CHOICE OF BIRTH PLACE AMONG WOMEN IN ABAVO CENTRAL COMMUNITY, OGBE-OBI, DELTA STATE

Enuku Christie Akpoigho; Okolo Uche & Edo-osagie Chinenyenwa Christy

ABSTRACT

The choice of birth place during delivery is very important for women and their families because it determines to a large extent the outcome of pregnancies and child birth. The aim of this study is to assess the choice of birth place among women in Abavo Central Community, Ogbe-Obi, Delta State. A descriptive cross-sectional design was used. The target population were reproductive age women who have given birth at least once. Taro Yamane formula was used to determine the sample size of three hundred (300) and a simple random sampling technique was used to select participants for the study. A self-developed structured questionnaire was validated by an expert while reliability was determined through internal consistency and reliable with Cronbach's Alpha value of 0.8. Data was analysed and presented in tables of frequency and percentages and hypothesis was used using inferential statistics such as chi-square, level of significance of P.value of less than 0.05. Findings from the study reveal that majority of the respondents' (57.7%) choice of birthplace is health centre and the main factors influencing the choice of birth place are maternal education and closeness of health facility to home. It is therefore recommended that community-based health education on benefit of health facility delivery should be emphasised. Community should be health educated on harmful practices as regard culture and traditional should be stressed.

Keywords: Birthplace: choice: reproductive age: women: delivery.

INTRODUCTION

The choice of birth place during delivery is very important for women and their families because it determines to a large extent the outcome of pregnancies and child birth. Maternal mortality reduction remains a priority under "Goal 3: Ensure healthy lives and promote wellbeing for all at all ages" in the new Sustainable Development Goals (SDGs) agenda through 2030 (WHO, 2015). The recent WHO publication, strategies towards ending preventable maternal mortality (EPMM) establishes a supplementary national target that no country should have MMR (maternal mortality ratio) greater than 140 per 100,000 live births and outlines a strategic framework for achieving these ambitious targets by 2030 (WHO, 2005).

According to World Health Organization (2017), despite global progress in reducing the maternal mortality ratio (MMR), immediate action is needed to meet SDG target 3.1 and ultimately eliminate preventable maternal mortality. Although the rates of reduction that are needed to achieve country specific SDG targets may be ambitious for most high mortality countries, some countries have already made remarkable progress in reducing their MMR. Gebre, Gebremariam and Abebe (2015) assert that maternal deaths have both direct and indirect causes. About 80 percent of maternal deaths are due to causes directly related to pregnancy and child birth. Unsafe abortion and obstetric complications such as severe bleeding, infection, hypertensive disorders and obstructed labour among those pregnant who do not have visit health care service or had inadequate care may be responsible.

In Nigeria, the National HIV/AIDS and Reproductive Health Survey show that only

65% of pregnant women are receiving Antenatal care in the last 5years, 48.1% receive HIV testing during the last or current pregnancy with the HIV prevalence of 6% (Olusoji, Ohamla, Arjan, Gideon & Abiola, 2017). Choice and preference of child birth location is not merely a matter of women's unrestricted ability to specify preference and act accordingly. Choice of birth place among women of child bearing age is very important, since this is a very critical period, a period when almost all the complication that brings about maternal morbidity and mortality occur. Pregnancy is a wonderful and personal experience, women need not to die in child birth; for optimum safety every pregnant woman without exception needs professional skilled care when giving birth. A cross-sectional analytical community-based study conducted in Kwale county, Kenya by Amumah, Geteri and Midiyo (2016) reveal that the proportion of home delivery is high (74%) among women of child bearing age while the national indicator is 36%, thus higher comparatively. There is positive association between the number of children women have and the choice of a birthplace. The influence of cultural practices is noted to have played a negative influence on hospital delivery.

