

Factors Preventing Women in Rural Areas from Taking Delivering in Health Facilities in South-South, Nigeria

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Abstract

Delivery is a process that every pregnant woman must pass through or undergo and this delivery could be spontaneous vaginal delivery (SVD) or cesarean section (CS). This delivery could occur at the health facilities (hospital) or at the home of traditional birth attendants (TBA). Delivery in the health facilities is important because it prepares the expectant mothers before the arrival of the baby through antenatal care. In the rural areas, majority of pregnant (expectant) mothers are willing to access facilities and delivery. However, these women could not deliver in the health facilities due to several factors that prevented them from accessing the facility and these factors include culture, distance, finance, and lack of awareness. This study aimed to Assess Factors preventing women in rural areas from delivering in health facilities in South-South, Nigeria. This was a cross-sectional study involving 250 women. Participants' age is between 15 to 40 years and above. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The study revealed that 56% of the participants were married, 56% had secondary level of education, 56% were housewife, 80% do not have access to transportation, 80% frowned at the attitude of the health workmembers 0% agreed that lack of skilled health workers affects women's choice of delivery in the health facility and factors are cultural, financial, lack of health facilities, and influence of family member. In rural areas several interconnected factors are known to prevent pregnant women from carrying out delivery in the health facility.

Keywords: Factors, Preventing, Women, Rural Areas, Delivering, Health Facilities.

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INTRODUCTION

Choice of delivery is as important as getting pregnant for the first time. Delivery could be spontaneous vagina delivery (SVD) or caesarean section (CS). African culture believes in spontaneous vagina delivery which it cannot be compromised (Gbaranor, *et al.*, 2023). There are several methods of delivery across the globe. Delivery is a component of reproductive process, and it is the last stage of reproductive process (Gbaranor, *et al.*, 2023). It is important to note that pregnancy outcome will determine choice of delivery. However, in developed countries, irrespective of pregnancy outcome, most women choose caesarean section (C/S) as their preferred method of delivery. In African culture, natural spontaneous vagina delivery is what the people believe and expect (Gbaranor, *et al.*, 2023). The study revealed that 72.4% of the participants were pregnant and 27.2% of the participants were not pregnant. 97.1% of them agreed that they have preferred method of delivery. The study shows that 77.9% of the participants preferred delivery through spontaneous vagina delivery (SVD) and 22.1% preferred delivery through caesarean section (C/S) (Gbaranor, *et al.*, 2023). In most African culture, delivery through natural means (spontaneous vagina delivery) without interference is welcome. It is the joy of every mother to have natural spontaneous delivery in African's culture. It is believed that when a pregnant mother delivers through spontaneous vagina delivery, the celebration is much and they are widely accepted and welcome into society than any other method of delivery. This acceptance by African's culture could be one of the reason the study revealed greater percentage of the participants preferred SVD (Gbaranor, *et al.*, 2023). Previous study by Gbaranor *et al.*, (2023) revealed that 51.4% of the participants had tertiary level of education. Despite the high level of education of the participants, they still preferred SVD as their method of delivery. This is because African's pride is spontaneous vagina delivery. However, majority of them delivered without complications. It is believed that majority of pregnant women who do not have any risk associated with the ongoing pregnancy will definitely prefer spontaneous vagina delivery (Gbaranor, *et al.*, 2023). Again, the study revealed that the participants have various reasons of choosing spontaneous vagina delivery as their preferred method of delivery. 32.8% of them said cost of caesarean

section is too high, 20.8% said their religion, 16.8% said fear of undergoing C/S, 13.6% said it is their culture and 11.4% said it the pride of a woman to deliver through SVD (Gbaranor, *et al.*, 2023). These are the various reasons why the participants chose SVD as their preferred method of delivery. Majority of them said cost of caesarean section is high and that they cannot afford such bills (Gbaranor, *et al.*, 2023). Some of them also said that their religion believes so much in delivery through natural spontaneous vagina delivery and that gives the woman's pride. Fear of passing through C/S was another reason why some of the participants opted for SVD (Gbaranor, *et al.*, 2023). Previous studies revealed that caesarean delivery is another method of delivery carried out in situations where vaginal delivery cannot be achieved or in high-risk pregnancy (Lawson & Bienstock, 2007; Joy & Contag, 2011). Caesarean delivery rate is 25.7% worldwide and 3.6% is carried out without a medical indication (WHO). WHO suggests that caesarean delivery rates should not exceed 10-15% (WHO, 1985).

MATERIAL AND METHOD

This is a cross-sectional study involving 250 women who are within the age of 15 to 40 years and above and reside in the six (6) South-South States, in Nigeria. The study lasted for a period of 2 months. Consent was sorted from the participants before giving them the questionnaires. Questionnaires were given to the participants. Each participant had one questionnaire to fill appropriately and independently after instructions were given to them by the research Assistants. Data was obtained and analyzed using SPSS version 23 and P value < 0.05 was said to be significant.

