



Health Care Seeking Behavior of Pregnant Women in Gusau Metropolis of Zamfara State, Northern Nigeria

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Abstract

Purpose: The objectives of the study were to determine the health care seeking behavior and the barriers to hospital delivery of pregnant women in Gusau metropolis of Zamfara State, Northwest Nigeria. Also the study was to identify those factors that prevent women from delivering at the hospital and access care. **Methods:** The study used both survey and qualitative technique. In the survey a descriptive cross sectional survey involving with patients based on a structured questionnaire format with answer sets was used to ask about (N=826) pregnant women attending antenatal care at some clinics in Gusau metropolis about how, why, where and when they seek care and how they perceive certain illness during pregnancy. While about 6 focus group discussions (FGDs) were conducted at the health facilities targeting the pregnant women in order to understand their illness behavior and perception to facility delivery. During the FGDs notes were taken and answers recorded using a tape recorder and video. **Results:** 87.9% of the respondents said they attend Antenatal care clinics (ANC) regularly and many of the respondents have some knowledge of complications during pregnancy, N=177 reported having headache, N=221 and N=227 reported having fever and swelling of legs respectively. 87.1% of those attending ANC indicated that they will seek care at hospital or clinic. Though, responses in the FGDs, many of the respondents indicated that they seek care at health facility but will however not want to deliver at the hospital. **Conclusion:** There is a remarkable improvement in attendance of ANC by pregnant women but yet the hospital delivery is very low and not exciting as many women wished to deliver at home rather than in the hospital. Also many of the women's perception about their health or illness during pregnancy are that they think it is normal to be sick and therefore not necessary to visit the clinic. There is still high preference for home delivery among the pregnant women in Zamfara State, with a consequent increased in maternal deaths unreported.

Keywords: Health seeking behavior; pregnant women; maternal health; maternal mortality, inquiry.

1.0 INTRODUCTION

Nearly all of the 300,000 women a year who die from complications of pregnancy or birth live in low- and middle-income countries. In poorer countries, about one third of women give birth without a skilled birth attendant, meaning someone with medical training like a professional midwife, doctor, nurse or even community health worker. The maternal death rate has dropped in recent years, but not as much as the United Nations hoped in 2000 when it set a millennium development goal of a 75 percent reduction from the 1990 rate by 2015 (Bohren *et al.*, 2015). In Nigeria by 1990, there were 380 maternal deaths per 100,000 live births, so a 75 percent reduction would have lowered it to 95 per 100,000. But in 2013, the figure was still 567 per 100,000 (National Population Commission, 2013), the use of health facilities during child delivery by pregnant women still remain a public health problem, this may be influenced by a lot of factors including demographic socio-economic, cultural, obstetric and health care system factors. Nigerian women deliver outside health facilities and without medically skilled attendants present (Lamina *et al.*, 2004). The health of the mothers of child bearing age and of the unborn babies is influenced by many factors time of which include the availability and accessibility of health services for pregnant women. Low quality of the health services being provided, and limited access to health facilities are related to increases in maternal morbidity and mortality. Lack of access to antenatal care services or a skilled attendant at delivery is associated strongly with high mortality indices. A number of socio economic and cultural factors act as barriers to utilization of health services (Okeshola and Sadiq, 2013). The World Health Organization (WHO) estimates that 60% of births in low income countries occur outside a health facility, with 47% assisted only by traditional birth attendance, family members or without any assistance at all (World Health Organization, 2000). The complexity of illness or problems associated with pregnancy and maternal mortality is aggravated by poverty and the low status of women, which is the root cause of their poor health, high fertility and lack of access to essential health care. Access to health services is not a simple concept. Studies in

