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Barriers to Utilisation of Intrapartum Services among Women in the Kano Metropolis

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Abstract
Labour and delivery are the shortest and most critical periods of pregnancy because most maternal deaths arise from complications during delivery and the care given to women at this point has the potential of affecting them both physically and emotionally in the short and long term. Globally, about 63% of women receive support and care during birth from skilled health workers. In high-income countries, coverage of skilled birthing services is almost universal, while \in Africa, only 47% of mothers give birth with a skilled care provider. Therefore, the study was aimed at assessing the factors affecting accessibility and Utilisation of intrapartum services among women in the Kano Metropolis. The study Utilised a mixed-method design. A multistage sampling technique was used to select 392 respondents from four facilities for the study. Data collection was conducted using a structured interview, self-administered questionnaire and focused group discussion. The qualitative data was analyzed manually using thematic content analysis while the quantitative data analysis was done using SPSS version 23 and results were presented in frequency distribution and percentages. The findings from the study revealed that 36.7% of the respondents stated that the cost of hospital delivery was one of the barriers to accessibility and 21.9% of the respondents stated that the attitude of health workers was a major barrier to Utilisation of intrapartum care services. Results also revealed that about 22.9% of the surveyed respondents stated that improvement in health workers' attitudes and reduction in cost will facilitate accessibility and Utilisation. A good number (47.3%) of the respondents strongly agree that hospital delivery is necessary for all women. In conclusion, there was no significant relationship between the Socio-demographic characteristics of respondents and their Utilisation of intrapartum care services. The study concludes that there is a positive perception of women towards intrapartum care services. The factors affecting the accessibility of intrapartum care services include socio-economic and cultural factors though the identified factors did not deter the women from utilizing delivery services because of the perceived benefits. It is therefore recommended that health care providers particularly Nurses and Midwives should encourage pregnant women during their ANC visits to always deliver in the hospital and remind them of the dangers of home delivery. Furthermore, there is a need for healthcare providers, particularly Nurses and Midwives to be more responsive and humane in providing care to patients as this will encourage more women to Utilise the services of formal healthcare facilities.

Keywords: Barriers, Utilisation, Intrapartum Services
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Introduction

More than 302,000 maternal deaths occur worldwide every year, of which a quarter to a third of all deaths as a result of pregnancy-related complications (World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), 2015). The regional variation in maternal mortality is very wide as about 99% (286,000) of maternal deaths occur in developing countries, with sub-Saharan Africa alone accounting for

roughly 66% (201,000), followed by Southern Asia (66,000) (WHO, 2015). A woman living in Africa faces a greater risk of dying from complications related to pregnancy than a woman living in a developed country (WHO, 2015).

The estimated maternal mortality rate (MMR) declined across all regions between 1990 and 2015, although the magnitude of the reduction differed substantially between the regions. As of 2015, the two regions with the highest MMR are sub-Saharan Africa (546; Universal Index (UI) 511 to 652) and Oceania (187; UI 95 to 381) (WHO, UNICEF, UNFPA, 2015). At the country level, Nigeria and India are estimated to account for over one-third of all maternal deaths worldwide in 2015, with approximately 58,000 maternal deaths (19%) and 45,000 maternal deaths (15%), respectively. It has however been estimated that 88-98% of maternal mortality deaths are avoidable with about 70% of these deaths related to five direct obstetric conditions, which are: post-partum haemorrhage, puerperal sepsis, pre-eclampsia, eclampsia, obstructed labour and abortion (Neelanjana, 2011).

The availability and accessibility of quality healthcare to pregnant women have made maternal deaths a rare event in developed countries, while in developing countries, the risk of maternal death to a pregnant woman is 1 in every 48 deliveries as a result of low-quality healthcare (Ewa, Lasisi, Maduka, Ita, Ibor & Anjorin (2012).

Much research, particularly quantitative has been undertaken to identify why women fail to deliver at health facilities with the assistance of an SBA. Distance, cost and quality of care are well-documented as major obstacles in the decision to seek obstetric care (Arba, Darebo, Koyira, 2016). Amano, Gebeyehu &Birhanu, 2012 explored the factors influencing preference for home, public or private hospital delivery among rural pregnant and new mothers in three northern districts of Karnataka state, South India. His findings showed that geographical and financial access were important barriers to accessing institutional delivery services in all districts and among those both above and below the poverty line. Access issues of greatest concern were high costs at private institutions, continuing fees at public hospitals and the inconsistent receipt of government incentives.

In many countries, women cannot decide on their own to seek care but have to seek permission from a husband or mother-in-law. Furthermore, women may lack control over material resources needed to pay for expenses, their mobility may be restricted or they may lack access to vehicles or even bicycles or donkeys. This is supported by a qualitative study conducted in Uttar Pradesh by Randive, San Sebastian, De Costa, and Lindholm, (2014) to highlight the experiences of women, their husbands, and mothers-in-law related to maternal health services and delivery experiences. Their findings indicated that major factors that influence decision-making about where to seek care included household dynamics and joint decision-making with families, financial barriers, and perceived quality of care. Women perceived that private facilities were higher quality compared to public facilities, but also more expensive. Disrespectful care, bribes in the facility, and payment challenges were common in this population.

