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Challenges facing pregnant women in rural communities in Enugu State

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ABSTRACT

The study investigated the challenges facing pregnant women in rural communities in Enugu State. One research question was used to determine the challenges facing pregnant women in rural communities in Enugu State. A survey design was used. Data was collected using a questionnaire. A total of 108 pregnant women participated in the study. Data were analyzed using mean and standard deviation. The study revealed that lack of fund to attend antenatal, lack of information because of illiteracy, distance of antenatal care services, lack of transportation facilities to antenatal care services, delay in referral cases, physical violence during pregnancy and poor treatment from antenatal care service providers were crucial challenges facing pregnant women in the rural poor. Based on the study, the following recommendations are made: government should make empowerment education compulsory for women, the government should organize regular training for health workers to update their performance, community leaders should organize family counselling to husbands on the dangers of violence on the pregnant women and government should make antenatal and delivery services freely accessible for rural women to alleviate their economic burden.

Keywords: *Challenges, Pregnant Women, Rural Communities*

I. Introduction

We are in a world of challenges, and pregnant women are not left out. According to Fagbamigbe and Idemudia (2015), various reasons are wealth status, educational attainment, residence, geographical locations, age, marital status, unavailability of transport facilities, and farness of ante-natal care service providers. Affordability, availability and accessibility of antenatal care providers are hurdles to ante-natal utilization in Nigeria. Also, Lincetto et al. (2010) believe that families and communities often consider pregnancy a natural process of life and therefore underestimate the importance of ante-natal care. Misunderstanding, conflict or poor communication among formal and informal health care providers and health service seekers may cause low utilization of antenatal service in specific communities.

In the same way, Ajayi and Osakinle (2013) contributed that unprofessional practices, attitudes and behaviours of antenatal care providers may further increase the non-utilization of ante-natal care.

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Unprofessional conduct may include failure to respect the privacy, confidentiality and traditional beliefs of the health seekers. According to MedBroadcast Clinical Team (2017), the most common pregnancy problems are heartburns, morning sickness, fatigue, frequent urination, constipation, sore back, stretch marks and itchy belly, gestational diabetes and high blood pressure. Also, Nair et al. (2015) stated the socio-economic challenges of pregnant women. Women living in families where both partners are unemployed, where social exclusion is an associated problem are more likely to die. Women living in the most deprived areas have a higher death rate.

In the same way, Sundari (1992) has the view that the amount of time, money, information and authority for decision-making women have at their disposal are critical challenges faced by pregnant women in rural communities. Decisions to seek medical care are often made not by a woman on her own but by her husband or other family and community members. Many women and families may already be aware of the danger signs of obstetric complications and still not seek help automatically. Reasons for this may have to do with community perceptions of poor quality of care and costs.

In continuation Prevention of Maternal Mortality Network (1992) contributed that women's autonomy in deciding to seek care can be hampered by their economic dependence and the prohibitive costs of emergency intervention. Some women may have no or limited cash available in times of emergency unless their husbands give it to them. This can cause delays in seeking care. Husband lacks fund; he may ask for contributions from other relatives or the community. When the community is invited for help, community leaders may make a decision that overrides the husband's wishes. Women's autonomy can differ according to their age and seniority within the family. Pregnant teenagers may depend on the decisions of older members of the extended family for economic reasons. Also, Royston and Armstrong (1989) think that uneducated women are less likely to seek the help of professional health services. They are probably less aware of what is available and probably find the culture of health services more alienating and frightening. An area with low female literacy rates is often an area where the fewest births are attended by trained personnel.

Furthermore, Royston and Armstrong (1989) suggested that workload may affect the intermediate factor of health status, increasing the risk of maternal death. Many women have a workload consisting of hard manual labour in agriculture, responsibilities for housekeeping and childcare and cooking, collecting firewood and fetching water, resulting in chronic fatigue and other health problems. The last three months of pregnancy should be a time when the mother rests and gains weight. Many women in developing countries continue with their full workload until the time of labour and resume work shortly after giving birth. This can have an extremely detrimental effect on health.