developing countries reinforce the belief that a majority of maternal deaths and ill health problems could have been avoided with better access to services and with an improved standard of care and technology (Kwast, 1991; Thaddeus and Maine, 1994). Many women lack knowledge or information about or access to obstetric care and formal health facilities due to the fact that they are illiterate, and live in a poor area with bad or few roads (Harrison, 1999; Kwast, 1991; Abouzahr, 2003). Many women who died in health centres or hospitals had arrived in very poor condition and most had never received any antenatal care. In most situations health facilities or services are located far away from the community making them inaccessible to women unless accompanied by a male or the husband (Lamina *et al.*, 2004; Eijk, *et al.*, 2006; Doctor and Dahiru, 2010). Often, “delay” emerged as a strong contributing factor to maternal death and pregnancy related complications. Thaddeus and Maine, (1994) developed a conceptual framework for analyzing the factors that contribute to maternal death or complications called the model of “three delays”. The first two “delays relate directly to the issue of access to care, encompassing factors in the family and community. Delay in deciding to seek care key issues includes the ability of family members and care providers in the community to recognise complications. Other factor that affects a woman’s decision to seek care include her status within the family, whether she has (Lamina *et al.*, 2004; Eijk, *et al.*, 2006; Doctor and Dahiru, 2010).

Health behaviour and access to health service play a significant role in influencing the health of pregnant mothers and morbidity as well as maternal mortality. Progress has been made over the past few decades in providing health care to populations in developing countries, but this progress has been uneven. Women in particular, have not had an equal share (Shehu, 1992; Costello, Osrin, and Manandhar, 2004; DFID, 2008). In most cases the major constraints to access were identified as ranging from socio cultural to informational, including lack of awareness of health issues, the low social and legal status assigned to women in most cultures, lack of self-esteem and sense of control, religious restrictions, and perceived in

appropriateness of care (Abour zahr *et al.*,1996; Koblinsky *et al.*, 2008). A study in Nigeria indicates that the hostility resulted in “rumours”, deliberate attempts to discourage women from seeking higher levels of care, and refusal to accept referrals or treat patients. In Sokoto and Zaria, both in northern Nigeria, labour lasting more than normal (which is eight hours for multigravidas and twelve hours for primigravida) was not considered to be a reason to seek modern medical care until two to five

days had elapsed (Harrison, 1999; Adamu *et al.*, 2003). In a study of Non-Skilled Birth Attendants (NSBAs) in northern Nigeria close to 90% of the women surveyed were assisted by NSBAs during delivery which indicates preference for home delivery by the women in north which Zamfara state is among (Doctor and Dahiru, 2010). Therefore, the current research investigated the health care seeking behavior of pregnant women in Gusau metropolis of Zamfara State, northern Nigeria.

2.0 METHODS

2.1 Study Design

Both survey and qualitative methods were adopted for this study. The survey was a descriptive cross-sectional survey based on a structured questionnaire format involving pregnant women patients attending antenatal care clinic. This study was carried out in some selected intervention health facilities in Gusau metropolis of Zamfara state. While for the qualitative an interview/focus group discussion guide was used with close-end questions to gain more insight into the study from the participants. Data for the quantitative study were inputted and analyses using SPSS19.0. While the qualitative data recorded was transcribed and translated. The data was then analyses based on content analysis using specific themes for the study in order to augment or decipher the findings of the quantitative study.

2.2 Study Population

The study populations include pregnant women attending antenatal care at some selected clinics in Gusau metropolis of Zamfara State, Nigeria. All the respondents who fulfilled the inclusion criteria were selected. This study period was from June 2013 to November 2014.

2.2.1 Inclusion and Exclusion criteria

2.2.2 Inclusion Criteria

Pregnant women aged 15-49 years who are attending antenatal care at some selected clinics in Gusau metropolis and who were willing to participate in the study.

2.2.3 Exclusion Criteria

Those pregnant women who are at home and not attending antenatal care clinic or are in private health facilities.

2.3 Survey Instrument

The questionnaire and interview guide were administered by trained interviewers to the individual respondents and returned questionnaire with their answers for quantitative survey. The questionnaire was divided into sections. The first section asked for demographic data including age, gender, ethnic group and educational level. In the second section, questions about knowledge, attitude, perception and behavior of the pregnant women were asked. Some series of questions with predefined answer sets as shown in table-1 were used to ask about the knowledge of complications and perception of illness of the pregnant women. While the Interview/FGD guide was used to administer questions to respondent during the FGDs and In-depth interviews.