Shambe, Pam, Enokela, Oyebode, Daru, Gyang and Gyang (2018) conduct a study on choice of place of antenatal care among women of reproductive age in North Central, Nigeria and observe that 58% of the respondents opt for antenatal care in government-owned hospitals while 29% chose faith-based institutions in their vicinity, 11% favour private hospitals for antenatal care, 1% chose traditional birth attendants (TBAs) and prayer houses to receive antenatal care. Grigg, Tracy, Daellenbach, Kensington and Schmied (2014) also conduct a study on an exploration of influences on women's birthplace decision-making in New Zealand and findings show that the tertiary hospital is the decision of birthplace because of the specialists in the facility and others identified primary unit group.

Also, several factors including closeness to home care of access and identified with the midwifery model of birth. Another study conducted by Ababulgu and Bekuma (2016) on delivery site preferences and associated factors among married women of child bearing age reveal that majority (61.9%) of the mothers gave birth at home and few 38.1% have them in health facility. Age of women, mother's educational level, place of delivery of the last baby, perception of mothers about pregnancy and healthcare workers significantly affect delivery site preferences. It is concluded that most women attend antenatal but only few actually deliver at health facilities of their last pregnancy. A study conducted by Egharevba, Pharr and Wyk (2017) among women attending antenatal care services and immunization clinic in south-eastern Nigeria, the result shows that 75% delivered at a healthcare facility while 15% delivered with a TBA or at home.

Eritrea by Gebregziabher, Zeray, Abtew, Kinfe and Abrha (2019) conduct a study and observe that the rate of facility delivery is 82.3% and most of the mothers have at least one ANC visit during their last pregnancy with the majority (59.7%) visiting ANC clinics during second trimester for the first time in Akordet town. Dickson, Adde and Amu (2016) conduct another study on what influences where women give birth in rural Ghana. The result reveals that the determinants of place of delivery among women include wealth, maternal education, ecological zone, getting money for treatment, ethnicity, partners' education, parity and distance to health facility are found as the determinants of place of delivery among women. Lastly, Caulfield, et al (2016) conduct a qualitative study on factors influencing place of delivery for pastoralist

women in Kenya. The study reveals that pastoralist women deliver at home due to a range of factors including: distance, poor roads and the difficulty of attaining and paying for transport; the perception that the treatment and care offered at health facilities is disrespectful and unfriendly; lack of education and awareness regarding the risks of delivering at home and local cultural values related to women and birthing. Evidence has shown that healthcare facility delivery improves pregnancy and childbirth outcome. Promoting delivery in health facilities is a core strategy to reduce maternal mortality in Delta state. However, this study intends to assess the choice of birth place among women in Abavo central community, Ogbe-Obi, Delta State.

RESEARCH QUESTIONS

1. What are the determinants of choice of birth place among women in Abavo central community, Ogbe-Obi, Delta State?
2. What are the factors influencing the choice of birth place in the study area?

METHODOLOGY

Cross-sessional design was adopted for this study. The area of study was in Abavo central community, Ogbe-Obi, Delta State. Delta State is a state in the southern part of Nigeria. Abavo central is geographically located at Ika south Local Government Area of Delta State. It has a history of over 1000 years of Nation hood otherwise known as kingdom. The community is populated with different ethnic groups from all over the areas in the state, the major ones are Anioma, Isoko and Itsekiri. The people of the community engage in farming, trading, vocations such as hair dressing, tailoring, and few members of the population are civil servants. The community is undoubtedly blessed with enormous human and material resources, ranging from renowned intellectual properties, the energised youths to fertile land for agricultural activities and crude oil deposits. Abavo central community has a Central Primary Health Center, situated in Ogbe-Obi quarter. Target population in this study include women of child bearing age (15-49 years) comprising one thousand two hundred and fifty-six (1,256) women who have at least one child birth.

The sample size was determined using Taro-Yamane (1967) formula and was found to be three hundred and three (303). Simple random sampling technique was used to select participants for the study. Content and face validity were ensured by an expert while the reliability of the instrument was determined through internal consistency and reliability with Cronbach's Alpha test value of 0.8. The instrument used for this study was a self-structured questionnaire with closed ended questions. It was made of three sections A, B and C. Section A deals with the demographic data of the respondents while section B covers the choice of birth place, section C covers the factors that influence choice of birth place. Date collection was done through advocacy visit paid to the community head with four research assistants trained on the aim, objective and administration of questionnaire for the study. This study's aim to sought permission for carrying out study in the community was granted. Informed verbal consent was obtained from the household head and the childbearing women. Data was collected through the administration of copies of questionnaire.

