Original Article

Perception and Care-Seeking Behaviour for Post Partum Morbidity among Mothers in Enugu South East, Nigeria

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ABSTRACT

BACKGROUND: Postpartum Care is necessary to monitor and ensure return to normal of some physiological changes that occurred during pregnancy and delivery, and any abnormalities detected should be treated. The aim of this study is to describe the perception of and care seeking behaviour for maternal morbidity following childbirth among mothers in Enugu, Nigeria and determine if they depend on the socio-demographic characteristics of mothers

METHODS: A cross-sectional survey of women who had recent deliveries was done. Quantitative and qualitative methods of data collection were used. Data analysis was by descriptive and inferential statistics at 95% level of confidence and manual content analysis.

RESULTS: Three hundred and seventy-one respondents who had, at least, one self-reported morbidity following childbirth were studied. Only approximately 43.1% perceived their symptoms as abnormal and 39.5% sought medical attention for their symptoms. Inaccurate perception was influenced by the severity of symptoms as well as cultural beliefs on what constitutes abnormal symptoms following childbirth. Correct perception of morbidity was dependent on maternal age (p=0.002) and educational status (p=0.004) whereas positive care seeking behaviour was dependent on area of residence (p=0.03). A greater proportion of mothers aged 30 years or below had accurate perception compared to older mothers (p=0.02). A greater proportion of rural dwellers sought medical attention for their symptoms compared to urban dwellers. .

CONCLUSION: Inaccurate perception of, and poor care seeking behaviour for postpartum morbidity were common among a sample of women with recent deliveries in Enugu due largely to cultural beliefs about morbidity following childbirth. Correct perception and positive care seeking behaviour were not enhanced by older age, greater educational attainment of mothers or residence in urban areas.

KEY WORDS: Perception, maternal morbidity, childbirth.

INTRODUCTION

Every year, an estimated 50 million women are affected by maternal morbidity worldwide. For at least 18 million of these, complications become long term and are often debilitating. [1, 2] As with maternal mortality, the burden of maternal morbidity rests largely on women in developing countries.[3] In Nigeria, the maternal mortality ratio is 545/100,000 live births; for every woman who dies from a pregnancy-related complication, 40 or more sustain serious morbidities.[4]

Although it is known that women are beset by many problems after childbirth, studies from low resource countries indicate that a lot of physical problems go unreported largely due to inaccurate perception of postpartum morbidity., [5-9] Studies on perception of postpartum morbidity in developing countries should therefore aim at elucidating factors that engender or promote this inaccurate perception. Understanding these could inform measures that will facilitate the disclosure of post partum morbidities and promote positive postpartum care seeking behaviour.[10, 11]

Our clinical observations are that only a small proportion of mothers seek care for post-natal symptoms in our hospitals compared to those that seek care for antenatal complaints. Currently, there is paucity of literature on perception of postpartum morbidity and care seeking behaviour for postpartum symptoms in South East Nigeria. This study describes the perception and determinants of perception of maternal morbidity following childbirth among mothers in Enugu, Nigeria and determines if accurate perception and positive care-seeking behaviour depend on maternal socio-demographic characteristics.

SUBJECTS AND METHODS

The study was based in the two main tertiary hospitals in Enugu, South East Nigeria. The city has an estimated population of 635,451 inhabitants according to the 2006

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census. [12] The area is predominantly inhabited by ethnic Igbo. The inhabitants of the city are mainly civil servants and traders.

Infant welfare clinics are held in both hospitals every working day; mothers from across the city bring their babies for immunization and growth monitoring at the two teaching hospitals irrespective of where they had their deliveries. The infant welfare clinic was chosen as the point that would give access to postpartum women because postnatal clinics are poorly attended.

The study population included women who gave birth in Enugu from the previous 3 months from the onset of the study to the end of the study. The study took place between June 2007 and Dec 2008. Ethical clearance was obtained from the Ethical committees of the two hospitals.

A purposive sample of consenting women attending the infant welfare clinics at the University of Nigeria Teaching Hospital and Enugu State University Teaching Hospital both in Enugu was taken. In addition, five women from each hospital who had morbidity following childbirth were selected for focus group discussion.

The exclusion criteria included (a) Delivery outside the stated interval (b) Non-Nigerian citizenship (c) Failure to consent to participate in study.

Data collection was by semi-structured questionnaires. The questionnaires were either self administered or interviewer-administered depending on what the respondent found more convenient. Trained assistants facilitated the administration of the questionnaires. Institutional consent was obtained before proceeding to the clinic. For Focus group discussions, women were asked how and why they perceived and responded to the ill-health that arose following the birth of their babies. The responses were recorded using a digital video camera and saved for analysis. Questions and answers were given in English or local vernacular (Igbo) depending on what the respondent was more comfortable with.

