Original Article

Factors Influencing the Choice of Health Care Provider during Childbirth by Women in Ibadan, Oyo State, Nigeria

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Abstract

Background: Maternal mortality has been an issue of concern in developing countries of which Nigeria is one. These deaths are preventable if the health facilities are utilized, births are attended by skilled health providers and complications attended to promptly. Statistics have shown that, though over fifty percent of women attend ANC but less than forty percent are delivered by a skilled birth attendant.
Objective or Aims: This study ascertains the factors influencing the choice of health care provider by women during childbirth in Ibadan, Oyo state Nigeria.
Methodology A descriptive design was used to elicit information from mothers attending postnatal and immunization clinics of selected hospitals. All the women attending the clinics were selected. Self-administered questionnaire was used to obtain information and the data collected were analyzed using percentage, frequency and chi square test.
Results: The results of the study revealed that 76.9% of the women identified midwives as the most skilled for delivery but only 43.6% are being delivered by midwives. Over, 60% had poor perception and negative attitude towards the midwives. Some of the factors identified to influence delivery from a TBA are ignorance, lack of alternative, accessibility, lesser time consumption and availability. Income of women and satisfaction with services provided does not have significant association with the choice of health care provider (p= 0.180) but age was significantly associated with choice of Provider (p=0.017).
Conclusions: Community based awareness, education and counselling, alongside improving midwives' interpersonal skill with effective collaboration, monitoring and supervision of both TBAs and midwives will enhance good choices.

Keywords: factors, choice, health care provider, childbirth, perception

Introduction

Globally in 2013, 289 000 women died during and following pregnancy and childbirth and approximately 800 women die daily from preventable causes (WHO, 2014). Also, 99% of all maternal deaths occur in developing countries (Ravi and Kulasekaran, 2014). Sub-Saharan Africa bears the largest global burden of maternal deaths at 56%, (WHO, UNICEF, UNFPA, World Bank, 2012); the lifetime risk of dying during pregnancy or childbirth is 1 in 13, as compared to an average of 1 in 400 in high-income countries (WHO, 2014). In Nigeria, 36,000 women die yearly as a result of complications of pregnancy and child birth which accounts for about 13% of the global MMR (FMOH, 2014). The majority of maternal deaths are entirely preventable. The presence of a skilled health provider reduces the risk of complications becoming fatal and averts the risk. Obstetric haemorrhage, eclampsia, sepsis, obstructed labour and complications of unsafe abortion were observed as the five leading causes

of maternal death in Nigeria (Igwegbe, et al, 2012).

Around the world, one third of births take place at home without the assistance of a skilled birth attendant (Bergström & Goodburn, 2008). Skilled birth attendants assist in more than 99% of births in developed countries versus 62% in developing countries (WHO, 2011). Traditional birth attendants (TBAs) are unskilled birth attendants who provide delivery service in most rural communities in the developing countries (Kaingu, 2011). Studies have shown that, over 70% of deliveries in some parts of Nigeria takes place at home and are usually attended by TBAs or family members (Fapohunda & Orobaton, 2013; Doctor et al, 2013). A 10-year autopsy review in a referral hospital in Cross Rivers State, Nigeria showed that 43% of the maternal deaths occurred at the TBA centers and most were associated with preventable causes (Erim et al, 2012).

Every government strives to give the best health care services to her citizens. In Nigeria, the health care system is organized hierarchically into primary, secondary and tertiary levels (Abdulraheem etal, 2012). There is a shortage of midwives and obstetricians and a virtual unavailability of these cadres of health workers especially at the primary health care (PHC) level (FMOH, 2014). Recent studies have shown that the community midwives are struggling for survival in rural areas as they are inadequately trained, lack sufficient resources to deliver services in their catchment areas and lack facilitation for integration in district health system (Songstad et al, 2011; Sarfraz & Hamid, 2014). Even when there is a broader range of health services, certain factors have also been identified as a major barrier to the access of skilled care by mothers such as distance to the health facility (Malderen etal, 2013,), woman's or partner's educational level (NIPORT etal, 2013, Kraft etal 2013), and maternal health knowledge (Bishnu etal 2013, Story etal 2012).

