

DICHOTOMY BETWEEN KNOWLEDGE AND UTILIZATION OF DELIVERY CARE SERVICES AMONG WOMEN OF CHILD BEARING AGE IN EDU LOCAL GOVERNMENT AREA, KWARA STATE, NIGERIA

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ABSTRACT

This study determines the knowledge of delivery care and access to delivery care services among women in Edu local government area of Kwara State, Nigeria. A descriptive research design was used for the study. Two objectives were set, three research questions were answered and a null hypothesis was tested in this study. Researchers' designed questionnaire was used as instrument for data collection; a split-half test of reliability was used to determine the reliability of the instrument. Three hundred and sixty women were purposively sampled for the study. The results were analyzed using frequency counts, mean and standard deviation to answer research questions while, Chi-square was used to test the null hypothesis at 0.05 level of significance. The research findings showed that women of childbearing age knowledge about delivery care were poor. This study also showed poor willingness of women of childbearing age to access delivery care services in Edu Local Government Area of Kwara State. Based on the findings of this study, we recommended that efforts should be put in place by Edu LGA, the Kwara State and Federal ministries of health, as well as Non-governmental Organizations to strengthen the existing maternal health services particularly on delivery care services. Health education intervention programmes and faith-based interventions should be instituted to create health awareness on the significance of utilization of delivery care services provided.

Keywords: Delivery care services, delivery related problems, Women of Childbearing

INTRODUCTION

Maternal and child morbidity and mortality are high in most developing countries especially in Nigeria, the high prevalence rate showing maternal mortality ratio of 1:100 higher than the regional average, despite available human and material resources indicating the ugly trends in maternal health situation in Nigeria (FMOH, 2005). Delivery periods are periods that commenced as soon as the labour set in until the period the baby is born. This period is critical to both mother and the unborn child as any slight mishandling of the process of delivery will have a devastating effect on both the health of mother and that of the unborn child. The need for presence of a skilled birth attendant (trained midwife), at this period is critical for both mother and the newborn (WHO, 1999).

It has been reported that Africa accounts for the highest burden of mortality among women and children in the world (Udofia and Okonofua, 2008; Prata, Gessessew, Abaha, Holston & Potts, 2008). Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth, 99% of these deaths occur in developing countries (WHO, 2014). A woman's chance of dying of pregnancy and childbirth in Nigeria is 1 in 13 (UNICEF, 2015). Every single day, Nigeria loses about 2,300 under-five and 145 women of child bearing age

making her the 2nd largest contributor to maternal and under-five mortality rate in the world (UNICEF, 2015). In Nigeria, the use of health facilities during delivery by pregnant mothers is still very low and maternal morbidity and mortality remains a public health problem, the causes of which may be attributed to several factors such as demographic, socio-economic, culture, obstetric and health system factors (Khalid, 2006). Most maternal deaths seem to occur between the third trimester and first week after delivery, this however necessitate skilled attendant at the time of delivery and access to emergency obstetric care remains the most effective measures to reduce morbidity and mortality (De Bernis, Sherratt, Abouzahr & Van Lerberghe, 2003).

Women education plays a significant role in the knowledge about delivery care services. Many women do not ordinarily refuse to deliver their babies and utilize delivery care services but lack of adequate information and knowledge serves as barrier. The Nigeria Demographic and Health Survey 2008 reported that only 10% of deliveries to WCA with no education occurred in health facilities compared to 90% of deliveries to women with education (Nigeria Demographic and Health Survey 2008). It was further reported in a study by Moore, Alex-Hart and George (2011) in Gokana LGA of River State, Nigeria that sixty four (57.1%) of the 112 mothers in their recent delivery used a health facility while 48 (42.9%) did not. They identified factors responsible for utilization of health facility for delivery to include: long distance to health facility 33 (68.7%), onset of labour at night 40 (83.3%), unavailability of means of transportation 37 (77.1%), lack of money for transportation 26 (54.2%). Moore, *et al* (2011) further inferred that unsatisfactory services at health facility 26 (54.2%), unfriendly attitude of staff of the health facility 34 (70.8%), and unavailability of staff at health

facility 32 (64.0%) are some of the reasons why women did not utilize delivery care services. Improved maternal health is achieved through skilled care at every birth and adequate management of pregnancy, childbirth and the post-partum period (Camacho, Castro & Kaufman 2006).