Data analysis was done using SPSS for Windows version 15. Perception and care-seeking behaviour were analyzed based on responses to questions regarding whether respondents understood their symptoms as abnormal or not, whether they felt worried about the or not and whether they sought medical attention for their symptoms or not. Accurate perception was defined as understanding postpartum symptoms as abnormality while positive health-seeking behaviour was defined as seeking medical attention for post partum symptoms. Prevalences of responses were determined with simple proportions. Bivariate analysis was used to determine dependency of positive responses to these questions on each socio-demographic variable. Tests of dependency were done using the Pearson's chi-square at 5% level of confidence. P-value of less than or equal to 0.05 was taken as significant. Responses obtained at the focus group discussions were analyzed manually for content.

RESULTS

Three hundred and seventy-one mothers who had, at least, a morbidity following their last childbirths were studied. The mean age of the respondents was 29.4±5.2 years. Thirty-two percent were primiparous while 10.4% were grandmultipara. Eighty-six percent had vaginal deliveries including 82.6% spontaneous vaginal deliveries, 1.9% assisted vaginal breech delivery and 2.1% vacuum extraction.

Table 1 shows the socio-demographic distribution of the respondents who had morbidity.

Table 2 shows the distribution of responses to the questions about how respondents explained their symptoms, how they felt about them and whether they sought medical care or not.

Table 3 shows the results of bivariate analysis of how women perceived their symptoms and how they sought care based on socio-demographic characteristics. The tendency to explain postpartum morbidity as abnormal was dependent on age (p=0.004) and educational status (p=0.002) but not dependent on income category, parity category, marital status, religion or area of residence. The tendency to seek medical attention when there was morbidity was dependent on area of residence with a greater proportion of rural dwellers who had morbidity seeking medical treatment compared to urban dwellers (p=0.02).

Pos Hoc analysis showed that a greater proportion of mothers aged 30 years or less had accurate perception of postpartum symptoms compared to older mothers (p=0.02). Similarly a greater proportion of women who had secondary education or less had accurate perception compared to those with tertiary education.

FOCUS GROUP DISCUSSIONS

Discussants at focus group discussion explained that symptoms felt following childbirth were considered normal except they directly threatened the life of the mother. They stated that their mothers and other older women taught them to put up with symptoms such as

urinary incontinence, faecal or anal incontinence, dyspareunia, perineal pain, anal pain, low back pain, tiredness, painful micturition and that these symptoms were unavoidable in childbearing women. Such symptoms, they were told, would usually resolve on their own. Discussants however, correctly identified sustained or heavy bleeding, foul smelling vaginal discharge, fever and rigors, cough with chest pain, continuous dribbling of urine as abnormal.

On what makes them worry about a particular symptom, discussants noted the severity of the symptom and whether the symptom interfered with daily living or not and also whether they had known or heard any woman who died from such a symptom before.

Discussants identified their husbands and their mothers as the people they would talk to for their symptoms. Their mothers would help them interpret if the symptoms they had were normal or not following childbirth. Discussants who had morbidity felt a sense of unwholesomeness because of their symptoms even if that did not translate to seeking medical attention.

Concerning why mothers who had morbidity failed to seek medical attention most of the time, discussants noted perception that many of the symptoms were normal after delivery and that they were not really life-threatening, the advice that many of the symptoms resolve spontaneously with time, and the fact that they were not educated during antenatal visits to look out for such symptoms and seek medical attention if they were noticed.

Table 2: Showing frequencies of responses to questions regarding how respondents perceived maternal morbidity following childbirth

Responses	Number of respondents (n=371)	Percentage
How respondents explained morbidity		
Normal after delivery	211	57.9
Not normal	160	42.1
Price for having a baby	30	18.0
Can cope easily	29	7.6
Require medical attention	101	27.5
How respondent felt about their symptoms		
Not worried	200	53.4
Worried	171	46.6
Slightly worried	131	35.7
Moderately worried	24	6.5
Severely worried	16	4.3
Who respondents disclosed their symptoms to		
Husband	244	65.8
Mother	45	12.1
Midwife/nurse	12	3.2
Friend	6	1.6
Doctor	4	1.1
Mother-in-law	3	0.8
Nobody	62	16.7
Which symptom worried respondents most		
None in particular	231	62.3
Hypertension	20	5.4
Haemorrhage	14	3.8
Anemia	14	3.8
Dyspareunia	14	3.8
Malaria	11	2.97
Sepsis	11	2.97
others	18	4.9
What respondents did about their symptoms		
Nothing	227	61.2
Sought medical attention	144	38.8
Why respondents did not seek medical attention		
Thought it was normal	211	56.9
Used self medication	5	1.4
Disliked taking drugs	5	1.4
Had no money	2	0.54
Others	2	0.54

Table 1: Showing the socio-demographic distribution of respondents who have, at least, one morbidity among a sample of women with recent deliveries in Enugu