Again Sundari (1992) complained that distance and transport issues in rural areas are a significant factor affecting women's access to health services, especially emergency care. Even if women attempt to get to the hospital for treatment, they may arrive too late to save their lives because of poor roads and lack of adequate transportation. In addition to the problems of distance and transport, the Prevention of Maternal Mortality Network (1992) added that social restrictions on their movement might limit women's mobility in times of obstetric emergency. The seclusion of females results in them having limited mobility to leave their homes. Their ability to access services even if they exist in the vicinity is thus severely curtailed. A woman must ask her husband's permission to seek treatment when an obstetric complication arises.

Delay in referring pregnant women to access proper care services is an eminent challenge confronting pregnant women in rural poor. According to WHO, ICM, and FIGO (2017), traditional birth attendant (TBA) lack knowledge in discovering complications, when and where to refer patients with complications. In the same way, Mrisho et al. (2007) stated that due to the lack of education, the way the TBAs, attend to the delivery is risky for women and their babies, leading to poor health outcomes and even death.

Violence against pregnant women can leave them in injuries that will last all through their life. The injuries can affect the health and socio-economic life of the women. In like manner, WHO et al. (2013) asserted that intimate partner and sexual violence cause severe short and long-term physical, mental and reproductive health problems for women. In their view, it also affects their children and leads to high social and economic costs for women, their families and societies. In continuation, they reported that intimate partner violence in pregnancy increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight of babies. They said that these forms of violence could lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders and suicide attempts. Women in rural communities in Enugu State, especially Nsukka local, face various challenges from significant others. However, if pregnant mothers are exposed to proper health services and empowered educationally, some of the challenges may be reduced. The study investigated the challenges facing pregnant women in rural communities in Enugu State.

II. METHOD

The study used a descriptive survey research design. One research question on the challenges facing pregnant women in the rural communities in Enugu State was used for the study. The area of study is Nsukka Local Government Area in Enugu state, Nigeria comprising of eight health centres as follows: District hospital Nsukka, Nsukka. Health Centre, Comprehensive Hospital Okpuje, Edem–Ani Health Centre, Ibagwa-Ani Primary Health Centre, Comprehensive Health Centre Obukpa, National Primary Health Care Agbamere and Opi Health Centre. The people of Nsukka Local government are Igbos. They are known for bearing many children. The population is 245 pregnant women registered in the government health centres in Nsukka Local Government Area. The sample used for the study were 108 registered pregnant women in three health centres in Nsukka local government area. A simple random sampling technique was used to determine the sample size.

The instrument used was the Challenges Facing Pregnant Women Questionnaire (CFPWQ) self-developed by the investigators. The number of items in the questionnaire was 7. Three experts validated the instrument. Their inputs were incorporated into the instrument by the researchers. Data was collected on their antenatal days, which lasted for weeks. The instrument was distributed to 108 women, while 102 women appropriately responded and returned theirs. Data were analyzed using mean and standard deviation to answer the research question. The mean of 2.5 becomes the boundary range, and any mean of 2.5 or above was regarded as important.

III. Result

Research Question

Do women in rural communities in Enugu State face the following challenges during pregnancy?

Table: Mean scores on the challenges facing pregnant in the rural poor (102)

S/N	ITEMS	A			D	X	SD	Decision
1	Lack of fund to attend ante-natal care services.	1	0			3.46	0.76	SA
2	Lack of information because of illiteracy	1	2	2		3.25	0.91	SA
3	Distance of ante-natal care services	1	1	3		3.14	1.00	SA
4	Lack of transportation facilities to ante-natal care services	2	9	5		3.25	0.91	SA
5	Delay in referral cases	6	1			3.34	0.87	SA
6	Physical violence during pregnancy	7	0	5	0	3.12	0.99	SA
7	Poor treatment from ante-natal care services providers	4	2	2		3.33	0.83	SA
	Grand mean					3.27	6.27	SA

Data in table three indicates that item 1, with the highest mean of 3.46, is strongly agreed to be the challenge above others. Items 2, 3, 4, 5, 6 and 7 also have the mean of 3 and above. It shows that the respondents strongly agree that there are challenges facing pregnant women in rural communities in Enugu State specifically, in Nsukka local government Area. A grand mean of 3.27 (strongly agree) on the challenges was obtained.