It is not enough to increase the availability of services, making such services affordable to the populace is a necessity as cost is a grave factor (Selia etal 2014). Beliefs (either religious or cultural), and family composition including poor family participation, fear or embarrassment related to receiving care at health facilities, as well as the perception that health professionals are not paying sufficient attention to traditional norms of the society are also identified barriers (Rai etal 2012, Kamiya etal, 2013). Other access related issues found by several studies in Nigeria are prohibitive local customs, husbands/significant others not supportive of use of health facilities, unwillingness to be cared for by a male health care provider, limited knowledge of available services, poor socioeconomic status, persistence of gender norms that are detrimental to women's health, women's age, urban residence, employment status, and ethnicity (Enwereji & Enwereji 2010, Ezeanochie etal 2010, Singh etal 2012).

The surprising aspect is that many women go to the clinics for antenatal care but engaged the services of unskilled birth attendants during childbirth. In northern Nigeria, out of 400 women recruited for the study, 36.3% received antenatal care, 13% were delivered by SBAs, and 22% received postnatal care from SBAs (Adewemimo etal, 2014). Of the 22% received postnatal care, only 56% delivered it in a health facility. In another study a 60.3% of the mothers used antenatal services at least once during their most recent pregnancy, 43.5% was delivered by a skilled attendants, and 41.2% received postnatal care (Babalola & Fatusi, 2009).

Over the years, there has been a tremendous improvement in health in terms of accessibility, free maternal services, better referral system, increased number of health workers, and improved quality of care, women empowerment and increased awareness. Yet doctors and midwives working in the labour and postnatal wards in some maternity hospital in Ibadan complained about majority of their booked clients delivering outside the facilities after attending antenatal clinic, hence the need to ascertain why these women still deliver in other places aside the health facilities.

Thus, this study seeks to determine the factors influencing the choice of health care provider during childbirth by women. Specifically, the researchers evaluated the perception of women on the care rendered by health providers; the women's satisfaction with the care received from providers during childbirth; their choice of health provider, and the factors that influences their choice.

Research Question

1. Do women still patronize the unskilled birth attendants?

2. Are women satisfied with the services rendered by their health providers?
3. Which of the health care providers will women prefer to use during pregnancy and childbirth and reasons for this?
4. What are the influencing factors responsible for choice of health care provider?

Hypotheses

1. There is no significant relationship between income of women and their choice of health care provider.
2. There is no significant relationship between age of women and their utilization of unskilled birth attendants.

Methodology

Design

The descriptive design assessed the factors influencing the choice of health care provider during childbirth by women attending postnatal and immunization clinics in Primary Health Center Ojoo, and Adeoyo Maternity Specialist State Hospital, both in Ibadan. Ibadan is the capital of Oyo State, located in south-western part of Nigeria.

Sampling of Participants

The study setting was purposively selected as they are highly patronized health facilities with health providers of different cadre. On the average, 75 women attend both clinics in one week, and each clinic holds once in a week. Data was collected for two weeks. All the women who came to the immunization and postnatal clinics for the duration of the study were selected using convenient sampling method and were informed about the study, but only the women who agreed to participate were selected. Finally, a total of 156 women participated in the study.