The index house was spaned in estimated center of the community. The direction of bottle after being spun determined the starting point of the sampling of Household. This was done across the three wards in the community. Data was collected for a period of two weeks. Three hundred copies of questionnaire were retrieved (99.0%) completely

filled. Data was analyzed using descriptive statistics such as frequency, distribution table and percentage. Hypothesis was tested using inferential statistics such as chi-square. Level of significance was set at P-values of less than 0.05. Permission was obtained from the community head, respondents and the Local Government Council. Privacy and confidentiality were ensured. The right of respondents to refuse to participate in the study was respected.

RESULTS

From the result of Table 1, 12.3% of the respondents are between 15-19 years, 34.4% are within the age range of 20-29 years, 29.3% of the respondents are within the age range of 30-39 years while 24% are within the age of 40-49 years. 20.6% of the respondents are single, 50.3% are married, 15.7% are divorced while 13.4% are widowed. Majority of the respondents (66%) are Christians, 8.7% are Muslims while 25.3% are traditionalists. This result shows that 26.7% of the respondents have formal education, 29.8% go to primary school, 13.7% go to secondary school while 29.8% attend tertiary institution. Also, the occupation of respondents reveal that 36.3% of the respondents are farmers, 33.3% are traders, 20% are civil servants, 1.7% are bankers, 0.7% are doctors while 8% are teachers. The result shows that 22.7% are para one, 23% were para two, 25% were para three, 20% were para four while 9.3% were para five and above. This result revveals that most of the respondents were within the age of 20-39, married and are Christians. Also, majority of the respondents had primary and tertiary education. Most of the respondents were farmers and traders also majority are para three.

TABLE 1

Demographic Characteristics of Respondents

Variables	Attributes	Frequency	Percentage
Age	15-19 years	37	12.3
	20-29 years	103	34.4
	30-39 years	88	29.3
	40-49 years	72	24.0
Marital Status	Single	62	20.6
	Married	151	50.3
	Divorced	47	15.7
	Widow	40	13.4
Religion	Christianity	198	66
	Islam	26	8.7
	African traditional	76	25.3
Highest level of education of respondent	Formal	80	26.7
	Primary	89	29.8
	Secondary	42	13.7
	Tertiary	89	29.8
Occupation of respondent	Farming	109	36.3
	Trading	100	33.3
	Civil servant	60	20
	Banker	5	1.7
	Doctor	2	0.7
	Teaching	24	8.0
Parity	One	68	22.7
	Two	69	23
	Three	75	25
	Four	60	20
	Five and above	28	9.3

Table 2 below shows that 57.7% of the respondents pick health centre as the choice of birth place, 11.3% choose TBA's place, 15.7% choose their homes while 15.3% choose the church. This study shows that most of the respondents prefer to give birth in the health centres.

TABLE 2

Choice of birth place for women in Abavo Central Community

	Frequency	Percentage
Health centre	173	57.7
TBA's Place	34	11.3
Home	47	15.7
Church	46	15.3

The result from table 3 below reveals that 23% of the respondents disagree that maternal education is a factor influencing the choice of birth place and 26% strongly disagree while 29.3% of the respondents agree and 21.7% strongly agree with a mean score of 2.49. 20.3% of the respondents disagree that unexpected labour pain is a factor influencing the choice of birth place and 37.7% strongly disagree while 25% of the respondents agree and 17% strongly agree with a mean score of 2.39. 21% of the respondents disagree that the closeness of health facility to home is a factor influencing the choice of birth place and 21% strongly disagree while 28.7% of the respondents agree and 28.7% strongly agree with a mean score of 2.49. 25.3% of the respondents disagree that free services is a factor influencing the choice of birth place and 28% strongly disagree while 29.7% of the respondents agree and 17% strongly agree with a mean score of 2.37. 19.7% of the respondents disagree that cultural belief and traditional medicine is a factor influencing the choice of birth place and 14% strongly disagree while 31% of the respondents agree and 35.3% strongly agree with a mean of 2.39. 26.7% of the respondents disagree that unfriendly attitude of health workers is a factor influencing the choice of birth place and 37.3% strongly disagree while 17.3% of the respondents agreed and 18.7% strongly agree with a mean of 2.27. From this result, it is concluded that the main factors influencing the choice of birth place are maternal education and closeness of health facility to home.