RESULTS

The results revealed that 56% of the participants were married, 56% had secondary level of education, 56% were housewife, 80% do not have access to transportation, 80% frowned at the attitude of the health workers, 60% agreed that lack of skilled health workers affects women's choice of delivery in the health facility and factors are cultural, financial, lack of health facilities, and influence of family member. In rural areas several interconnected factors are known to prevent pregnant women from carrying out delivery in the health facility. See tables below.

Table 1: Marital status

Response	Frequency	Percentage (%)
Single	60	24.00
Married	140	56.00
Widowed	40	16.00
Others	10	4.00

Table 2: Educational level

Response	Frequency	Percentage (%)
No formal education	40	16.00
Primary education	60	24.00

Secondary	140	56.00
Tertiary	10	4.00
Total	250	100.00

Table 3: Occupation

Response	Frequency	Percentage (%)
Farming	50	20
Trading	40	16
Civil servant	20	8
Housewife	140	56
Total	250	100.0

Table 4: Participants who have access to transportation available during labor emergencies

Response	Frequency (%)	Percentage (%)
Participants who have access to transportation during labor emergencies	50	20
Participants who do not have access to transportation during labor emergencies	200	80
Total	250	100

Table 5: Participants who lack of money prevent them from delivering in health facilities

Response	Frequency (%)	Percentage (%)
Participants who lack money prevent them from delivering in health facilities	200	80
Participants who lack money do not prevent them from delivering in health facilities	50	20
Total	250	100

Table 6: Participants who prefer home delivery due to other interconnected factors

Response	Frequency (%)	Percentage (%)
Participants who prefer home delivery due to other interconnected factors	200	80
Participants who do not prefer home delivery due to other interconnected factors	50	20
Total	250	100

DISCUSSION

Delivery is a process that every pregnant woman must pass through or undergo and this delivery could be spontaneous vaginal delivery (SVD) or cesarean section (CS). This delivery could occur at the health facilities (hospital) or at the home of traditional birth attendants (TBA). Delivery in the health facilities is important because it prepares the expectant mothers before the arrival of the baby through antenatal care. In the rural areas, majority of pregnant (expectant) mothers are willing to access facilities and delivery. However, these women could not deliver in the health facilities due to several factors that prevented them from accessing the facility and these factors include culture, distance, finance, and lack of awareness. Women in rural areas often face multiple, overlapping barriers that make delivering in a health facility difficult. These factors are social, economic, cultural, and health-system related.

The study revealed that majority of the participants had secondary level of education, and this is important in terms of awareness. Level of education affect these women because awareness campaign has not been carried out in the localities and may thus lack benefits of delivery in health facilities. Limited

education may reduce awareness of the importance of skilled birth attendance, danger signs in pregnancy and labor and risks such as postpartum hemorrhage or obstructed labor. Without this knowledge, women may not see the need for facility delivery. Low levels of female education, early marriage, and limited exposure to health information all contribute to reduced use of maternal health services as revealed by the study.

Again, majority of the women and families may not recognize the risks associated with childbirth or the benefits of skilled birth attendance, especially if previous home births were uneventful. Also, 56% participants are where housewives and do not have any means or power to take decision on their own and as such must wait for their husband directive. Husbands control finances and healthcare decisions and delays in getting permission can prevent timely access to facilities. The study revealed that majority (80%) of the participants who's live in the rural areas have been faced with several factors that prevented them from delivering in health facilities and these are lack of transportation, financial barriers, distance to health facilities, cultural beliefs and traditions, and poor quality of care. However, health facilities may be far from rural communities. Poor roads,

lack of vehicles, or high transport costs make it hard to reach care, especially during emergencies or at night. Labor can progress quickly, leaving no time to travel. Again, where maternity care is officially free, indirect costs can prevent use such as transport fares, cost of drugs or delivery supplies, and feeding and accommodation for relatives may also deter them from delivery in the health facility and for low-income families, home delivery becomes the cheaper option. Cultural beliefs and traditions, that occur in many communities' childbirth is viewed as a natural event that doesn't require medical help, traditional birth attendants are trusted and more accessible and some women prefer familiar home environments over clinical settings. These beliefs strongly influence decisions about where to give birth.

Also, poor quality of care, some health facilities have inadequate staff or equipment, long waiting times and negative attitudes from health workers. These experiences discourage women from seeking care there. These factors often interconnect such as poverty affects transport, education, and access to quality care. Addressing them requires improving infrastructure, reducing costs, increasing awareness, and ensuring respectful maternity care.

CONCLUSION

The study revealed that majority (80%) of the participants faced several overlapping factors such as social, economic, cultural, and systemic that prevented or discourage women in rural areas from delivering in health facilities. It's rarely just one issue; these barriers tend to reinforce each other.

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