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Original Research Article

Factors Affecting Birth Preparedness and Complication Readiness among Pregnant Women Attending Antenatal Clinic in Primary Health Centre Arondizuogu Okigwe L. G A. of Imo State

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Abstract

This study was done to assess the factors affecting birth preparedness and complication readiness (BP/CR) among pregnant women. The area of study was antenatal clinic of primary health centre Arondizuogu Okigwe L. G a of Imo State. The objectives of the study were; to assess the knowledge of mothers about Birth Preparedness and Complication Readiness, to identify the factors affecting the practice of Birth Preparedness and Complication Readiness, to assess the male involvement in Birth Preparedness and Complication Readiness. The purposive sample technique was used to select 76 pregnant women who met the study criteria. The instrument used for data collection was a questionnaire. The results from the study showed that about 56(76.3%) of the 76 respondents who have heard about Birth preparedness and complication readiness have adequate knowledge of it. However, about 25(32.9%) gave negative reasons why they do not practice Birth preparedness and complication readiness while about 65(86.8%) were being supported by their spouse in Birth preparedness and complication readiness practice. Some factors were identified by some of the respondents as factors that impede the practice of Birth preparedness and complication readiness .Recommendations were made to teach mothers ways of dealing with these factors, and the work was summarized and concluded based on the research findings.
Keywords: Birth preparedness, complication, readiness, pregnant women.

INTRODUCTION

The event of childbirth becomes a reason for unnecessary suffering due to acute obstetric complications and maternal death [2]. In 2015 there were an estimated 303,000 maternal deaths globally, the majority of which occurred in sub-Saharan Africa (66%) followed by south Asia (22%) [1]. Currently Nigeria has the second highest burden of maternal; mortality in the world, and contributes about 15% of the annual total global deaths which represent 2% of global population. The progress in reducing maternal ratio has been slow. According to the Nigeria demographic and health survey (NDHS) reports for 2008 and 2013, Nigeria achieved practically no reduction in MMR.

To meet the recently agreed upon sustainable development goals (SDG) of achieving a global MMR to requires that countries attain an annual rate of reduction in maternal mortality of 7.5% per year between 2016 and 2030. Most maternal deaths can be prevented by ensuring that every mother is attended by a skilled provider during birth, and that the birth takes place in a health facility where access to emergency obstetric care can be ensured. Being adequately prepared for birth and for emergency complications can be life saving for mothers and their newborns, as it reduces delays associated with care seeking for obstetric emergencies that contributes to the birth preparedness and complication readiness in a key command of safe motherhood program delivered at a health facility [3].

WHO [2], stated that birth preparedness involves not only the pregnant women but also her family, community and available staff.

It further stated that many more women and newborns would survive childbirth if they received the care they need it.

As stated by WHO report [4], the major causes of maternal death are:

- Severe bleeding /haemorrhage (25%)
- Infections (13%)
- Unsafe abortions (13%)
- Eclampsia (12%)
- Obstructed labour (8%)
- Other direct cause (8%), and indirect cause (20%) and so on, which many reasons contributing to these are neither unpredictable nor unique and this

means that it is possible to anticipate and plan for them in many settings.

Aim

The aim of this study was to determine the factors affecting birth preparedness and complication readiness among pregnant women attending ante-natal clinic. In primary Health Centre Arondizuogu.

METHODOLOGY

Research Design

A description survey was chosen in order to achieve the desired objectives of this study. This method was considered appropriate because it describes the existing pattern and practices of birth preparedness and reveals the area for correction, it deals with the systematic collection and presentation of data to give a clear picture of a particular situation and it can be carried out on a large or small scale. It also describes what people do, feel or think in their natural environment.

Area of Study

The research was carried out in a Primary Health Centre in Arondizuogu, Okigwe Local Government Area, and Imo State.

Target Population/Population of Study

The target population for this study is pregnant women who attends antenatal clinic in Primary Health Centre Arondizuogu. As at the time of study an average of seventy six 76 women attend the health centre monthly.

Sample Size

Since the population attending ante natal clinic on monthly basis was small, the whole population was used.