TABLE 3

Factors influencing the choice of Birth Place by the community

	D	SD	A	SA	$\bar{x}$	SD
Maternal education	69 (23.0)	78 (26.0)	88 (29.3)	65 (21.7)	2.49	1.07*
Unexpected labour pain	61 (20.3)	113 (37.7)	75 (25.0)	51 (17.0)	2.39	1.00
Closeness of health facility to home	63 (21.0)	63 (21.0)	86 (28.7)	86 (28.7)	2.49	1.05*
Free services	76 (25.3)	84 (28.0)	89 (29.7)	51 (17.0)	2.37	1.04
Cultural belief and traditional medicine	59 (19.7)	42 (14.0)	93 (31.0)	106 (35.3)	2.39	0.96
Unfriendly attitude of health workers	80 (26.7)	112 (37.3)	52 (17.3)	56 (18.7)	2.27	1.05

DISCUSSION

The study assesses the choice of birthplace among women of reproductive age. Three hundred women participate in the study. The demographic characteristics of the respondents show that majority of the respondents are between 20-29 years, married and are Christians. Also, this study reveals that the highest level of education of majority of the respondents is primary and tertiary education. Most of the respondents are farmers and traders also majority are para three (3). Findings from the study reveal that majority of the respondents' choice of birth place is health centre. This is consistent with studies conducted by Egharevba, Pharr and Wyk (2017) whose result shows that 75% of their respondents attending antenatal care services and immunization clinic in South-Eastern Nigeria deliver at a healthcare facility while 15% deliver with a TBA or at home.

This study also supports Shambe, Pam, Enokela, Oyebode, Daru, Gyang and Gyang (2018) who observe that 58% of their respondents opt for antenatal care in government-owned hospitals in North Central, Nigeria (Gebregziabher, Zeray, Abtew, Knife and Abrha (2019) and Shambe et al (2018)). The writers posit that choice of health centre could be the effect of educational level of the respondents. Educational level increases a person's cognitive ability to comprehend health education materials which in turn helps the individual to make better health choices.

Our study agrees with Gebregziabher, Zeray, Abtew, Kinfe and Abrha (2019) who reveal that majority of their respondents' choice of place of delivery was health facility Akordet town.

This study is not in line with study conducted by Amumah, Geteri and Midiyo (2016) who revealed that the proportion of home delivery was high (74%) among women of child bearing age in Kwale county, Kenya also this result is at variance with other studies that revealed that majority of their response choice of birth place was home (Amumah, Geteri and Midigo 2016, and Abululgu and Bekuma 2016). This study is at variance with a study conducted by Ababulgu and Bekuma (2016) who observes that majority of the married women of child bearing age gave birth at home in Kwale county. Our finding is at variance with the study conducted by Caulfied et al (2016), which reports that majority of the pastoralist women have their babies at home in Kenya.

Our study shows that the main factors influencing the choice of birth place are maternal education and closeness of health facility to home. This is in line with studies of Dickson, Adde & Amu (2016), Caulfied, et al (2016) & Gebrehiwot's (2013) observation that the factors influencing their respondents' choice of birth place is education and they believe that education gives wisdom and knowledge to individuals. Our study does not support Amumah, Geteri and Midiyo (2016) whose study reveal that the influence of cultural practices was noted to have played a negative influence on hospital delivery in Kwale County, Kenya. Our study supports Grigg, Tracy, Daellenbach, Kensington and Schmied (2014) who show that factors influencing the choice of birth place among their respondents are closeness of health facility to home and the midwifery model of birth. Our findings agree with a study conducted by Ababulgu and Bekuma (2016) who conclude that factors associated with delivery site preferences among married women of child bearing age are mother's educational level, place of delivery of the last baby, perception of mothers about pregnancy and healthcare workers.