Socio-demographic variable	Frequency of respondents	Number with at least one morbidity	Percent prevalence within subgroup
Age			
10-20	10	8	80
21-30	342	250	73.1
31-40	126	99	75.0
41-50	14	12	85.7
51-60	2	2	100
Educational status			
No formal education	8	7	87.5
Primary education	50	39	78.0
Secondary education	136	94	69.1
Post secondary	206	156	75.7
Postgraduate	99	74	74.7
Occupation			
Housewife	181	127	70.5
Civil servant	119	79	66.4
Trader	89	76	85.4
Professional	49	39	79.6
Farmer	4	4	100
Student	15	10	66.7
Political office holder	8	8	100
Clergy	35	28	80.0
Religion			
Christianity	484	357	73.9
Roman catholic	270	205	75.9
Anglican	92	75	79.3
Pentecostal	79	45	57.0
Methodist	20	19	95.0
Islam	16	12	92.3
Ethnic group			
Igbo	458	339	74.2
Efik	19	18	94.7
Ibibio	8	3	37.5
Yoruba	4	4	100
Hausa/Fulani	3	2	66.7
Residence			
Urban	403	300	74.4
Rural	97	71	73.2

TABLE 3.

Socio-demographic variable	Number of respondents who identified symptoms as abnormal	p-value	Number of respondents who sought medical care	p-value
Age(years)				
11-20(n=8)	5		2	
21-30(n=250)	160	0.004*	89	0.67
31-40(n=99)	44		41	
41-50(n=14)	10		5	
Income group				
No income earner(n=160)	86	0.62	58	0.37
Income earner(n=211)	104		86	
Parity group				
Primipara(n=131)	66	0.44	45	0.32
Multipara(n=240)	131		95	
Level of education				
Primary education or less(n=47)	23		17	0.15
Secondary education(n=94)	61	0.002*	28	
Tertiary education (n=157)	67		69	
Post tertiary education(n=73)	46		30	
Marital status				
Married(n=352)	190	0.11	138	0.50
Single (n=19)	8		6	
Residence				
Urban(n=298)	156	0.14	107	0.02*
Rural (n=73)	40		37	

DISCUSSION

A greater proportion of those with self-reported morbidity in this study wrongly perceived their symptoms to be normal. This is similar to the findings in studies in rural communities in Bangladesh, Zambia and Nigeria.[13-15] However, compared to the study by Ogunjuyigbe and Liasu, the finding in this study is surprising given that a majority of the respondents were urban dwellers who had a university degree or higher and would be expected to be more aware of health issues. The finding of inaccurate perception also agrees with studies from other low resource countries.[5, 13, 16.]

Content analysis of the focus group discussions explained the dynamics of women's understanding of what constitutes a problem following childbirth. Irrespective of their ages or educational exposure, parturients depended strongly on older women, especially their mothers or mothers-in-law to interpret the symptoms they have after delivery. Symptoms not known to be life threatening could be considered normal or ignored. This phenomenon may be related to traditional cultural beliefs and practices.

Dependence on older women for opinions concerning postpartum morbidity may derive from the illness behaviour of Igbo people. Among Igbos, family consensus greatly influences decisions on health matters. The influence of individual attributes of the sick may be secondary. This may explain the observed little influence of socio-demographic characteristics on correct interpretation of morbidity. A previous study on obstetric behaviour of Igbo women had found ironically that formal education did not increase the acceptability of life-saving procedure such as caesarean section.[17] Further studies are required to explore this phenomenon.

Similar to the picture on the perception of postpartum morbidity, there was a poor care-seeking behaviour among the respondents that appeared to have little influence from the individual attributes of mothers. Health seeking behavior is influenced by a variety of factors[13] such as the affordability of health care, success or failure of treatments given to people before, attitude of hospital staff in addition to the perception of the problem by the patient and people around the patient. Determining the influence of socio-demographic characteristics on care seeking behaviour without controlling for these other factors may not, therefore, give the full picture.

Generally the study suggests that there may be a significant post partum disease burden among this sample of childbearing women some of which they may still be living with due to inaccurate perception of postpartum morbidity and poor care-seeking behaviour. The health implications of this scenario include a poor quality of life of childbearing women arising both from physical ill-health and a loss of self-esteem and sense of wholesomeness.

The limitations of this study include the fact that it is hospital based and therefore it excluded women who did not visit the hospitals used for the study. This limits the external validity of the results of this study. Secondly, most of the women were quite educated therefore the findings could be biased against illiterate mothers.

In view of these, we conclude that perception of maternal morbidity following childbirth among a sample of educated mothers seen at the infant welfare clinics in Enugu is characterized by inaccurate interpretation of symptoms and poor health seeking behavior and that these may have more to do with cultural appreciation of what constitutes post partum maternal ill-health than the individual attributes of mothers. Based on these, we suggest that to improve positive post partum care-seeking behaviour, efforts at educating and empowering women must be complimented by community education to correct wrong cultural perceptions. Further population-based studies are needed to determine the role of culture in the inaccurate perception of postpartum morbidity in South-East Nigeria.

COMPETING INTERESTS

The authors declare no competing interest. The authors alone are responsible for the content and writing of this paper

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