

WHERE DO WOMEN GIVE BIRTH IN RURAL NIGERIA, BONNY AS A CASE STUDY

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ABSTRACT

SUMMARY: Significant number of deliveries in the developing world takes place at home mostly conducted by traditional birth attendants (TBA). TBAs are popular in developing and low resource countries, lack formal education or medical training and some of their clients end up with obstetric complications which lead to morbidity and mortality. Evidence from numerous studies has shown reduced maternal and perinatal morbidity and mortality when women have a qualified health care provider who has midwifery skills present at birth. Bonny is a town in southern Nigeria with a secondary level hospital, primary health and several private hospitals, which provide obstetric services. This is a cross observational study in Bonny, Nigeria. An interviewer-structured questionnaire was administered by random sampling in 2011 to women who had deliveries for the past 15 years. 74 women were interviewed age range 22-47 years, mean age 37.21 years had 324 deliveries. 57(17.59%) delivered in a health facility and 267(82.41%) had home delivery. Of those who had home delivery, 63(23.60%) received antenatal care. One woman with home delivery living three minutes' walk away from the general hospital developed post-partum haemorrhage. The study population prefer home delivery conducted by traditional birth attendants as some still receive antenatal care in health facility.

KEYWORDS: Women, Health, Deliver, Rural

INTRODUCTION

One of the key elements on which improved maternal survival depends are all pregnant women must receive basic but professional antenatal care. In Nigeria, only 31% of all deliveries take place in health facilities¹. About 67% of deliveries occur at home and are unattended by doctors or midwives only 33.6% of all deliveries are attended by skilled attendants¹. Significant number of deliveries in the developing world takes place at home mostly conducted by traditional birth attendants. Traditional birth attendants are popular in developing and low resource countries, lack formal education or medical training and some of their clients end up with obstetric complications which lead to morbidity and mortality.

Evidence from numerous studies has shown reduced maternal and perinatal morbidity and mortality when women have a qualified health care provider who has midwifery skills present at birth. Traditional birth attendants attend to 43% of births in Nigeria, the proportion generally being higher in rural areas with most of these deliveries taking place at home². Mortality was about three times more common in unbooked patients than in booked patients while mortality was 5.3% times more common in unbooked patients than in booked patients³. Several studies have

documented the positive influence of proper antenatal care and hospital delivery³.

In Africa, some cases of religious and cultural factors in the community are responsible for improper antenatal care⁴. Skilled birth attendance is one of the key factors in improving maternal and neonatal resuscitation skills are vital components to substantially reduce maternal, perinatal and neonatal mortality in developing countries. Significant number of deliveries in the developing world takes place at the home mostly conducted by traditional birth attendants. The aim of this study is to find out where women give birth in rural areas in Nigeria with Bonny as a case study.

RESEARCH METHODOLOGY

STUDY METHOD

This is a cross-sectional study carried out at Bonny Main Town in 2011. An open ended questionnaire was self-administered to women of the reproductive age group who have had deliveries within the past fifteen years. Selection and inclusion into the study was by random sampling as all the women in the town were not sampled.

Study area

Bonny is an island in Rivers State, southern Nigeria. Bonny Main Town where the study was conducted is

the capital of Bonny Local Government Area with a comprehensive health centre that was established in 1920, a general hospital which is a secondary health care facility and private clinics which provide antenatal care and delivery services.

RESULTS

Seventy-four women were interviewed by random sampling with the age range of 22-47 years with mean age 37.21 ± 0.02 years who had 324 deliveries. In the study, 57(17.9%) deliveries were in a health facility and 267(82.41%) deliveries were at home. Of those deliveries that were done at home 63(23.60%) received antenatal care. One woman with home delivery living three minutes' walk away from the general hospital developed post-partum haemorrhage. Table shows the number of deliveries per woman.

TABLE I SHOWING NUMBER OF DELIVERIES PER NUMBER OF WOMAN

NUMBER OF DELIVERIES	NUMBER OF WOMEN (%)
1	8(10.81)
2	12(16.22)
3	9(12.16)
4	14(18.92)
5	11(14.86)
6	6(8.11)
7	5(6.76)
8	6(8.11)
9	1(1.35)
10	1(1.35)
13	1(1.35)
Total	74(100%)

DISCUSSION

Skilled birth attendance is one of the key factors in improving maternal and neonatal resuscitation skills are vital components to substantially reduce maternal, perinatal and neonatal mortality in developing countries. Rates of skilled attendance are lower in the rural than in the urban areas. It can be seen in this study that people patronize the traditional birth attendants despite the presence of health care facilities that provide both antenatal care and delivery services. To the extent that even a woman residing opposite a health facility who does not need to pay transportation fare will still deliver

at home and develop complications. Obstetric haemorrhage is a common cause of maternal mortality. People trust their local birth attendants⁴. Several Nigerian studies have elucidated various factors such as aversion for caesarean section, high hospital bills, religious bills, religious beliefs, illiteracy, poverty and environmental and cultural prejudices as barriers hindering women from utilising prenatal and hospital delivery³. Antenatal care is an important predictor of safe delivery and provides health information and services that can improve the health of women and infants. Antenatal booking to detect pregnancies at risk, health education of the populace is important to help improve utilization of maternal services⁵. Antenatal care is important for screening for risk factors and case referral; disease prevention, detection and treatment and health education⁶.

CONCLUSION

There is preference for home delivery despite the availability of modern health care facilities. There is need for enlightenment on the importance of antenatal care since the people prefer home delivery.

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