3.0 PRESENTATION OF RESULTS

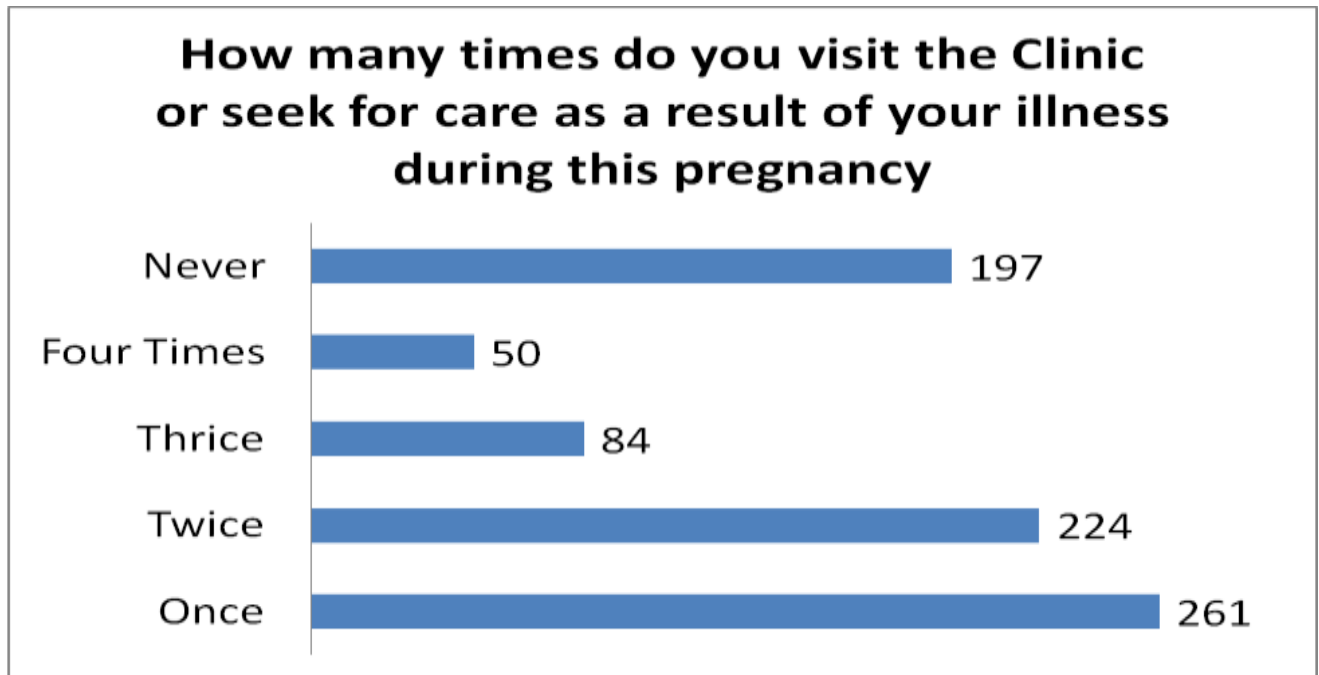


Figure 1. Frequency of visit to the clinic by the pregnant women.

The Figure 1 above indicates the number of times pregnant women seek care or visit the clinic when they are sick or not feeling fine. About 197 of them said they never seek care or visit the clinic when they are sick or not feeling fine and 261 of them said they seek care only once and 224 of them said twice. The result

indicates that the pregnant women don't always seek for medical care or visit the hospital or nearby clinic when they have common illness, such as headache or fever. They most visit the clinic when their situation is very bad or complicated.