It has been observed that many women of childbearing age in Edu LGA delivered their babies at home attended to by unskilled attendants in an unhygienic condition. Delivery of babies in an unhygienic and filthy environment exposed both the mother and the new born baby to high risk of infections and many mothers and newborn babies lose their lives shortly after delivery of baby as a result of complications arising from delivery. The prevalence of maternal death or mortality is on the increase in Edu LGA. as showed by the health records of information unit of LGA (2015), about 15 WCA lose their lives during and shortly after delivery of baby, these losses of lives have become worrisome to not only the researchers but to the authorities of Edu LGA. Based on the observed maternal and child morbidity and mortality among women of childbearing age in Edu LGA, this study examined knowledge of women about delivery care and their willingness to access delivery care services in Edu Local Government area of Kwara State, Nigeria.

Research questions

1. What are the sources of information to women about delivery care services in Edu Local Government of Kwara State?
2. What is the knowledge level of WCA about delivery care services in Edu LGA of Kwara State?
3. To what extent do women utilize delivery care services in Edu LGA of Kwara State?

Hypothesis

There is no significant difference between the knowledge of women of childbearing age about

delivery care services and accessibility of delivery care services in Edu LGA of Kwara State.

METHODOLOGY

This study used descriptive research design to examine the knowledge and accessibility of delivery care services (DCS) among WCA in Edu LGA of Kwara State, Nigeria. The population for this study consisted of all women of childbearing age in Edu Local Government Area, a total of 360 WCA were drawn from the total population of 97,602 females in Edu LGA (National population Census, 2006). The Edu LGA comprises of three traditional districts which has ten (10) political wards with sixty-five (65) health facilities located all around the communities of the LGA. Eleven (11) out of sixty-five (65) health facilities provided maternal health services among others which did not offer such services.

The sample for this study was 360 WCA who were within the ages of 14 – 49 years, either pregnant or has one or more children were purposively sampled from 160 households in the two traditional districts of Edu LGA. A multiple stage sampling method was used to select a study population of 360 WCA from traditional districts in Edu LGA. Thus, multi stage sampling procedure was used as follows; six (6) political wards were selected by simple random sampling, that is, three from each of the two districts (Lafiagi and Tsaragi) respectively, the selection of households from the districts was by systematic sampling and WCA were purposively sampled from the 160 households.

The instrument for this study was researchers 'designed questionnaire which comprises of three sections that covered various components of delivery care services to ensure content validity upon which women knowledge and accessibility to delivery care services (DCS)

was defined. This questionnaire was translated into Nupe language and used as interview schedule guide on WCA who could not read nor write in English Language. The question items in section A was a multiple responses form that obtained data from WCA on sources of information about delivery care services. Section B sought information on the knowledge of WCA about delivery care services. This was a close-ended type questions designed in the form of Yes or No from which the respondents tick options appropriate to them. Section C sought information on the WCA willingness to access delivery care services in Edu Local Government Area of Kwara State. Section C was designed in a modified Likert type scale of three (3) point responses and scored as following: A – Always (5 points), ST – Some Times (3 points) and NA – Not Always - scored (1 point).

The questionnaire was reviewed to reflect DCS components and to ensure face and content validity. The reliability was determined by pre-testing of the instrument using the split-half test of Cronbach statistic of reliability method. The corrected version of the questionnaire and the interview schedule was administered on 50 women of childbearing age in Patigi LGA and the result for the coefficient of reliability was 0.68 using Pearson Product Correlation test. Permission for the conduct of this study was obtained from the authorities of Edu Local Government Area and community leaders of the study areas respectively. The purpose and method of this study was explained to the WCA in various households that were selected for the study and their consents to participate in the study was obtained.

