



Preferences of Place of Delivery: A Study among Pregnant Women Receiving Antenatal Care at a Secondary Health Facility in Zaria, Kaduna State

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Abstract

The study was conducted to examine the preferences of place of delivery among women receiving antenatal care at a secondary health facility in Zaria, Kaduna State. Descriptive research design was employed where data was collected from a sample of 395 women receiving antenatal care at Hajiya Gambo Sawaba General Hospital, Zaria selected using systematic sampling technique. A pre-tested structured questionnaire was used to collect data from the respondents. The results revealed that 53.2% of the respondents were primigravidae and hospital was the most preferred place of delivery for both the primigravidae and parous women (74.3% and 80% respectively); 51.9% of the nulliparous women picked midwives/nurses as their preferred birth attendants while only 35.1% of the parous women chose the same, 50.3% of the parous women identified medical doctors as their preferred birth attendants but only 42.9% of the nulliparous prefer them, TBAs were preferred by only 5.2% and 15.1% of the nulliparous and parous respondents; 60% of the respondents based their decision on whom they prefer as their birth attendants based on the perception that the personnel knows the job while only 5% submitted that their decisions were influenced by capacity to afford the services. It was recommended that a National Family welfare programme be designed to improve the uptake of facility delivery and skilled birth attendance with strong presence of both public and private sectors to help combat the high maternal mortality in Nigeria.

Keywords: *Preference, Places, Delivery, Antenatal, Women*

Introduction

Nigeria being the most populous African nation is still experiencing one of the world's biggest population explosions with fertility rate standing at 5.71 in spite of several organisational efforts to reduce it over years and on top of this, the country is facing one of the world's worst maternal mortality rates at 821/100 000 live birth and recently, this led the co-chair of the Bill and Melinda Gates Foundation, Mr. Bill Gates, to say that "across the globe, Nigeria is among the most dangerous places to give birth being the 4th country with the worse maternal mortality rate ahead of Sierra Leone, the Central

African Republic and Chad" (Nwafor, 2018). While a large body of empirical evidence points that improvement in the coverage of institutional delivery and skilled birth attendance are essential in reducing the burden of maternal and child death (Gorain, *et al*, 2017), in Nigeria, a country where it was estimated to have accounted for 58,000 maternal deaths out of the 303,000 women who died globally due to complications of pregnancy and childbirth in the year 2015, only 37 percent of births happen in health facilities with skilled healthcare personnel in attendance although it was reported that over-

50% of births were attended by skilled health personnel in Sub-Saharan Africa in general further showing Nigeria's undesirable status even among its neighbours (Nwafor, 2018; World Health Organisation, 2018).

Based on Global Health Observatory (GHO) data, most obstetric complications and maternal mortalities could be prevented if women had access to a skilled birth attendant (doctor, nurse, and midwife) during childbirth and globally, almost 80 per cent of live births occurred with the assistance of skilled health personnel between 2012-2017 with the rates varying across regions and countries. (World Health Organisation, 2018; Yegezu and Kitila, 2014).

While facility delivery is considered the best for every woman as there is guaranteed access to skilled attendance and expert attention at all times, several studies across the globe as reviewed below have established that not all pregnant women want to deliver in a facility due to a myriad of factors.

In a qualitative study conducted in India, it was revealed that some women who underwent an institutional delivery preferred to deliver their baby at home and of women who delivered at home, 60% wanted to deliver in institutions but could not do so primarily due to the unwillingness of family members and misreporting of the onset of true labour pain (Gorain, *et al.*, 2017). In another study conducted in Ethiopia to determine the attitude of women towards institutional delivery, it was found that 82% of them attended ANC and 96% had positive attitude towards institutional delivery practice, 64.62% prefer to deliver in health institution; factors influencing the choice of home delivery were economy and short duration/uncomplicated labour were the predominant reason given by 86.74% of the women who had their last child at home delivery, fear of interventions and repeated examinations (attitude) at hospitals was the concern of 13% of them (Assefe, Alemayehu and Debie, 2018).

In a study conducted to identify the factors determining the choice of a place of delivery among pregnant women in Russia village of Jos in Northern Nigeria, 104 (74.3%) attended ANC, 84 (60%) had their last delivery in the hospital, while 56 (40%) had their last delivery at home; 85 (60.7%) prefer to deliver in hospital, while 55 (39.3%) opted for home delivery in the index pregnancy; determinants of choice of delivery place include cost of hospital bill (93.6%), unfriendly attitude of healthcare workers (61.4%), unexpected labour (75%), distance to health care centres (36.4%), and failure to book for ANC (10.7%), 3.6% gave no reason (Envuladu, *et al.*, 2013) while another study aimed at assessing the role of some health, socio-economic and demographic factors in determining the place of delivery among women in a semi-urban settlement in Zaria revealed that 70% of all deliveries took place at home 78% of all deliveries were not supervised by skilled attendants, mother's educational level, husband's occupation and age at first pregnancy were the main determinants of place of delivery and a significant associations was found between non- formal education and home delivery, and age at first pregnancy and home delivery (Idris, Gwarzo and Shehu, 2006).

