of diag nosis and cure, reducing the risk of complications through close monitoring of present conditions, raising lifespan and improving health, reducing medical services costs per time by avoiding costly medical services and forming a decent partnership with the specialist so that treatment can be more productive. All respondents reported having access to health facility when they need to.

CONCLUSION

Findings from this study revealed that, factors influencing maternal health care seeking behavior include doctors not being responsive, husband limitation, hesitation, medication costs, long waiting in government hospital s, heavy workload, income and educational levels

Plan

ABSTRACT

INTRODUCTION

- Theoretical Underpinning
- Methods and Materials
- Data collection
- Data analysis
- Trustworthiness
- Ethical considerations.
- Results
- Socio demographic data.
- Family restrictions
- Discussion of findings

Conclusion

Recommendation.

Implication

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