



Hindrance to the delivery in the hospital: perspective of women in Zaria metropolis, Kaduna State, Nigeria.

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Abstract

Women of childbearing age have different perception about hospital delivery and that determine whether or not to utilize hospital delivery care services. Women perception about hospital delivery and factors that militate against hospital delivery varies from one community to the other, zaria metropolis inclusive. These call for a major consign in evaluating the hindrance to hospital delivery among women of childbearing age in zaria metropolis, Kaduna state. The objectives were to identify the factors that militate against delivery in the hospital. The objectives were assessed using a sample size of 399. Multi stage sampling technique was employed. The data were analyzed using SPSS version 20.0. The findings shows that, The mean age of the respondents was 31. Most of the respondents were between the age of 20-29 (41%). Islam in religion (81%) and hausa by tribe (66%) married women constitute 61% and the majority (37%) attended secondary school. 70% of the respondents delivered outside hospital. The frequent reason was the

attitude of the health personnel characterized by hostility and uncaring. Factors militating against delivery in the hospital in perspective of women are cost of care, position during delivery, sudden onset of labour and hostility of health personnel. Recommendations for the research are: There is need for establishment of free maternity services in zaria metropolis. The free delivery/maternity services should be regularly evaluated from both services provide/women (recipients) perspective and improve as well. Women should be treated as partners and with dignity.

Key words: delivery, hindrance, mortality, women

Introduction

Each year more than 500,000 women, 99% of them in developing countries die from pregnancy and childbirth related complications and additional 15-20 million women suffer debilitating consequences of pregnancy¹, In global context, while Nigeria accounts for 2% of world population, it account for 10% of maternal death². The death rate among women during childbirth in kaduna state

is becoming alarming. Health statistics indicated that five women die every day while 1,944 die annually³. In Nigeria, the use of health facilities during child delivery by pregnant women remain a public health problem and this may be influenced by a lot of factors including demographic socio-economic, cultural, obstetric and health system factors⁴. Nigerian women deliver outside health facilities and without medically skilled attendants present⁵ Knowledge about factors affecting the use of institutional birth is important to eliminate barriers and attracts women to modern care skilled birth attendance. This was the first focused during the safe motherhood meeting in Sri-lanka in 1997⁶. It has been also at the centre of international effort to improve maternal and child health during past decades. However, women`s in Nigeria as reported by researches utilize hospital for delivery only without alternatives. This may be the reasons why some of them come to the facility with certain complications or exhausted by delay. Therefore this result aimed to evaluate those factors that prevent women from attending hospital for normal delivery.

Materials and Methods

Research Design

The study is a non experimental descriptive research aimed at assessing the hindrance to hospital delivery among women of childbearing age in zaria metropolis.

Target Population

The target population of the study are women of childbearing age (15-49yrs) in zaria metropolis basically with total population of 698348 (zaria-406990 + sabon gari-291358) (2006 census). Women of childbearing age formed 22% of population in zaria metropolis. Therefore, the target population of the study is $22/100 \times 698,348 = 153,637$ 2.3

Sampling Techniques

Multi-stage sampling technique was used for the study where two local governments in zaria metropolis were

selected i.e zaria and sabon gari local governments. Out of which eight districts were selected, four from each local government. In zaria LGA the districts are Tudun wada, Zaria city, Tukur-Tukur and Gyallesu. In sabon gari LGA, Basawa, Samaru, Sabon gari and jama`ah districts. 2.4

Sample Size

In order to obtain sample size fomular $n = \frac{N}{1 + N(e)^2}$ was used slovins⁷ $n = \text{Sample size}$
 $N = \text{Target population}$ $e = \text{Margin of error (0.05)}$
 $n = 153,637 / 1 + 153,637(0.05)^2$ $153,637 / 385$
 $n = 399$

Instrument for Data Collection

Questionnaire was used for collecting data which contain well and structured questions focusing on socio-demographic data, and hindrance to hospital delivery. Method of Data Analysis Data collected from the respondents were analyzed using SPSS version 20.0 and presented in frequency distribution tables, percentages, and charts.

Result

Socio-demographic Data

Table 1. Distribution of Respondents Based on Socio-demographic Data

Age	Frequency	Percentages (%)
15-19	36	9
20-29	163	41
30-39	128	32
40-49	72	18
Total	399	100
Religion		
Islam	323	81
Christian	76	19
Total	399	100
Ethnicity		

Hausa	263	66
Yaruba	88	22
Igbo	48	12
Total	399	100
Marital Status		
Married	243	61
Single	156	39
Total	399	100
Qualification		
Primary	132	33
Secondary	148	37
Tertiary	80	20
Non	40	10
Total	399	100

Mean age=31

Above table shows that, majority of the respondents (41%) are between the ages of 20-29. It also indicate that, majority of the respondents (81%) were Muslim, 66% of them were hausa by tribe. 61% of respondents were married and majority (37%) have secondary school certificate