Data collection

A 36 item self-administered questionnaire was developed after critical review of literature. The questionnaires consist of five sections. Section A dealt with socio-demographic data, Section B addressed the perceptions of women on the quality of care rendered by health care providers, section C questions explored the utilization of TBA and other types of birth attendants, section D questions assessed the women's level of satisfaction by their chosen health provider, section E identified their reason and choice for selecting care provider and section F addresses the perceived factors that contribute to their selection of a care provider. The questionnaire was pre tested among 16 women who attended postnatal clinic in PHC, Mokola, Ibadan. A Cronbach's alpha coefficient score of r = 0.86 was obtained. Two research assistants were trained for data collection. Permission for the study was sought and granted by the Adeoyo Maternity Hospital's research committee and Akinyele Local Government Primary Health Care Centre Coordinator. Permission was also obtained from the head of the facilities, the key officers were visited and informed about the study too. The researchers visited the hospital and PHC on the specified clinic days, obtained individual verbal consent, administered the questionnaires directly and collected it immediately, this accounted for high retrieval rate. The women were informed of the purpose and objectives of the study. Issues of confidentiality of person and information; voluntariness in participation; withdrawal from the study at any point if they wish were stressed. After ascertaining that participants had clear understanding of the study, verbal consent was obtained. Data collection lasted 2 weeks and 3 days. The data were analyzed using the statistical package for social sciences (SPSS). The demographic characteristics and research questions were analyzed using frequencies and percentage. The inferential statistics were tested using Chi-square at 0.05 level of significance. All analyzed data were further interpreted and represented in tables and charts.

Results

Demographic data

Table 1 showed that a 56.4% of respondents are 25-34 years old, and 29.5% are between 35-44 years old. About 44.9% of respondents are civil servants; 28.2% are traders, and 14.1% are self-employed. Majority of the respondents 93.6% are from the Yoruba ethnic group and 93.6% are married. Also a 55.1% are Christians and 44.9% are Muslims. Approximately 79.5% have 0-2 children, while 20.5% have 3-5 children. The majority 83.5% were tertiary education graduates while a 15.4% were secondary education of respondents. Economically, the 32.1% of the respondents' monthly income is below #25,000 and 37.2% are receiving above #50,000.

Table 1: Socio-demographic characteristics of respondents

Variables	Frequency N-156	Percentage
Age (years)		
18-24	16	10.3
25-34	88	56.4
35-44	46	29.5
>44	6	3.8
Occupation		
Civil service	70	44.9
Trading	44	28.2
Self employed	22	14.1
Unemployed	20	12.8
Ethnicity		
Yoruba	146	93.6
Igbo	10	6.4
Religion		
Christianity	86	55.1
Islam	70	44.9
Marital Status		
Single	10	6.4
Married	146	93.6
Number of Children		
0-2	124	79.5
3-5	32	20.5
Level of education		
Tertiary education	130	83.5
Secondary education	24	15.4
Primary education	2	1.1
Monthly income (Naira)		
<25,000	50	32.1
25,000 - 50,000	48	30.7
>50,000	58	37.2