Sampling Technique

A purposive sampling technique was used to select the appropriate population of study at Primary Health Centre Arondizuogu. Utilizing an average of the known population of women who attend antenatal clinic for three consecutive months, a sample size of seventy six (76) was used. A convenient sampling procedure was used to reach the appropriate population of study on the ante natal days.

The inclusive criteria will include;

- Women of child bearing age.
- Only pregnant women in attendance at the ante natal clinic and who are present at the time of the study will be used.

Instrument for Data Collection

The instrument for data collection in this study was a questionnaire. The questionnaire was arranged in two sections; section A and B. The section A consists of five questions and seeks to assess the socio-demographic factors affecting their birth preparedness and complication readiness. Section B has six questions, question 6-8 was used to determine the knowledge of mothers attending antenatal clinic on birth preparedness and complication readiness. Question 9 seeks to elicit information on factors affecting the practice of birth preparedness and complication readiness, and questions 10-11 is used to determine the male involvement and in decision making.

Validity of Instrument

The instrument for data collection was validated by the project supervisor who examined the draft copy of the questionnaire critically for relevance and clarity and made the necessary correction s before approving the questionnaire.

Reliability of the Instrument

The reliability of the instrument was made by carrying out a pilot study involving thirty (30) pregnant mothers in the university clinic IMSUTH, who met the study criteria for the study. The scores were subjected to crombach's alpha coefficient of 0.8 indicating that the instrument was reliable.

Procedure for Data Collection

The distribution of copies of questionnaires was done on antenatal days (Mondays and Wednesdays). A research assistant was trained on the purpose of study. Selection of subjects and interpretation of the questions helped in facilitating the collection of data. The copies of questionnaire were distributed to the respondents from 9am - 2pm. The literate respondents were given the questionnaire to fill while those that are not literate were helped to answer the questions by the researcher and her assistant. Data collection lasted for two weeks.

Method of Data Collection

The score obtained from the instrument were subjected to simple descriptive statistic of frequency and percentage. The results from the analysis were presented in tables thereafter.

Ethical Consideration

Before the data collection, a letter of permit and identification was written through the head of the department (HOD), Nursing Science, Imo State University Orlu Campus to research and ethics committee of Okigwe L.G.A of Imo State in which the research proposal comprising of chapter one (background of study), summary of chapter two (literature review) and chapter three (research methodology) of the research work with the instrument for data collection. A permission letter was written through the local government to the head of department Primary Health center Arondizuogu. Verbal consents was also obtained from the respondents before

administering the questionnaire.

RESULTS

Table-1: Demographic data of respondents

Characteristics	Frequency	Percentage
Age in years		
15-20	15	19.7
21-25	21	27.6
26-30	12	15.8
31-36	28	36.8
36 and above	-	-
Total	76	100
Marital Status		
Single	8	10.5
Married	63	82.9
Divorced	1	1.3
Widow	4	5.3
Total	76	100
Number of children		
0-5	56	73.7
6-10	17	22.4
Above 10	3	3.9
Total	76	100
Educational Level		
Primary	7	9.2
Secondary	32	42.1
Tertiary	37	48.7
Total	76	100
Occupation		
Employed	26	34.2
House wife	18	23.7
Student	13	17.1
Trading	19	25.0
Total	76	100
Religion		
Christian	76	100
Muslim	-	-
Others	-	-

According to table I, the age of respondents with the highest frequency is age above 33 with frequency of 28(36.8%) while the age range with the lowest frequency is age 28-32 with frequency of 12(15.8%).

On the aspect of marital status, the table shows that majority 63(82.9%) of the respondents are married, 8(10.5%) are single, 1(1.3%) divorced while 4(5.3%) are separated.

Concerning the number of children (parity), the table shows that majority 56(73.7%) of the respondents have 0-5 number of children, 17(22.4%) have between 6-10 number of children, while 3(3.9%) have children above 10.

As regards educational level, 7(9.2%) of the respondents have primary education, 32(42.1%) acquired secondary school education while 37(48.7%) have tertiary education.

Pertaining to occupation of the respondents, 26(34.2%) are employed, 18(23.7%) are house wives, 13(17.1%) are students while 19(25.0%) are traders.