IV. Discussion

The findings proved that pregnant women strongly agree that challenges facing them could lead to maternal mortality. Women in rural communities in Enugu State agreed that the lack of funds to attend ante-natal care services was their primary challenge. The study supports the Prevention of Maternal Mortality Network (1992) opinion that women's autonomy in seeking care can be hampered by their economic dependence and the prohibitive costs of emergency intervention. Some women may have no or limited cash available in times of emergency unless their husbands give it to them. This can cause delays in seeking care. The husband may lack fund and may need help from other relatives or the community. However, if the community agrees to help, community leaders may make a decision that overrides the husband's wishes. Again, Nair, Kurinczuk, Brocklehurst et al. (2015) stated that women living in families where both partners are unemployed, where social exclusion is an associated problem, are more likely to die. Women living in the most deprived areas have a higher death rate.

The study also revealed that lack of information because of illiteracy is a challenge. The finding reiterated that of Royston and Armstrong (1989), which emphasized that uneducated women are less likely to seek the help of professional health services. They are probably less aware of what is available and probably find the culture of health services more alienating and frightening. An area with low female literacy rates is often an area where the fewest births are attended to by trained personnel.

Other challenges revealed by the study are distance of ante-natal care services and lack of transportation facilities to ante-natal care services. The study lends credence to Sundari (1992), who complained that distance and transport issues in rural areas are a highly significant factor affecting women's access to health services, especially emergency care. Even if women attempt to get to the hospital for treatment, they may arrive too late for their lives to be saved because of poor roads and lack of adequate transportation. Also in agreement, Fagbamigbe and Idemudia (2015) reported that residence, geographical locations, unavailability of transport facilities and farness of ante-natal care service providers pose challenges to pregnant women. Delay in referral cases is another challenge to pregnant women. The finding agrees with WHO, ICM and FIGO (2017), which asserted that traditional birth attendant (TBA) lack knowledge in discovering complications, when and where to refer patients with complications. In the same way, Mrisho et al. (2007) stated that due to the lack of education, the way the TBAs, attend to the delivery is risky for women and their babies, leading to poor health outcomes and even death.

Physical violence during pregnancy was strongly agreed as a challenge to pregnant women. The strong agreement could be due to the frequency of occurrences during pregnancy. The finding concurs with WHO et al. (2013) that intimate partner and sexual violence cause serious short and long-term physical, mental and reproductive health problems for women.

Finally, the study revealed poor treatment from ante-natal care services providers as a challenge. The finding supported Lincetto et al. (2006) that misunderstanding, conflict or poor communication among formal and informal health care providers and health service seekers may cause low utilization of antenatal service in specific communities. In the same way, Ajayi and Osakinle (2013) contributed that unprofessional practices, attitudes and behaviours of antenatal care providers may further increase the non-utilization of ante-

natal care. Unprofessional conduct may include failure to respect the privacy, confidentiality and traditional beliefs of the health seekers.

V. Conclusion

Many people in rural communities perceive childbirth as a natural issue that does not require medical care. Some people in rural communities see women who give birth through medical services as not real women. To them, such women are wasting the economy of their husbands. For this reason, many women insist on natural delivery even amid complications and end up in death. Most older women in the rural community encourage young women to give birth in their homes or with TBA to prove their ability to deliver normally, not through cesarean. Education of women will enable them to diffuse some of their wrong beliefs about medical care to pregnant women. Education exposes women to necessary information, the ability to earn a living and the ability to make a decision. The more educated women are, the easier it becomes for them to overcome all the challenges during pregnancy.

VI. Recommendations

1. Government should make empowerment education compulsory for women.

2. Government should organize regular training for health workers to update their performance.

3. Community leaders should organize family counselling to husbands on the dangers of violence on pregnant women.

4. Government should make antenatal and delivery services free for rural women to alleviate their economic burden.

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