A study from northern Uganda showed that 75% of antenatal care clients currently pregnant reported they received advice during their last pregnancy to deliver in a health facility, and 58% of these reported having delivered in a health facility.

Despite high antenatal care coverage, several barriers were identified to deter the use of skilled birth attendance services. Primary barriers were: fear of being neglected or maltreated by health workers; long distance and other difficulties in access; poverty, and material requirements for delivery; lack of support from husband/partner; health systems deficiencies such as inadequate staffing/training, work environment, referral

systems, socio-cultural and gender issues such as preferred birthing position and preference for traditional birth attendants (Anastasi *et al* 2009).

A few studies have investigated faith-based influences on healthcare Utilisation among Muslim Nigerian women. Previous studies in Northern Nigeria described faith-related factors as barriers to Muslim women's use of maternal health services: having to obtain permission from parents, guardians, cultural or religious leaders and unwillingness to be attended to by a male healthcare provider (Al-Mujtaba, Cornelius, Galadanci, Erekaha, Okundaye, Adeyemi & Agudu, (2016).

In a study by Al-Mujtaba *et al* (2016) on the evaluation of religious influences on Utilisation of general and HIV-related maternal health services among women in rural and peri-urban North-Central Nigeria; there were no significant religious influences identified among barriers to maternal service uptake.

All participants stated a preference for facility-based services. Uptake limitations were mainly distance from the clinic and socioeconomic dependence on male partners rather than religious restrictions. Neither Muslim nor Christian women had provider gender preferences; competence and positive attitude were more important.

All women found Mentor Mothers highly acceptable. Furthermore, fear of medical procedures such as episiotomy and surgery was also identified as a barrier to the Utilisation of institutional delivery. This is reported by one of the respondents in a study conducted by Karmacharya, *et al* (2016) on Factors Influencing the Utilisation of Health Facilities for Childbirth in a Disadvantaged Community of Lalitpur, Nepal.

Globally, about 63% of women receive support and care during birth from skilled health workers. While in high-income countries coverage of skilled birthing services is almost universal, in Africa, only 47% of mothers give birth with a skilled care provider (Sabine & Campbell, (2009).

In Northern Nigeria, a study on barriers to the utilisation of maternal health services in a semi-urban community showed that only 24.0% Utilised delivery services and 35.3% Utilised postnatal care. Major reasons for non-utilisation of delivery service were not having a delivery complication in the past (57%) and negative provider attitude (23.7%) (Idris, Sambo & Ibrahim, (2013). More so, Adamu & Salihu, (2002) in their study also found that 96·3% had delivered or planned to deliver at home without a skilled attendant.

The consequence of these differentials of coverage in delivery services is that maternal and child mortality (as well as other indicators of maternal and child health) remains high at the national level despite the availability of health facilities (Adamu, (2011).

This huge burden of maternal death reduces maternal mortality in African countries a global priority. To effectively strategize on how to tackle this immense problem, a logical step to identifying the barriers to accessibility and Utilisation of delivery services among women of childbearing age in Kano State will be of paramount help.

For numerous reasons however, many women do not seek skilled care due to the cost of service, the distance to the health facility, and the quality of care thereby bringing about a low coverage of 59% skilled deliveries despite the various strategies being put in place (Olayinka, Achi, Amos & Egbuniwe, (2015).

In a study carried out to explore the differential factors affecting the Utilisation of maternal health services across the six geopolitical zones of Nigeria. Findings showed that about 70% of women in the South East and South-South delivered in a health institution, while the majority of women (about 60-90%) in all three zones of the North delivered at home. Approximately 76% of women in the South East and South-South are assisted by skilled birth attendants

during delivery while the majority of pregnant women in the northern zones are more likely to deliver in the presence of unskilled birth attendants (Adamu, (2011).

The coverage of 37.5% for skilled birth attendance (Adamu, (2011) which is below the national target of 60% and global targets of 90% in 2015, is a source of concern which necessitates the need for this study to assess the barriers to accessibility and Utilisation of intrapartum services among women in Kano metropolis.

Methods

A cross-sectional design was adopted for the study to underhand women's access to intrapartum services. A total of 392 women of childbearing age participated in the study and data was collected using a questionnaire. The questionnaire comprises close-ended questions that were used to obtain information on healthcare Utilisation by the respondents. The questionnaire was adapted and modified to suit the study. It comprises of three (3) sections. Section A; Socio-demographic characteristics, section B; barriers to delivery services Utilised by the women and Section C; delivery services accessibility by the women within the metropolis

A simple random sampling was used to pick 4 from the 8 secondary facilities in the study area. The number of participants from each of the selected facilities was systematically determined. Each participant was provided with information about the study and was invited to participate voluntarily. They were assured that all information they provide will not be linked to them and would be kept in confidence. All the principles governing the conduct of medical research involving human subjects were strictly adhered to.