Frequency counts, percentages, mean and standard deviation were used to answer research questions while the t-test was used to test the null hypotheses at 0.05 level of significance. The points scored by respondents on knowledge and access to DCS were

summarized using percentage mean score from their responses. The knowledge of the respondents on the items on delivery care services (DCS) was categorized into two, that is, high knowledge if respondents chose yes and low knowledge if the respondent chose no. while, on the utilization it was categorized into three and scored as very high utilization if the respondent chose always, high utilization if the

respondent chose not always and poor utilization if the respondent chose not at all.

RESULTS

Research question 1: What are the sources of women information about delivery care services in Edu Local Government, Kwara State?

Table 1: sources of information of women of childbearing age for delivery care services

Sources of information	Frequency	Percentage (%)
Mass Media	180	37.5
Health workers	240	50.0
Family members	120	25.0
Friends/Acquaintances	100	20.8

.0%), mass media (37.5%) and family members (25.0%) while, information through friends/acquaintances was the least (20.7%).

Research Question 2: What is the knowledge level of women of childbearing about delivery care services in health centers of Edu Local Government Area of Kwara State?

Table 2: Knowledge of women of childbearing age about delivery care services

Variables	Yes	No	Not sure
Do you know the signs of labour?	147(81.7%)	27(15.0)	6 (3.3%)
Is it important to deliver baby at health center?	165(91.7%)	9 (5.0%)	6 (3.3%)
Are screening/testing of blood and urine delivery services?	147(81.7%)	18(10.0%)	15 (8.3%)
Is monitoring progress of labour a delivery care service?	147(81.7%)	18(10.0%)	15(8.3%)
Do nurses and midwives encourage and support you during last delivery?	129(71.7%)	18(10.0%)	33(18.3)
Is caesarian section performed on any delivery related problems?	54(30.0%)	63(35.0%)	63(0%)
Do health workers ensure safe delivery of Baby at the health center?	126(70.0%)	18(10.0%)	36(20.0%)

The Table 2 shows high level of WCA knowledge about the importance of delivery at health centers (81.7%) and about signs of labour (91.7%) respectively. While WCA knowledge about delivery care services such as; screening/testing of blood and urine monitoring progress of labour and monitoring progress of labour as delivery care services provided are equally high. However, WCA knowledge about measures (caesarian section) taken during the prolong labour to save the life of both mother and the unborn baby was very

low (30.0%) compared with other delivery care services. Therefore, we can conclude that, the knowledge level of women of childbearing age about delivery care services in health centers of Edu Local Government Area of Kwara State is very high and commendable.

Research question 3: To what extent does women of childbearing age utilize delivery care services in Edu Local Government Area of Kwara State?

Table 3: Utilization of delivery care services among women of childbearing age in Urban and Rural communities

Delivery Care Services	Always	Sometimes	Not at All
I do deliver baby at health center?	60(16.7%)	144(40.0%)	156(43.3)
I do report at health centers as soon as labour pain is felt	18(5.0%)	192(53.3%)	150(41.7%)
I do go for blood and urine screening/testing	294(81.7%)	36(10.0%)	30(8.3%)
I do go for regular monitoring of/my pregnancy and the health of my unborn baby?	294(81.7%)	36(10.0%)	30(8.3%)
Health workers support me during delivery of baby	252(70.0%)	36(10.0%)	72(20.0%)

Table 3 shows that, only few of the WCA always accessed delivery care services especially delivery of babies at health centers (16.7%) and reporting early as soon as labour set in 18(5.0%). Majority (81.7%) of the WCAs attested to always attend antenatal clinic where monitoring of the mother and the fetus is done. However, the health workers attendance to WCA during labour and delivery was equally high especially screening of blood and urine as well as monitoring progress of labour

(81.7%) respectively. Therefore, we can conclude that, the extent of women of childbearing age utilization of delivery care services in Edu Local Government Area of Kwara State

Hypothesis

There is no significant difference between Women of Childbearing Age knowledge and accessibility of *delivery care services* in Edu LGA of Kwara State

Table 5: Chi-square tests on the knowledge and utilization of delivery care services

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	76.156 ^a	9	.000
N of Valid Cases	360		

Significant at 0.05 level

Table 5 shows p-value of 0.00 (less than 0.05) level of significance; this implies that knowledge has a significant influence on utilization of delivery care services by women of childbearing age in Edu LGA, Kwara State.