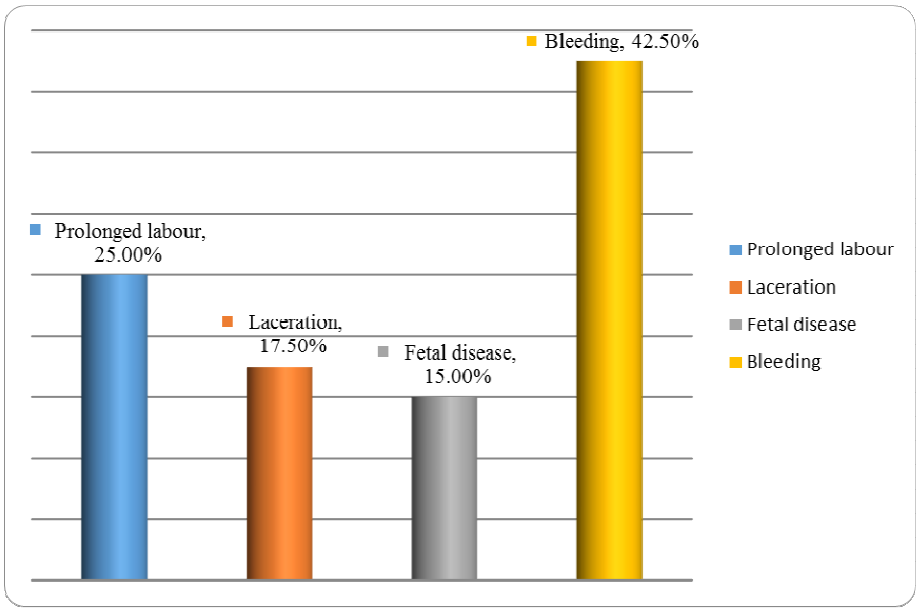

Figure 1: Types of complications experienced by women

Table 2: Women's perception on the of health care providers

Perception of midwives	Frequency n=156	Percentage 100%
Who is most skilled for childbirth		
Midwives in hospital	120	76.9
Traditional birth attendants (TBAs)	2	1.3
Faith based attendants	2	1.3
Experienced women in family	2	1.3
Indifferent	30	19.2
Who do you utilize most during delivery		
Midwives in hospital	68	43.6
TBAs	18	11.5
Experienced women in family	2	1.3
Faith based attendants	16	10.3
Indifferent	56	33.3
How do you see the attitude/approaches of the midwives		
Friendly	24	15.4
Unfriendly	106	67.9
Indifferent	26	16.7
How do the midwives talk to you or other women		
Respectfully	26	16.7
Disrespectfully	102	65.4
Indifferent	28	18
How do the midwives care for you or other women during labour		
Caringly	42	26.9
Uncaringly	88	56.4
Indifferent	26	16.7
Perception Category		
POOR (<60)	96	61.5
GOOD (>60)	60	38.5

Table 3: Utilization of TBA and other type of birth attendants

Utilization of TBA and other type of birth attendants	Respondents Response	
	Yes	No
Have you delivered at home or at TBA home	82 (52.6%)	74 (47.4%)
Did you have any problem?	80 (51.3%)	76 (48.7%)
Were they able to treat the problem? N=80	46 (57.5%)	34 (42.5%)
If NO, why do people use them? N=34		
Belief of people	9 (26.5%)	
Husbands decision	15 (44.1%)	
Distance	7 (20.6%)	
Cost	3 (8.8%)	

Table 4: women's satisfaction with their chosen health care provider

Satisfaction with	TBA's		Midwives'	
	Yes	No	Yes	No
Approach	120 (76.9%)	36 (23.1%)	38 (24.4%)	118 (75.6%)
Communication	118 (75.6%)	38 (24.4%)	62 (39.7 %)	94 (60.3%)
Attitude	120 (76.9%)	36 (23.1%)	36 (23.1%)	120 (76.9%)
Cost (cheap services)	44 (28.2%)	112 (71.8%)	40 (25.6%)	116 (74.4%)
Shorter time spent	146 (93.6%)	10 (6.4%)	16 (10.3%)	140 (89.7%)
Number of visits	12 (7.7%)	144 (92.3%)	22 (14.1%)	134 (85.9%)

Table 5: Identification of choice of health provider by women and reasons

Variables	Frequency (156)	Percentage
Which care provider do you prefer?		
TBA	6	3.8
Modern health care	142	91.0
Indifferent	8	5.1
What is your reason for your chosen care provider?		
Healthy outcome (no complications)	124	79.5
Distance	8	5.1
Financial reasons	4	2.6
Indifferent	20	12.8
Is it your belief /culture to be delivered by a TBAs or Experienced woman/relative?		
Yes	10	6.4
No	146	93.6
If you prefer TBA, why did you register in hospital?		
Husbands decision	10	71.4
Formality sake	2	14.3
Indifferent	2	14.3