In light of these reports while keeping in mind that generally, maternal and child health indices in Northern Nigeria are always higher than the national average as posited by Okeshola and Sadiq (2013) which was buttressed by Akinyemi, Afolabi and Ayeni (2015) where they reported that there were rural-urban and regional differences in maternal and child mortalities in Nigeria with more deaths occurring in rural areas and northern regions of the country, this study was conducted to establish the current state of women's preferences for places of delivery and birth as well as the choices of birth attendants in one of Northern Nigeria's most literate societies (Zaria) where the aforementioned problems have been under-researched as the few accessible studies conducted in the area were over a decade old

in spite of its immense public health importance. This study will help in bridging the knowledge gap and provide an insight into the current state of the problem in the area to gauge the society's level progress regarding facility delivery and skilled birth attendance which are important indicators of maternal and child health.

Material and Methods

Descriptive research design was employed and Yamane formula for sample size estimation was used to arrive at a sample size of 360 respondents receiving antenatal care at Hajiya Gambo Sawaba General Hospital, Zaria selected using systematic sampling technique. A pre-tested structured questionnaire was used to collect data from the respondents. Ethical clearance and permission for the conduct of the study were obtained prior to the commencement of the data collection phase of the study and informed consent was obtained from the respondents.

Socio-Demographic Data

Table 1.: Distribution of Respondents Based on Socio Demographic Data

| Variables | f | % |
|---------------------------|-----|------|
| Age | | |
| - <20 | 41 | 10.4 |
| - 20-29 | 201 | 51 |
| - 30-39 | 114 | 28.8 |
| - 40- Above | 39 | 9.8 |
| Religion | | |
| - Islam | 219 | 55.5 |
| - Christianity | 176 | 44.5 |
| Marital Status | | |
| - Married | 270 | 68.4 |
| - Widow | 80 | 20.2 |
| - Divorced | 45 | 11.4 |
| Level of education | | |
| - Primary | 110 | 27.8 |
| - Secondary | 48 | 12.2 |
| - Tertiary | 80 | 20.2 |
| - Informal Education | 157 | 39.8 |
| Occupation | | |
| - Farming | 30 | 7.6 |
| - Trading | 160 | 40.5 |
| - Public Service | 116 | 29.4 |
| - Student | 89 | 22.5 |
| Parity | | |
| - Nulliparous (0) | 210 | 53.2 |
| - Parous | | 20 |
| • 1 | 79 | 23.3 |
| • 2 | 92 | 3.5 |
| • Above 2 | 14 | |

Results

From Table 1 below, 51% of the respondents were between the ages of 20-29 years, 55.5% were Muslims, 68.4% were married, 60.2% of the respondents had formal education among which 27.8% had Primary school certificate as their highest educational qualification while 20.2% had tertiary education, 40.5% were traders by occupation while another 29.5% submitted that they were in public service, 53.2% have never produced an offspring before the current pregnancy (nulliparous).

From Table 2 below, both nulliparous and parous respondents identified either hospital or their homes as the sites they want to deliver their pregnancies with the majority, 74.3% and 80% nulliparous and parous women preferring healthcare facilities/hospitals as their place of delivery respectively while home delivery was preferred by 25.7% and 20% of the nulliparous and parous women respectively.

Choice of Place of Delivery**Table 2:** Distribution of Respondents Based on their Preferred Place of Delivery

| | Primigravidae | | Parous women | | |
|-----------------|---------------|------------|--------------|------------|------------|
| | F | % | F | % | |
| Hospital | 156 | 74.3 | Hospital | 148 | 80 |
| Home | 54 | 25.7 | Home | 37 | 20 |
| Total | 210 | 100 | Total | 185 | 100 |

Table 3: Distribution of Respondents Based on their Preferred Birth Attendants

| | Primigravidae | | Parous women | | |
|-------------------------------------|---------------|------------|-------------------------------------|------------|------------|
| | F | % | F | % | |
| Midwives/nurses | 109 | 51.9 | Midwives/nurses | 65 | 35.1 |
| Traditional Birth Attendants (TBAs) | 11 | 5.2 | Traditional birth attendants (TBAs) | 28 | 15.1 |
| Medical Doctors | 90 | 42.9 | Medical Doctors | 92 | 49.8 |
| Total | 210 | 100 | Total | 185 | 100 |