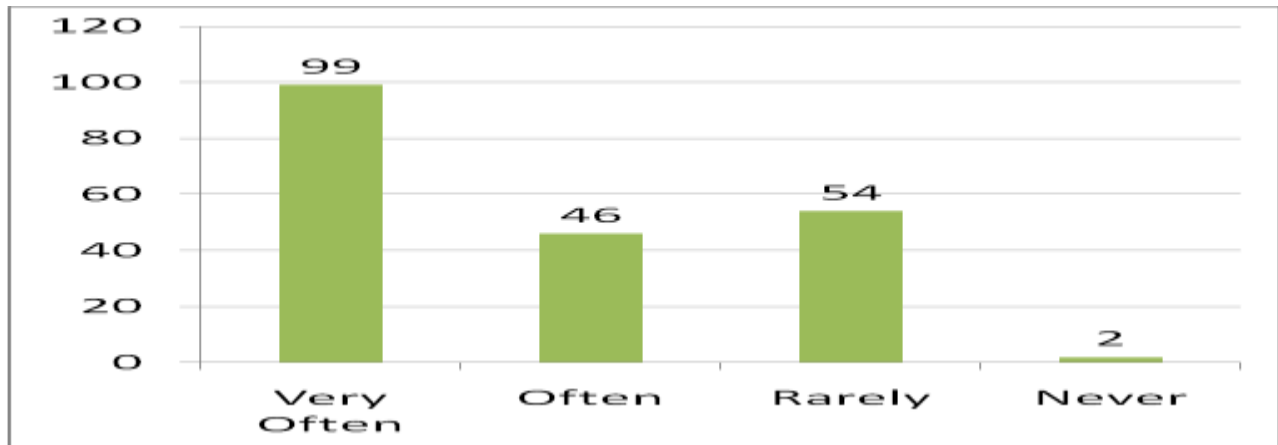


Figure 2: Response to pregnancy complications among women.

In the Figure 2 above, knowledge of complications during pregnancy- when the pregnant women were asked on how often they have complication and recognized them most of

them responded that they very often and often have complications and few said they rarely have any complications.

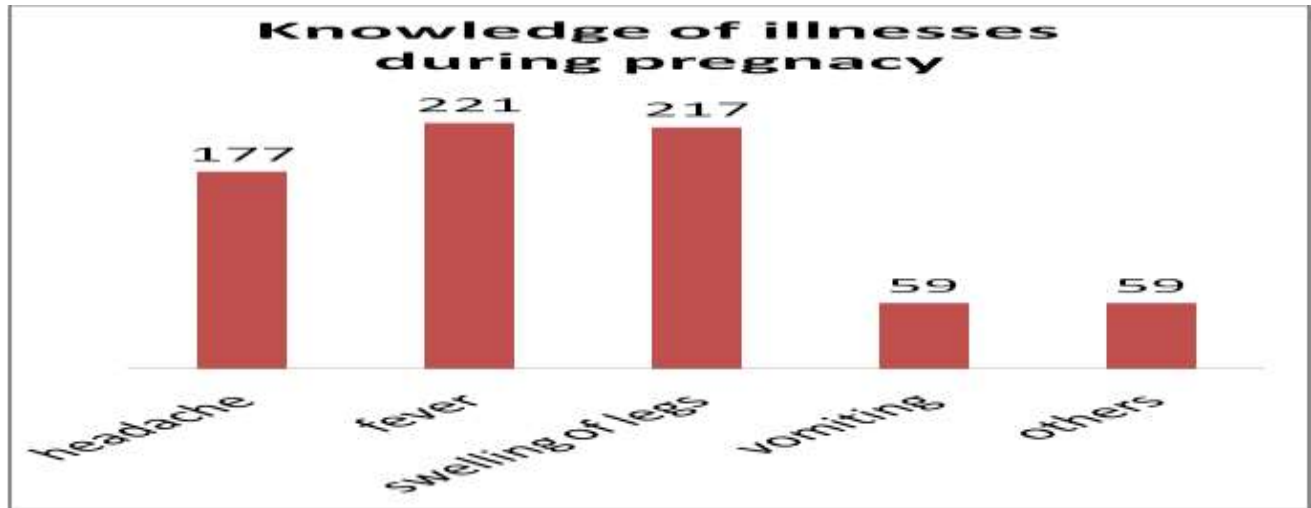


Figure 3. The graph of Knowledge of Illness Behavior.

In the Figure 3 above pregnant women were asked the type of illness that they frequently have when pregnant. A large number of them

reported having headache, fever and swelling of legs as indicated above.

Table 1: The table shows where the pregnant women seek for care.

Where do you seek for help/care during pregnancy	Intervention Community (N=826)
Traditional Birth Attendant	4.3%
Chemist	6.9%
Store/pharmacy	6.9%
Maternity Clinic/PHC	22.3%
General Hospital	64.8%
Traditional healer	1.2%
Religious Scholar/Healer	0.1%
Others	2.2%

Have you been treated of any of the following illness (s) during the period of this pregnancy	Intervention Community (N=826)
Heart Disease	5.0%
Sexually Transmitted Diseases (STDs)	4.9%
Anaemia	3.4%
Hypertension	3.7%

Malaria	68.9%
Diabetes	0.8%
Regular Antenatal Care Visit (ANC)	
Yes	87.9%
No	12.0%
Dont know	0.2%

Though many of the respondents indicated seeking care at the hospital as about 64.8% of them mentioned that they seek care at the General hospital and 22% mentioned –Maternity centers. Only few of them mentioned seeking care from the Traditional or religious healers as well as the Traditional Birth Attendant. An

overwhelming 87% of them all said they attend the antenatal care clinic visits. On the type of illness they mostly visit the clinic with about 69% of them mentioned Malaria as the common illness that they seek treatment for or they were treated.