Table 6: Perceived factors that contributes to utilization of TBA among women

Reasons for delivering with TBAs or experienced women/relative	Respondents Response		
	Yes	No	Indifferent
They are user satisfying	60 (38.5%)	52 (33.3%)	44 (28.2%)
They are cheap	120 (76.9%)	18 (11.5%)	18 (11.5%)
Ignorance is why women use TBA	112 (71.8%)	32 (20.5%)	12 (7.6%)
There is no alternative	38 (24.4%)	94 (60.3%)	24 (15.3%)
They are readily accessible	72 (46.2%)	50 (32.1%)	34 (21.8%)
Women residential belief in TBAs	104 (66.7%)	28 (17.9%)	24 (15.3%)
Health care services are time consuming	70 (44.9%)	64 (41.0%)	22 (14.1%)
Health care services are not readily available	86 (55.1%)	46 (29.5%)	24 (15.4%)

Table 7: Relationship between women income and their choice of health care provider

Choice of health care provider						
Variables	**TBA**	**Modern health care**	**Total**	**X^2**	**P value**	**remark**
Income (Naira)						Not significant
<25,000	8(57.1)	50(35.2)	58(37.2)	4.990	0.180	
25,000-50,000	2(14.3)	38(26.8)	40(25.6)			
>50,000	4(28.6)	54(38.0)	58(37.2)			

Table 8: Relationship between age of women and their utilization of unskilled birth attendants

Utilization of unskilled birth attendants						
Variables	**Yes**	**No**	**Total**	**X^2**	**P value**	**Remark**
Age (years)						Significant
18-24	12(14.6)	4(5.4)	16(10.3)	10.180	0.017	
25-34	50(61.0)	38(51.4)	88(56.4)			
35-44	16(19.5)	30(40.5)	46(29.5)			
>44	4(4.9)	2(2.7)	6(3.8)			

The perception of the women about the health care providers (midwives)

Table 2 showed that more than half 76.9% stated that, a midwife is the most skilled for delivery, while 43.6% said they received care from midwives. About 67.9% said midwives are unfriendly, 65.4% said they communicate poorly to them while 56.4% perceive midwives to be uncaring. The women's overall perception of midwives shows that 61.5% have poor perception.

Utilization of TBAs and other types of birth attendants

As shown in table 3, more than half 52.6% of women have been delivered by an unskilled personnel, among those who have been delivered by an unskilled personnel, 51.3% said they had complications during delivery. Figure 1 contain the list of complications based percentage of women that reported that they experienced them; haemorrhage 42.5%, prolonged labour 25.0%, laceration 17.5% and fetal disease 15.0%. Out of those who experienced complications, 57.5% said the care givers were able to treat the complication while 42.5% said they could not. According to the women, 44.1% indicated husbands' decision, 26.5% said cultural belief and 20.6% said close proximity were reasons why people still use TBAs

Women's satisfaction with the services of their chosen health care provider

In table 4, 76.9% of respondents were satisfied with the approaches of TBAs, 75.6% were satisfied with their style of communication, 76.9% like the attitude of TBAs while 71.8% said the services of the TBAs are affordable. Also 93.6% of the women indicated that they spend less time with the TBAs and 92.3% said they make shorter number of visits with the TBA.

However, for the services of midwives, 75.6% were not satisfied with the approaches of midwives, 60.3% do not like their style of communication, and 76.9% were not satisfied with the attitude of midwives while 89.7% said they spend longer time with midwives. Similarly, 74.4% indicated that, their services are affordable and 85.9% are satisfied with the number of visits made.

Identification of the women's choice of health provider and reasons

In table 5, Majority 91% prefer to use modern health care. Among those who prefer to use modern health care, 79.5% made their choice based on health factor. About 93.6% of respondents said it is not their belief to be delivered by unskilled birth attendants. For those who prefer TBAs, 71.4% said it is their husbands' decision for them to register for antenatal in the hospitals and deliver with the TBAs.