Our finding is at variance with the study conducted by Caulfied et al (2016), who report that distance, poor roads and the difficulty of attaining and paying for transport; the perception that the treatment and care offered at health facilities is disrespectful and unfriendly; lack of education and awareness regarding the risks of delivering at home and local cultural values related to women and birthing factors influencing place of delivery for pastoralist women in Kenya.

CONCLUSION AND RECOMMENDATIONS

Choice and preference of child birth location is not merely a matter of women's unrestricted ability to specify preference and act accordingly. This study therefore determines the choice of birthplace among women of reproductive age and cross-sessional design was adopted. Three hundred women participated in the study. The findings show that majority of reproduction age women in Abavo Central Community choice of birthplace is health care facility and factors that influenced their choice are education and closeness of the health facility to the home of the respondents.

It is therefore recommended that government and all stakeholders should emphasize on community-based health education on benefit of health facility delivery as a choice of birthplace. Health education on harmful practices as regard culture and tradition should be stressed.

REFERENCES

Abululgu, F., & Bekuma, T. (2016). Delivery site preferences and associated factors among married women of child bearing age in Bench Maji zone, Ethiopia. *Ethiopia Journal of Health Science*. 26(1) 46-54.

Amumah, N., Geteri, L., & Midigo, R. (2016). Determinants of birthplace among women of child bearing age in MTAA location, Kwale county, Kenya. *International Journal of Academic Research and Reflection*. 4(7) 1-13.

Caulifield, T., Onyo, P, Bryne, A., Nduba, J., Nyagero, J., Morgan, A. & Kermode, M. (2016). Factors influencing place of delivery for pastoralist woman in Kenya: A qualitative study. *BMC Women's Health*. 16(52) 2-11.

Dickson, K., Adde, K., Amu H. (2016). What influences where they give birth? Determinants of place of delivery among woman in rural Ghana. *International Journal of Reproductive Medicine*. Vol. 2016: 1-8.

Egharevba, J., Pharr, J., Wykk, B. (2017). Factors influencing the choice of child delivery location among women attending antenatal care services and immunization clinic in Southern Eastern, Nigeria. *International Journal of MCH and AIDs*. 6(1)82-92.

Gebre, M., Gabremariam, A. & Abebe, T. (2015). Birth preparedness and complication readiness among pregnant women in Duguna Fango District, Wolayta Zone, Ethiopia. PLOS One 10(9): e0137570.doi:10.1371/journal.pone.0137570.

Gebregziabher, N., Zeray, A. Abtew Y., Kinfe, T. & Abrha, D. (2019). Factors determining choice of place of delivery: analytical cross-sectional study of mothers in Akordet town, Eritrea. *BMC Public Health*. 19(924) 5-11.

Grigg, C., Tracy, S., Daellenbach, R., Kensington, M., & Schmied, V. (2014). An exploration of influences on woman's birthplace decision-making in New Zealand: a mixed methods prospective cohort within the evaluating maternity units study. BMC pregnancy and childbirth. 14(210) 1-14.

Olusoji, A., Gideon, D., Abiola, D., Arjan, W. & Chamla, D. (2017). Integration of HIV testing into maternal, Newborn and child health weeks for improved case finding and linkage to prevention of mother to child transmission services in Benue State, Nigeria. *Frontiers in Public Health*. 5(71) 1-8.

Shambe, I., Pam, V. Enokela, M., Oyebode, T., Daru, P., Gyang, M. & Gyang, B. (2018). Choice of place of antenatal care among women of reproductive age in a semi-urban population in North Central, Nigeria. *Tropical Journal of Obstetrics and Gynaecology*. 35(1) 53-57.

Taro, Yamame (1967). Statistics: Introductory analysis, 2nd Edition, New York: Harper and Row.

World Health Organisation (WHO) (2005) Make every mother and child count: Ensuring skilled birth care at birth. WHO Report.

World Health Organisation (WHO) (2017) World Health Statistics. *Monitoring Health for the SDGs*.