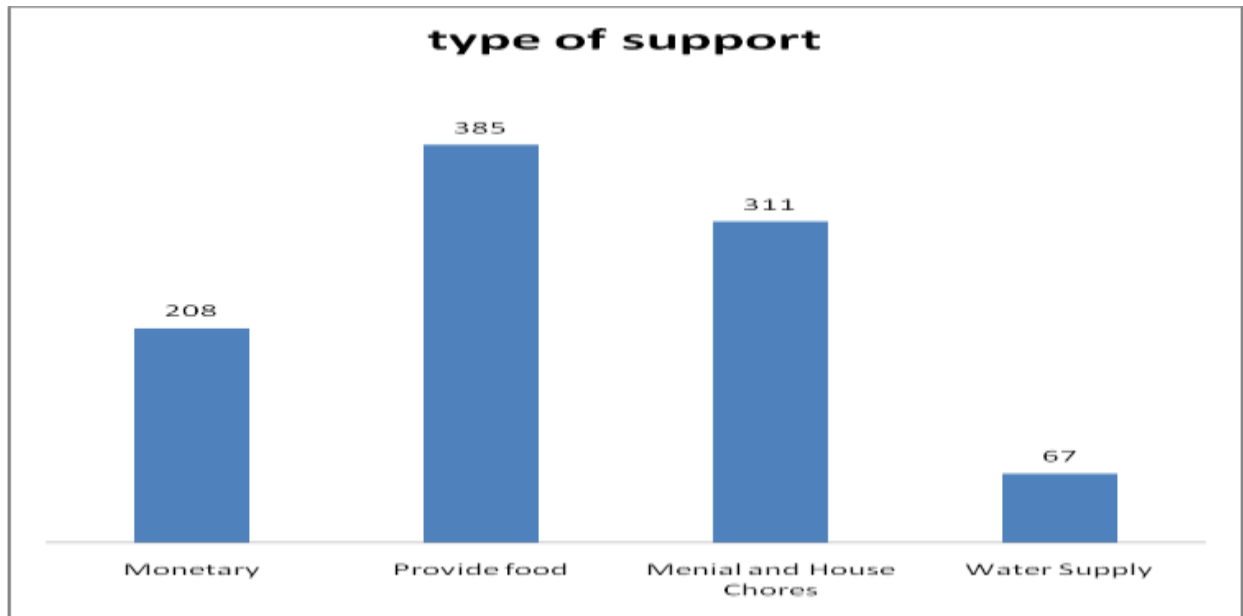


Figure 4. Nature of support provided to the pregnant women.

Figure 4 accounts for the nature of support offered to the pregnant women. The women when asked on the type of support they receive from their immediate family, especially the husband or in-laws, most of them mentioned monetary support as some of them have to rely

on their husbands to give them money or transportation and for consultation and even drugs. While in some cases the families of the pregnant women support them with other means of livelihood such food, water and menial house chores.