Factors that influence the choice of the women

About 38.5% said TBAs are user satisfying, 76.9% agreed that they are cheap, 71.8% agreed that TBA are patronized out of ignorance while 24.4 said they have no alternative. However,

46.2% said they are readily accessible, 66.7% said women in some residential areas believe in the use of TBA. Furthermore, 44.9% perceived modern health care services to be time consuming and 55.1% said they are not readily available (table 6).

Relationship between income of women and their choice of health care provider

In table 7, the X^2 analysis shows no significant relationship between income of women and their choice of health care provider (x^2=4.990, P>0.05). The result showed a P value of (0.180) which is greater than critical P value (0.05), the null hypothesis was accepted. .

Relationship between age of women and utilization of unskilled birth attendants

The x^2 analysis shows that, a significant relationship exist between women's age and their utilization of unskilled birth attendants (x^2=10.180, P<0.05). The result showed a P value of (0.017) which is lesser than critical P value (0.05), therefore, a significant relationship exist and the null hypothesis is rejected (Table 8).

Discussion

A good number 76.9% of the women are aware of hospital midwives and accepted that they are the most skilled for delivery, this is not farfetched because majority of the respondents are educated. But less than half of them utilize them during delivery. This finding was supported by Adewemimo etal, (2014), they observed that 13% of 400 women recruited for the study in northern Nigeria were delivered by SBAs; and among those who were delivered by SBAs, only 56% delivered in a health facility. It was also observed in Ethiopia, that only 16% of deliveries were assisted by health professionals, while a significant majority 78% was attended by TBAs (Shiferaw etal, 2013).

Generally, the women have negative perception towards the midwives in terms of their attitude, method of communication and pattern of care given. Several studies gave credence to this result, as stated by (Essendi, et al 2011; Moore, et al 2011). They reported that, poor staff attitudes discouraged the women from delivering in health facilities while Natukunda (2007) went further to say that women in labour complained of unfriendliness, rudeness, aggressiveness and abusive attitudes of midwives. More reports were given by Shiferaw etal (2013) and Warren (2010), that poor quality of care, previous negative experiences with health facilities and seeing TBAs as culturally acceptable/competent health workers are the reasons for the preference of TBA over health facilities. However, we are unsure if the women were attended by a midwives, since non-midwife nurses and community health extension workers (CHEW) provide the bulk of maternity and newborn care services in Nigeria (Abdulraheem, et al., 2012). The training curricula of both cadres do not meet the World Health Organization/International Confederation of Midwives/International Federation of Gynaecology & Obstetrics minimum requirements for skilled birth attendants (ICM, 2013; Adegoke et al., 2013).

More than half 52.6% of women have had their pregnancies delivered at home or by TBAs. This can be attributed to the high maternal morbidity/mortality as majority of the women experienced complications during delivery as a result of the unscientific practices/poor knowledge of the unskilled birth attendants. Prata and Ejembi (2010) found that of the 1,875 women enrolled in a community-based program to improve delivery outcomes in Zaria, Nigeria, 95% delivered at home, only 7% was attended by a skilled attendant (Prata etal 2010). The complications suffered by the women are haemorrhage, prolonged labour, laceration and fetal diseases. This is similar to the studies that reported obstetric haemorrhage, eclampsia, sepsis, obstructed labour and complications of unsafe abortion were the five leading causes of maternal death in Nigeria (Ezugwu etal, 2009; Omo-Aghoja etal, 2010). The surprising aspect is that almost half of the respondents said the unskilled birth attendants were unable to treat the complications, yet they are using them.

Comparing the services of the midwives and TBAs based on the women satisfaction, revealed that more than half of the women are satisfied with the approach, attitude and communication style of the TBAs. They further stated that their services were very affordable, less time consuming with shorter number of visits. Though, greater percentage of the women indicated that the services of the midwives are affordable and with shorter number of visit. These two factors are extremely minute to enhance the utilization of health services. Attitude of health care provider are very

important to encourage in the utilization of health services. Poor attitudes of health providers, poor quality of care, were observed as contributing factors to poor utilization of health facilities (Selia et al, 2014; Meselech et al, 2014).