Table 4: Distribution of Respondents Based on Factors Influencing their Preferences of Birth Attendants

| Factors influencing choice of attendant | f | % |
|---|------------|------------|
| He/she knows the job | 126 | 60 |
| I have more confidence | 42 | 20 |
| Shows more compassion | 11 | 5 |
| I can afford services rendered | 21 | 10 |
| Always available at the times of need | 11 | 5 |
| Total | 395 | 100 |

Table 3 showed that the respondents identified midwives/nurses, TBAs and Medical doctors as their preferred birth attendants. 51.9% of the nulliparous women picked midwives/nurses as their preferred birth attendants, only 35.1% of the parous women chose the same; although the majority (50.3%) of the parous women identified medical doctors as their preferred birth attendants, only 42.9% of the nulliparous prefer them; TBAs were preferred by only 5.2% and 15.1% of the nulliparous and parous respondents.

As depicted in Table 4 above, 60% of the respondents based their decision on whom they prefer as their birth attendants based on the perception that the personnel knows the job while only 5% submitted that their decisions were influenced by the capacity to afford the services rendered by the attendant of choice.

Discussion

Both primigravidae and parous respondents identified either hospital or their homes as the sites they want to deliver their pregnancies with majority preferring healthcare facilities/hospitals as their place of delivery respectively which although support but are slightly higher than what was obtained in an Ethiopian study where 64.62% of pregnant women prefer to deliver in health institution (Yegezu and Kitila, 2014). The disparity in preference of hospital/health facility as place of delivery (80% of parous women compared to 74.3% of primigravidae) can be explained by the fact that the parous women had an earlier experience of pregnancy and parturition and have lived through some of the possible complications of the process, have suffered or seen others suffered avoidable complications that could have been averted if the woman had delivered in a facility in addition to the fact that they have been

recipients of many health educations in both antenatal and postnatal clinics amongst other places which could empower them to make more informed decisions regarding their health; this was supported by the World Health Organisation's (WHO) report that projected the importance of attending antenatal and postnatal clinics in shaping and bettering the health of women and infant by arming them with health information geared towards the protection and promotion of their health as well as prevention of disease amongst others (WHO, 2003). The low preference of home delivery found in this study is in agreement with the findings of another study conducted among the Hausa speaking people of Southern Kaduna where 12.1% of the respondents preferred to deliver at home instead of the hospital (Okeshola and Sadiq, 2013).

For preferred skilled birth attendants, about half of the primigravidae picked midwives/nurses as their preferred birth attendant while only 35.1% of the parous women chose the same; although half of the parous women identified medical doctors as their preferred birth attendants, only 42.9% of the primigravidae prefer them; TBAs were preferred by only 5.2% and 15.1% of the primigravidae and parous respondents in spite of the many obvious advantages of facility delivery in the hands of skilled birth attendants which support the findings of a qualitative study conducted in Indonesia where it was revealed that women in the society still prefer TBAs to tend to their deliveries citing Physical distance and financial limitations as their reasons (Titaley, Hunter, Dibley and Heywood, 2010). Furthermore, the low preference of TBAs as birth attendants is also in accord with the report of the study conducted by Okeshola

and Sadiq (2013) who found a preference rate of 4.8% although this may not entirely mean women in the study had a special preference for skilled birth attendants as 55.5% of them observed that skilled birth attendants in the facilities violate women's privacies.

Unlike in Titaley, *et al.*, (2010)'s submission where women based their choice of birth attendants on distance and financial limitations, above, 60% of the respondents in this study based their decision on whom they prefer as their birth attendants based on the perception that the personnel know the job while only 5% submitted that their decisions were influenced by the capacity to afford the services rendered by the attendant of choice.

Conclusion and Recommendation

Essential in combating the high burden of maternal mortality in Nigeria is to improve uptake of facility delivery and skilled birth attendance which today, not every Nigerian woman has access to due to the myriad of reasons. More women (74.3% of primigravidae and 80% of parous women) prefer to deliver in the hospital now compared to the 60.7% reported in an earlier study in a nearby northern society about a decade ago. Based on the findings of the study, it was recommended that a more national family welfare programmes be designed to improve the uptake of facility delivery and skilled birth attendance with strong presence of both public and private sectors to help combat the high maternal mortality in the region and country at large.

Conflict of Interest

The authors hereby declare that this work is a product of their collective intellectual exercise and that they had no conflict of interest from conceptualization of the study to this point.

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