Ethical clearance was obtained from the Kano State Ministry of Health by their research and ethical committee with reference number: MOH/Off/797/T.I/636

The data was analysed using Statistical Package for Social Science (SPSS) version 22.0

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Results

Table 1: *Distribution by effect of Socio-demographic characteristics of respondents on Utilisation of Intrapartum care services*

Age	Ever delivered in the hospital		X^2	P
	Yes	No		
15 – 19	28	8	28.766	0.591
20 – 24	83	23		
25 – 29	103	18		
30 – 34	49	11		
35-39	34	3		
45 & above	11	1		
Level of education				
No formal	62	24		0.063
Primary	51	12		
Secondary	136	21	16.343	
Higher education	72	11		
Occupation				
Civil servant	45	9	30.410	0.229
Artisan	18	10		
Trader	68	14		
Housewife	161	31		

Farming	3	1		
Student	26	3		
Number of deliveries	149	33		
1 – 3	115	22	25.397	0.722
4 – 6	43	10		
7 – 9	13	3		
10 & above				

Table 1 shows the age distribution of participants and the majority are between 20 and 29 years (Mean =28.2, SD 19.8 years). Furthermore, 61.7% of them have secondary or tertiary education. Most of the participants are either Hausa or Fulani (84.7%) and largely practice Islam (90.8%). Almost all of them (95.4%) reported they were married with almost half not currently formerly employed but taking care of their children full time. Each woman in the current study reported to have about 5 children.

Chi-square tests on the relationship between Socio-demographic characteristics of respondents and Utilisation of intrapartum care services showed that all the predictor variables age ($p = 0.591 > 0.05$), education ($p=0.063$), occupation ($p=0.229$), parity ($p=0.722$), and cost ($p=0.067$) are > 0.05. Hence null hypothesis H_0 was accepted and the alternative hypothesis H_1 was rejected. Consequently, there is no significant relationship between the Socio-demographic characteristics of respondents (in terms of Age, level of education, occupation, parity and cost) and their Utilisation of intrapartum care services

Table 2: *Factors Associated with Postpartum Services Utilisation* n=392

Variable	Frequency	Percentage
Distance of hospital from home		
Less than 10 minutes	55	14.0
10 – 30 minutes	147	37.5
More than 30 minutes	190	48.5
Hospital delivery expensive		
Yes	153	39.0
No	239	61.0
Amount spent on delivery		
Less than N200	27	6.9
N200 – N500	25	6.4
More than N500	340	86.7
Ever delivered in the hospital		
Yes	321	81.9
No	71	18.1
Who decides the place of birth		
Self	156	39.8
Husband	207	52.8
Mother in law	26	6.6
Others	3	0.8
Pregnancies supervised		
1-3	212	54.1

4-6	106	27.1
7-9	39	9.9
10 above	15	3.8
None	20	5.1
Unsupervised alternatives used		
None	114	29.0
TBA	64	16.3
Others	26	6.6
Place of delivery		
Home	97	24.7
Government hospital	224	57.1
Private hospital	54	13.8
TBA	17	4.4

Table 2 shows that almost half (48.3%) of the surveyed respondents stated that the distance from their homes to the hospital is more than 30 minutes while one-third (37.5%) said it's 10 to 30 minutes. More than half (61.0%) of the respondents stated that hospital delivery is not expensive while one-third (37.4%) stated that hospital delivery is expensive. A majority (86.7%) of the surveyed respondents spend more than #5,000 on hospital delivery. Furthermore, the table shows that the majority (81.9%) of the surveyed respondents had delivered in the hospital and about half (52.8%) of the respondents stated that their husbands decide their place of birth and more than half (53.9%) of the respondents had 1-3 of their pregnancies supervised and more than half (57.0%) of the respondents said their place of delivery is government hospital.

Discussion of Findings

The Socio-demographic data reflect the typical profile of individuals in the study setting. Although participants cut across various Socio-demographic characteristics, the majority are married women who are mostly housewives, have low levels of formal education, Hausa/Fulani and practice Islam. However, it is unclear how these variables relate to postpartum services access and Utilisation in the current setting. The simple chi-square analysis suggested that these variables have no significant impact on access to and Utilisation of postpartum services. This finding implies that future interventions on promoting access and uptake of postpartum services should not consider these variables during planning. Further qualitative study could provide a better understanding of how women could best be supported to access postpartum services in this setting. Studies have shown that distance to a facility is an important determinant of postpartum care access and Utilisation especially in settings where people have local and traditional alternatives. It is concerning that about half of the participants have to travel more than 30 minutes to access postpartum care. This could potentially influence how these women seek care. The government can improve access by providing more facilities in such a way that women have them near their residences. Alternatively, women who live far from the facility could be encouraged through the provision of transport allowance/relief or consider sending more community midwives to visit these women in their homes.

More women may likely Utilise postpartum care if the cost is reduced or removed entirely. This is because 4 in every 10 women believe that postpartum services are expensive. It is exciting that the majority of the women delivered their previous baby in the hospital demonstrating an amazing Utilisation of facility postpartum care. However, most of the women reported that their husbands determined where the baby was to be born. This finding implies that future health promotion interventions that will promote hospital delivery, should actively involve the husbands. This is not surprising because the Hausa and Fulani culture provides a lot of power to the man when it comes to decision-making concerning family issues.

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