Pertaining religion, the table shows that all the respondents are Christians.

From the table 2, it was observed that 56(72.4%) prepare for pregnancy and delivery, 6(7.9%) prepare for the pains of labour, 9(11.8%) said they do not understand what birth preparedness is while 6(7.9%) said it means all the above mentioned.

Table-2: Understanding of the term birth preparedness

Options.	Frequency	Percentage
Preparing ahead of pregnancy	55	72.4
Preparing for the pains of labour	6	7.9
Choosing the sex of your baby before birth.	-	-
I do not know	9	11.8
All of the above	6	7.9
Total	76	100

n =76

Table-3: Understanding the term complication readiness: n=76

Options.	Frequency	Percentage
Planning ahead and being ready to manage complications	58	76.3
Planning for complication only when it comes	21	27.6
Planning for any outcome of pregnancy	48	63.2
I do not know	7	9.2

With regards to understanding of complication readiness, 58(76.3%) understand it to be planning ahead and being ready to manage complications, 21(27.6%) said complication readiness is planning for complication only when it comes, 48(63.2%) understood it to mean planning for any outcome of pregnancy while 7(9.2%) responded that they do not know what complication readiness is.

Table-4: About the danger signs a woman should know while pregnant: n=76

Options	Frequency	Percentage
Vaginal bleeding	69	90.8
Severe nausea and vomiting	22	28.9
Contractions early in pregnancy	64	84.2
Persistent back ache	21	27.6
Swelling of hands and feet	55	72.4
No fetal movement	63	82.9

About the danger signs a woman should know, it was observed that 69(90.8%) of the respondents know vaginal bleeding to be a danger sign, 22(28.9%) said severe nausea and vomiting, 64(84.3%) know contractions early in pregnancy to be a danger sign, 21(27.6%) respondents said persistent backache, 55(72.4%) said swelling of hands and feet while 63(82.9%) said it is no faetal movement.

Table-5: About the things in the community that make them not to plan for delivery in the health centre: n=76

Options	Frequency	Percentage
The people that deliver babies for us at home am more caring.	12	15.7
If 1 deliver in the health centre people will see me as a weak woman.	8	10.5
1 feel going to the hospital will be more costly for me.	6	7.9
1 feel I can always deliver at home after my first child.	11	14.5
1 do not have money to go to health centre	14	18.4
I cannot make decisions on my own if my husband is not around.	25	32.9
The location of the health centre is far from us.	8	10.5
1 believe that it is not necessary.	2	2.6
There is no good road for us to locate the health centre if there is need for it.	9	11.8

The table above shows that of the respondents, 12(15.7%) said that people that deliver babies for them at home are more caring, 8(10.5%) feel if they deliver at home people will see them as strong women, 6(7.9%) said that going to hospital will be more costly for them, 11(14.5%) said they can always deliver at home after their first child, 14(18.4%) agreed that they do not have money to go to health centre, 25(32.9%) said they cannot take decisions on their own if their husbands are not around, 8(10.5%) said that the location of the health centre is far from them, 2(2.6%) said that it is not necessary and it is not their custom while 9(11.8%) said that there is no good road for them to locate the health centre if there is emergency.

Table-6: To access male involvement: n=76

Options	Frequency	Percentage
My husband encourages me to make plans for safe delivery.	47	57.9
He gives me money to go for antenatal care.	66	86.8
He makes sure that I take the drugs given to me at the antenatal clinic.	48	63.2
He encourages me to take enough rest.	52	68.4
He assists me in the house to make sure 1 am not overworked.	59	77.6
He encourages me to eat balanced diet.	44	57.9
He provides emotional support during the period of pregnancy.	56	73.7
He follows me to health centre for antenatal checks.	52	68.4

As regards what their husband do to ensure safe delivery, 47(57.9%) responded that their husbands encourage them to make plan for safe delivery, 66(86.8%) agreed that their husbands give them money to go for antenatal care, 48(63.2%) accepted that their husbands make sure that they take the drugs given to them, 52(68.4%) said that their husbands encourage them to take enough rest. For those that their husbands assists in house chores, they are 59(77.6%), 44(57.9%) said their husbands encourage them to eat balanced diet, 56(73.7%) agreed that their husbands provide emotional support during the period of pregnancy while 52(68.4%) attested that their husband follow them to health centre for antenatal checks.