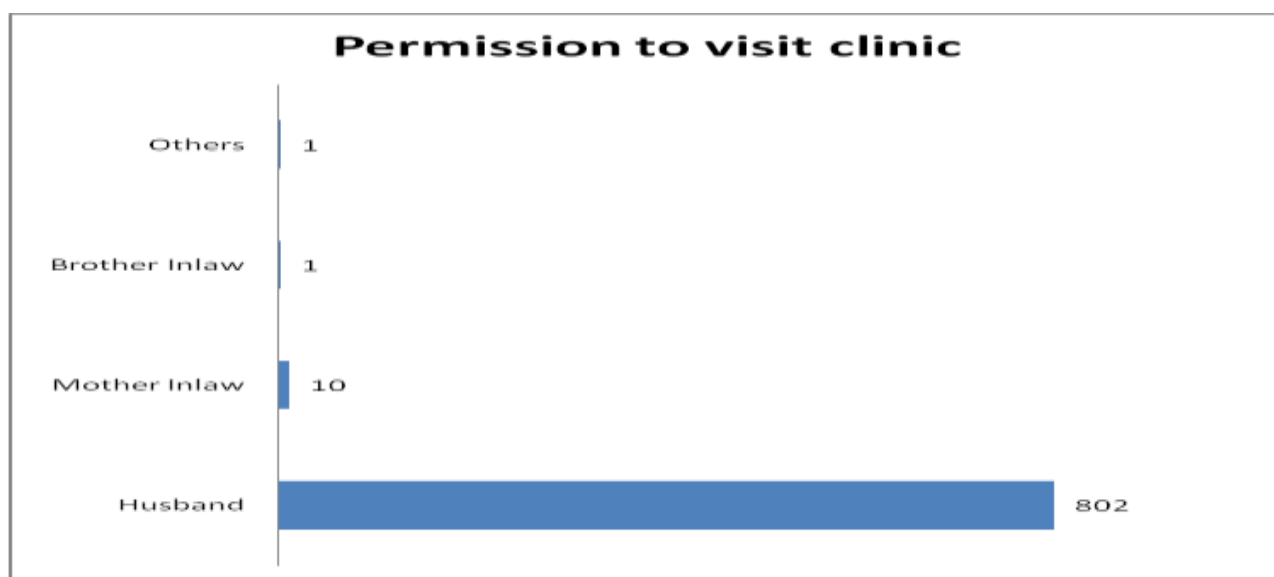


Figure 5. Permission to visit clinics from husbands or guardians.

As illustrated in Figure 5 above, most of the pregnant women had to seek permission to seek for care from their husband before they can go to clinic for ANC or even when they are ill. This is because of the fact that most of them are house

wives in purdah (seclusion) according to Islamic injunction. In some cases they may have seek the permission of their in-laws for them to visit the clinic even when danger signs are eminent.

The Table 3 below shows the responses of the staff mostly clinical and medical workers of the hospitals where the this study was conducted on

the reasons why the women does not deliver at hospital or the causes of high maternal deaths among pregnant women in the state.

Table 3. Responses from clinical and medical workers.

Knowledge on maternal death indicators	Intervention Community (N=826)
Death as a result of bleeding	43.8%
Hypertension	11.8%
Sepsis	4.7%
Ruptured uterus	7.3%
Prolonged labour	21.8%
Delay in reaching hospital	14.7%
Anaemia	2.1%
Other	4.9%

Knowledge on Ways of Preventing death due to pregnancy:

Attending ANC	29.6%
Delivery at Hospital or Clinic	58.9%
Taking medication	7.6%
Seeking advice from health centre	7.8%
Health education	6.7%
Other	4.8%

The pregnant women's knowledge of medical causes of maternal death is low as less than 50% of them were able to mention all the causes, with 43.8% of them mentioning bleeding and 21.8% of them mentioned prolonged labour. Only less than 15% of them mentioned delay in reaching hospital as a non medical cause of maternal deaths. About 59% of the pregnant women mentioned delivery at hospital as a means of death prevention at childbirth as in Table 2 above.

The Table 3 below shows the responses of the staff mostly clinical and medical workers of the hospitals where the this study was conducted on the reasons why the women does not deliver at hospital or the causes of high maternal deaths among pregnant women in the state.

Table 3: Health Workers responses on Pregnant Women's reason for non-hospital delivery.

Health Workers Responses on why pregnant women are dying and non delivery at the hospital	Intervention Community (N=60)		
	Yes	No	Dont know
Poor attendance of ANC	81.7%	15.0%	3.3%
Not delivering at the hospital/Arriving late during Labour	78.3%	18.3%	3.3%
Poor facilities and equipment in the health centre	61.7%	35.0%	3.3%
Distance to the health centre/clinic	80.0%	20.0%	NA
Lack of money for treatment	80.0%	20.0%	NA
Educational level of the pregnant woman	79.7%	20.3%	NA
Others Socio ultural reasons	86.4%	13.6%	NA