DISCUSSION OF FINDINGS

This study examined the women of childbearing age knowledge and accessibility of delivery care services among women of childbearing age in Edu LGA. The finding of this study revealed that majority of WCA has information about delivery care services through health workers and mass media. This finding corroborates study by Ghazal-Aswad, Rizk, Al-Khoori, Shaheen and Thomas (2001), that primary health care physicians were cited as main source of information and corroborated by Omo-Aghoja, Omo-Aghoja, Aghoja, Okonofua, Aghedo and Umueri, et al. ((2009) whose study revealed that media were the main sources of information to the respondents respectively. This finding showed that knowledge of women of childbearing age about delivery care services was very high particularly on the identifications of signs of labour and the importance of women to deliver their babies at health centers respectively. There was also a relatively high knowledge of WCA about delivery care services available in health centers, especially in the areas of routine blood screening and urine testing sessions as well as monitoring the progress of labour and health status of both the mother and the unborn baby by nurses/midwives in health centers. This level of knowledge among WCA about delivery care services have probably been influenced by several factors such as frequent health education by health workers, the WCA previous exposure and visit to ante-natal clinics for health care services and childbirth in health facilities. The women's' previous exposures to health centers for delivery care

have subsequently influenced their continual access or patronage of that facility for delivery services. **This study** agreed with study by Amooti-Kaguna and Nuwaha (2000); Paul and Rumsey, (2002); Ambruso, Abbey and Hussein, (2005); that women tend to deliver with the same provider if a previous delivery went well and tend to change when they are dissatisfied. The deliveries of babies by WCA also depend to a large extent on the attitude of health workers, economic status and social support from the husbands and family members.

This study further reaffirms the position of health belief model as modified by Rosen stock (1988) and later reviewed by Champion and Stretcher (2003) that perception of individual about the benefit he or she derived from a given or performing certain action will be a driving force to seek such benefit. This implied that women high level of knowledge about DCS was as a result of importance of the benefit derived from the ante natal care visits. The finding of this study also corroborates a similar study by Hanan and Abed El Aziz (2014), who observed that women's knowledge about breast self-examination (BSE) showed a highly significant improvement in the frequency and appropriate time to seek medical attention, a shift from pre to post-test. This finding also agreed with Dursin (2000) study on ignorance, lack of funds which push up maternal deaths in Indonesia reported that pregnant women do not get appropriate antenatal care, which is crucial for their health as a result of their ignorance about ANC services.

The result showed that, women of childbearing age utilise delivery care services in Edu Local Government Area of Kwara State was high. The WCA lukewarm attitudes towards delivery care services as revealed in this study was linked to high cost of delivery care services and lack of social support from the families. This result was however similar to study by Falkingham (2003)

who reported that despite the fact that medical services were accessible and free of charge, women in Tajikistan prefer to deliver at home because they perceive available medical services to be of low quality and unsafe. On the contrary in Edu LGA, most WCA believe the ANC and DCS are beneficial to both the mother and the unborn baby. The finding of this study also supported **Moore, Alex-Hart and George (2011) study that** respondents' lack of utilization of health facility for delivery could be linked with their unfriendliness encountered in the previous delivery in health facilities.

Conclusion and Recommendations

In conclusion, despite the availability of maternal health services particularly the delivery care services and their high knowledge about the importance of delivery care services, the WCA does not showed willingness to access delivery care services by health workers in Edu LGA, Kwara State. This poor willingness to access or utilize DCS might probably be responsible for high incidence of maternal and child death in Edu LGA.

Based on the conclusion of this study it was recommended that: Governments at all levels of health care should strengthen primary health care services by providing necessary delivery care facilities in health centers. Health workers should put in place an effective health education intervention programmer to improve WCA existing knowledge so as to encourage utilization of DCS in Edu LGA. Community and husbands of women of childbearing age should support and encourage women to visit ante natal clinics and deliver their babies in health centers. Government should provide community-based health insurance policy which will make delivery care services accessible and affordable to women in the Local Government Area.

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