Table-7: About who makes decision concerning where to give birth. n=76

Options	Frequency	Percentage
My husband alone.	22	30.3
My mother-in-law alone.	6	7.9
Me and my spouse.	47	61.8
Me and my relations.	26	34.2
Me alone.	31	40.8

And pertaining those that make decision about the place of birth 22 (30.3%) said their husband make decisions, 6(7.9%) said it is their mother-in-law alone, 47(61.8%) make the decision with their husbands, 26(34.2%) said them and their relatives while 31(40.8%) said they take decision alone on where to give birth.

DISCUSSION

The findings of the study revealed that there is a general good knowledge of birth preparedness and complication readiness amongst the respondents. As shown in table 2-4, majority knows what birth preparedness and complication readiness is.

A good percentage of them 56(72.4%) understood what birth preparedness is as preparing for birth ahead of pregnancy, a reasonable number of them 58(76.3%) understood what complication readiness. From their opinion also, almost all of them know about the danger signs a woman should know while pregnant as (90.8%), (84.2%), (72.4%) and (82.9%) knew vaginal bleeding, contractions early in pregnancy, swelling of hands and feet and no foetal movement to be danger signs of pregnancy.

Hence the findings of this study show that pregnant women attending antenatal clinic at Primary Health Centre Arondizuogu have adequate knowledge of birth preparedness and complication readiness, therefore there are no serious factors to make them not to practice birth preparedness and as well prepare for complication.

As shown in table five (5) above, the findings revealed that a small population of the respondents have negative reasons as factors that make them not to practice birth preparedness and complicate, readiness as 12(15.7%) said that the people that deliver babies for them at home are more caring, 8(10.5%) feel if they deliver in the health centre people will see them as weak women, 6(7.9%) said that going to hospital will be more costly for them, 11(14.5%) said they can always deliver at home after their first child while 14(18.4%) reported that they do not have money to go to health centre.

However, out of the 76 respondents, 8(10.5%) said that location of the health centre is far from them, 2(2.6%) believe that it is not necessary, 9(11.8%) said there is no good road leading to the health centre in case of emergency and 25(32.9%) which is the highest number said they cannot make decision on their own if their husband is not around. This shows that a good number of them practice birth preparedness and are not restricted by any negative factor not to be ready for complication. For the very few of them that gave the opinion that they prefer Traditional Birth Attendants (TBAs) to health care workers, wants to be called strong women as they deliver at home, feel they cannot spend money to go to health centre for proper care, the believe that it is not necessary and cannot take decisions on their own while their husbands are away are as a result of ignorance of the importance and necessity of

birth preparedness and complication readiness practice. However, if these factors are properly dealt with by educating them and carrying out awareness, more pregnant women will practice it.

This finding is not in line with the findings of Shiferaw *et al.* [5] on factors in the community that make women not practice birth preparedness and to deliver in the health centre in North Ethiopia. The findings revealed that a significant majority (78%) was attended by TBAs, (42%) believe that it is not necessary, (46%) was as a result of high cost, (53%) feel they can deliver at home after their first child while (47%) gave bad road as reasons why they cannot locate the health if need be. And only (15%) of respondents opined that it is not necessary planning to deliver in the health centre.

The findings of the study revealed that there is a strong male involvement from the respondents. As shown in table six to seven (6-7) above, majority of the respondents were assisted by their husbands. This was observed from the fact that all questions in table six (6) had up to (50%) and above positive answers and in table seven (7) men also contributed reasonably in making decisions of where their spouse should give birth. This shows that men actively support their wives when they are pregnant.

CONCLUSIONS

From the findings of this study it was observed that;

- Majority of pregnant mothers who attend antenatal clinic of Primary Health Centre Arondizuogu have adequate knowledge of birth preparedness and complication readiness,
- A good number of them a-e not hindered by any factor not to practice it and the majority of them are supported by their husbands.

However, some factors which are not significant and reasonable enough were implicated to hinder some women not to practice birth preparedness and complication readiness.

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