4.0 DISCUSSION

The results of the survey and the qualitative data are confirming what was known in the literature and other previous studies which indicated that, though a lot of the women in the northern part of Nigeria attend antenatal care, but very few of them deliver at the hospital as was indicated in the Nigeria Demographic Health survey of 2008 that, most women delivers at home with no skilled attendance, as about 62% of mothers

delivered at home. Women in urban areas are more likely to deliver at the health facility and seek care compared to the counterpart in rural areas. The proportion of women who delivered at the health facility in northwest was 8% (National Population Commission, 2009). Socio-cultural barriers are some of the reasons why women seek to deliver at home (Okeshola and Sadiq, 2013). Other factors that may hamper

pregnant women's utilization and care seeking at the health facility may be lack of transportation and other economic reasons (Koblinsky *et al.*, 2008). This corresponds to the study conducted by Eijk *et al.* (2006) and Doctor *et al.* (2012) which shows that 88% attended ANC but 80% delivered at home. ANC in Nepal is 29% and 10% for hospital delivery.

The knowledge and understanding of illness as well as danger signs by the pregnant women is an important determinant of their care seeking behavior, as showed above the women may only seek care when they have headache or fever and they were further probed in a focus group discussion some of them mentioned that it is normal for a pregnant woman to be sick and therefore doesn't need to worry to seek for care at the hospital. Other reasons are that the quality of care provided is not adequate and that they have to wait for a long time to see the physician or medical personnel which they see as "time wasting". As indicated above in the results it is evident that only few of the pregnant women have knowledge of the danger signs and complications during pregnancy which may therefore influence their attitude to seek for help or assistance when ill. As mentioned in the qualitative analyses by some of the pregnant women, it is "*normal to be ill and experience some sickness during pregnancy*" which their perception and from the table above the pregnant women mentioned hospital or maternity centers as where they seek care when sick. This may particularly be so for these group women since they are already attending ANC and may have seen or heard of the benefits but in reality may not be obtained. This result may also be so as most of the women interviewed lives within Gusau metropolis which is an urban center and capital city of the state of Zamfara. However, the NDHS of both 2008 and 2013 have indicated low hospital utilization and care seeking among pregnant women in the northwest region, this is corroborated in a study by Doctor *et al.* (2012) in the states of Katsina, Yobe, and Zamfara, where the views of the respondents about

5.0 CONCLUSION

We conclude that the health care seeking behavior including delivery at the health facility by pregnant women in Gusau metropolis is still low despite high antenatal care visits. This

pregnancy as "business as usual" and attending ANC as for those who are sick.

According to NDHS (2008) and (2013), distance to the health facility, poor road infrastructure, increase in burden of time and money required to reach the closest health facility are factors that inhibits women from attending ANC (National Population Commission, 2009; National Population Commission, 2013). Lack access to quality healthcare may be due to high financial burden and treatment the women receive at the health facility from the health workers. Study conducted in Kano shows that, financial constraint was the main reason for not attending ANC and delivery in the hospital. Other major barriers identified were economic, cultural and those related to the women's perception of their condition (Galadanci *et al.*, 2010; Yar'zever (2014). Another study in Sagamu by Lamina *et al.* (2004) also established that the cost of care were the main reason for not attending health facilities for delivery.

In the year 2013 NDHS, women were asked whether or not each of the following factors would be a serious problem for them in seeking medical care: getting permission to go for treatment, getting money for advice or treatment, distance to a health facility, not wanting to go alone, and health workers' attitudes. The majority of women (53%) reported that at least one of these problems would pose a barrier in seeking health care for themselves when they are sick (National Population Commission, (2013). Women who attend ANC are 3.33 times more likely to report health worker's attitude as good than women who do not attend antenatal care. In other similar studies conducted, also shows that women have described care givers as abusive, humiliating, uncaring and hostile (Bohren *et al.*, 2015) As majority of the health workers asked in the study mentioned all these factors as preventing women from delivering in the hospital and may cause maternal deaths as in Table 3 above.

evident in other studies as this study confirmed and corroborated the obvious that hospital delivery by pregnant women in the northwest is very low due a number of barriers including

socio-cultural need to seek permission, financial distance travelled to health facility and health workers' attitudes. Therefore there is the need for further interventions to address some of these

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barriers and consequently improve the health seeking behavior of the pregnant women and maternal health in general.

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6.1 Conflict of Interest: Authors have declared no conflict of interest.

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