Table 2: Hindrance to the delivery in the hospital

hindrance	U	SD	D	A	SA	X	REMARKS
Sudden onset of labour	20	12	88	204	96	3.7	Agreed
Distance	28	52	108	127	24	2.9	Not Agreed
Hostility of health personnel	---	8	44	251	96	4.0	Agreed
Cultural factor	60	80	175	64	20	2.4	Not Agreed
Cost of care	32	8	84	107	108	3.3	Agreed
Poor quality of hospital services	10	40	141	108	12	2.7	Not Agreed
Surrounding of woman by staff and students	8	12	219	160	4.3	Agreed
Delivery on bed	----	20	116	167	32	3.2	Agreed

The Likert scale was used to analyze the above data.

Using a scale of 5, the grand mean is;

$$Gm = \frac{1+2+3+4+5}{5} = 3.$$

5

Therefore, any grand mean that is 3 or above is considered agreed, and any one that is below 3 is considered disagreed.

The table shows that, the onset of labour is a factor that militate against delivery in the hospital with a mean of 3,7 but disagreed with distance as a factor with a mean of 2.9. Hostility of health personnel is a militating factor with a mean of 4.0. Similarly, cost of care was pointed as hindrance by the respondents.

The respondents agreed that presence of many staff and students during delivery was militating factor against hospital delivery with a strong mean of 4.3. finally another factor is delivery on bed as indicated above.

Discussion of Findings

Result from the study shows that, majority of the respondents were within the range of 20 – 29 (41%) followed by those within 30 -39 (32%) followed by those within 40 – 49 (18%) and few are those within 15 -19 (9%). Majority of the respondents were Muslim (81%) followed by Christian (19%). This may be due to the fact that, the study area is located within the northern part of the country which is dominated by Muslims. Majority of the respondents were Hausa (66%) followed by Yoruba (22%). Majority of the respondents were married (61%) remaining percentage (39%) were single. Educationally, majority (37%) attended secondary school followed by primary school (33%) and then tertiary school (20%)

These findings were contrary to a study conducted in Namibia by Ngula⁸ where the majority of the respondents were between the age of 30-39 (47.5%), single (75%) and attended primary school only (45%) The study is similar to that of Sa`ad (2010) where the majority of the respondents were between the age of 20 – 29 years (46%), married (97.5%) and attended secondary school(38%).

On the perspective of respondents, the factors that militate against delivery in the hospital are:

Onset of labour

The majority with a mean of 3.7 agreed that, onset of labour is a factor that makes them to deliver at home. This may be possible especially for those without adequate knowledge of signs and symptoms of onset of labour. Further study should be conducted to determine their level of knowledge regarding signs and symptoms of labour.

Distance

This in particular mostly for rural areas with poor road to access hospital. In zaria metropolis majority (42%) disagree with the distance as the militating factor against hospital delivery. This may be due the fact that the study area is within the city where health facilities are located mostly. This can be justified by a study conducted in kano by saad which shows that, distance is not a militating factor. However, the study conducted un sagamu by john and Nasir⁹ is contrary to this finding which shows that, distance is a factor militating against hospital delivery.

Hostility of personnel- This study also shows that, hostility of the health personnel serves as a barrier for hospital delivery with a mean of 4.0. This is similar to many reseahes. For instance that of Jewkes, Abraham and Mvo¹⁰ which established that, professional midwives often treat women with little respect for their needs and concerns and women have described care givers as abusive, humiliating, uncaring and hostile.

Cost of care-In this study cost of hospital care was identified as militating factor against delivery in the hospital with a mean of 3.3. A study conducted in 45 developing countries suggested that, the use of antenatal and delivery services reaches level of 8% or higher among the richest quintile, irrespective of the average `level in the country, while the use of those services is much lower among poorer women. The poor-rich inequality in professional delivery care are even much larger than those seen in antenatal care where as the professional delivery

care among the poor is below 30%, in many countries ANC is at least 30% in most countries¹¹.

Delivery on bed: majority of the respondents express some positions imposed on them and delivery on bed to be the militating factors against hospital delivery. Similarly, a study conducted in Kano by Ajayi, musa and yasir¹² also reported women describing some positions like lithotomy position as uncomfortable

However, study established, distance, cultural factors and poor quality of hospital services as non hindrance to utilization of delivery services in the hospital.

Conclusion

According to literature review barriers to hospital delivery were identified include cost of care, poor quality of care, negative attitude of staff. These were also verified by the finding of this study as the factor militating against hospital delivery in zaria metropolis.

Recommendations

1. There is need for establishment of free maternity services in zaria metropolis.
2. The free delivery/maternity services should be regularly evaluated from both services provide/women (recipients) perspective and improve as well.

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