In this study, majority of the women prefer using modern health care with most mentioning safe delivery as their major reason for this preference. Yet, the services of the skilled birth attendants are poorly utilized. In Imogie's study, use and preference of modern health care were reported by majority of the women (Imogie, 2011). Almost all the women said is not their belief to be delivered by an unskilled birth attendants, which is contrary to many studies (Nuzhat etal 2012; King 2015), that listed religious or traditional belief as a hindering factor. Many of the women who prefer TBAs said it is their husbands' decision for them to register for antenatal in the hospitals and deliver with the TBAs. This is no surprise because of the gender inequality which exist in Africa especially Nigeria, many decisions are made by men and women opinions are of less value. This can be affirmed by Meselech et al 2014 study, that men are the primary decision makers, so the place of birth is decided by a man or husband.

The factors contributing to the utilization of the TBAs in this study are husband's decisions, cheap services, ignorance, common beliefs in some residential areas, inability to access modern care at the time of delivery (accessibility, availability), and time constraint as they perceive modern health care services to be time consuming. Some of the women who utilize the TBA services still want to continue using them. This has been a challenge to the midwifery practice as TBAs are the major service providers during delivery in most developing countries especially in the rural areas. Midwives must change their attitudes, inform and educate the women about the importance of quality care during pregnancy and childbirth during antenatal since a good number utilize them at that period. The key piece missing in TBA training are quality training and adequate referral system, which allows TBAs to use their close ties with the community to link pregnant women to skilled birth attendants (SBA); thus effectiveness of TBA referrals to health facilities is dependent on the healthcare system's ability to support and increase service/supervision needed to support TBA integration (Byrne & Morgan 2011).

No relationship was found between income of women and their choice of health care provider. This is no surprise as Nigerian government incorporated free maternal care as a strategy to achieve the fourth Millennium Developmental Goal. So the women pay no fee in some facilities and in some areas, small amount is collected by the head of the facilities. The rationale is to make maternal care during pregnancy, delivery and postpartum affordable to the populace, thus making institutional delivery cheaper than TBAs. This is contrary studies (Meselech etal 2014; King 2015) that identified cost or socio-economic status as inhibiting utilization of maternal services.

Age was found to be significantly related to the choice of health care provider as the older women utilized hospital midwives than the younger ones. This can probably be attributed to the general notion that childbirth is a normal and natural event and also higher health was attributed to older age of women during childbirth.

Recommendation and Conclusion

This study has shown that, a good number of women are still being delivered by the unskilled birth attendants with positive attitude towards their practices. Although further research in the field is necessary; it can be recommended that an action must be put in check if the preventable causes must be reduced considering their poor knowledge, inadequate skills in recognizing and treating complications and delay referral. Pfeiffer and Mwaipopo (2013) suggested bridging the gaps between communities and the formal health sector through community-based counselling and health education, which is provided by well-trained and supervised village health workers who inform villagers about promotive and preventive health services. Kawakatsu et al, (2014) also stated that, the involvement of TBAs to promote facility delivery is still one of the most important strategies. Since many women received antenatal care in the hospital but less than half delivered at home with the help of a relative, churches/mosque or TBA, adequate awareness and education of women are very necessary to change some misconceptions or wrong beliefs.

Midwives need to utilize their psychotherapy skills to encourage the women to freely discuss any disturbing issue for effective intervention.

The poor perception of the women about the midwives, perceiving them as individuals with negative attitude, who are uncaring, unfriendly and rude, have a great negative effect on the utilization of their services. Therefore, training and retraining of the midwives in inter-personal skill/relationship in order to elicit positive and sensitive attitude towards their clients should be encouraged. They should endeavour to be accessible, approachable and available. Prompt supervision and monitoring of midwives will ensure quality care, good interpersonal skills and positive attitude.

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