

PERCEPTION OF MATERNAL HEALTH CARE SYSTEM OF WOMEN WITH FIRST TIME PREGNANCY
EXPERIENCE IN NSIT UBIUM LOCAL GOVERNMENT OF AKWA IBOM STATE, NIGERIA

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Abstract

This study focused on the perception of maternal health system of women with first time pregnancy experience in Nsit Ubium Local Government Area, Akwa Ibom State. In order to unravel the perception, three objectives and three research questions were raised. A purposive sampling technique was used to select forty first time pregnant women for the research. As a qualitative research, demographic details of the respondents were presented using descriptive statistics and information generated through the respondents through indepth interview was analyzed using thematic analysis. The theory of planed behaviour was employed to explain the perception of first time pregnant women. Findings revealed that the first time pregnant women were occupied with fear arising from maternal injury, maternal morbidity, and maternal mortality. The study recommended among others, education and awareness for first time pregnant women through the mobile clinic option strengthening of the economic and social support for first time pregnant women before, during, and after pregnancy in order to eliminate the age long experiences towards maternal health system.

Key words: Perception, maternal Health system, first time pregnancy, maternal injury, maternal morbidity and maternal mortality.

Introduction

Maternal health is said to be women's state of health during pregnancy, childbirth, and the post partum period. In most cases, it include the health care dimensions of family planning, preconception, prenatal and post natal care in order to ensure a positive and fulfilling experience for the mother and the baby. Maternal health revolves around the health

and wellness of pregnant women, particularly when they are pregnant, at the time of

delivery and during child- raising, (WHO, 2020) aimed at reducing maternal morbidity and mortality.

The essence of maternal health system is to prevent morbidity and mortality in both the mother and the child, and to promote their health and well-being. The most common direct causes of maternal injury and death has to do with poor family states (Willie, Daniel, Mboho 2024) and poor healthcare delivery which may lead to excessive blood

loss, infection, high blood pressure, unsafe abortion, obstructed labour, as well as other causes such as anemia (WHO, 2020), thus causing the maternal injury and death.

First time pregnancy, also known as a primigravida pregnancy, refers a woman's initial experience of carrying a child or being pregnant with baby, which comes with its own set of unique physical and emotional changes and experiences. However, first time pregnant women seems to think of maternal injury, blood loss, high blood pressure, and obstructed labour as they visit maternal health system. It should be stated that high blood pressure in pregnancy can include gestational hypertension, chronic hypertension, and preeclampsia, and symptoms includes a headache that does not go away, pain in upper right abdomen, swelling in face and hands and swollen feet, while others include placental abruption, poor fetal growth, preterm birth and low birth weight. Having the knowledge of these indices by a woman with first time pregnancy suggests her perception and fear of maternal health system.

Medical and Psychological approaches have been employed to explaining women's experiences seriously during early pregnancy to prevent future suffering during childbirth. This experience according to Daniel, Akpan, Ekpo (2025) is importance as it guides the outcome of labour and future experiences among pregnant women.

However, Studies have shown great understanding on women experiences addressing child birth and pregnancy. Willie, Daniel and Mboho (2024) has explained the experiences of pregnant women at childbirth noting that maternity care during first pregnancy causes diverse experiences among

pregnant women and according to WHO (2017) an estimated 295,000 maternal deaths occurred during first pregnancy. The causes of these maternal deaths according to WHO range from severe bleeding to obstructed labour, greater part of which is caused by the perception of the victims. This is therefore why international and national health bodies have employed strategies and as well make investment in maternal health to curb the experiences and excesses maternal loss.

In Akwa Ibom State for instance, and in Nsit Ubium Local Government Area in particular maternal health services include antenatal care, skilled birth attendance, and postnatal care, with a focus on reducing maternal and infant mortality rates. However, challenges during first pregnancy persist perception of pregnancy women leading to which is caused by deliveries outside the formal sector and low utilization of antenatal care. This is therefore why the researchers embarked on this study which focuses on explaining the perception of maternal health system of women with first time pregnancy in NsitUbium Local Government Area of Akwalbom State, focusing on the opinions towards maternal injury, maternal morbidity and maternal mortality.

Objectives of the Study

Generally the study will examine the perception of maternal healthcare system by women with first time pregnancy experience in NsitUbium Local Government Area of Akwalbom State.

Specifically, the study shall;

- i. identity the place of family status on the perception of first time pregnant women in Nsit Ubium Local Government Area of Akwalbom State and maternal injury;
- ii. assess the place of culture on the perception of first time pregnant

- women and maternal morbidity in Nsit Ubium Local Government Area of Akwa Ibom State;
- iii. investigate the effects of such perception on first time pregnant women on the utilization of formal medical sector during delivery, and;
 - iv. state ways of addressing maternal health challenges by first time pregnant women Nsit Ubium Local Government Area of Akwa Ibom State.

Literature Review

Experiences of First Time pregnancy

According to WHO (2023), maternal health care system has to do with the health and well-being of women during pregnancy, childbirth, the postpartum period as well as the health of children. The maternal healthcare also includes antenatal care, postnatal care, and family planning which are important for the enhancement of healthy pregnancies and safe deliveries of women.

Studies conducted by Willie, Daniel and Mboho (2024) on family status and teenage pregnancy in rural communities and, Daniel and Peters (2024) on teenage mothers and pregnancy related challenges in traditional societies indicates that first time pregnancies period are unique and transformative experience, noting that the first trimester can be physically and emotionally challenging as the body also adjust to hormonal changes. WHO (2020) further noted that the period a missed period, breast tenderness, fatigue, nausea, changes in appetite and vomiting. Causes a lot challenging experience for first time pregnant women especially those who are biast medical treatment.

Being scared of giving birth is not uncommon among first time pregnant women (Willie, Daniel and Mboho, 2024) have revealed that the fear around childbirth is understandably common during first pregnancy. Many pregnant women have some degree of fear especially around first pregnancy and child birth. Fears can be wide ranging from pain of childbirth, worries of the baby's health and anxiety about interacting with healthcare professionals. However, for some women, the fear of childbirth is enough to cause tokophobia; a type of anxiety where a person has an extreme fear of childbirth that can make them avoid pregnancy (Mangla, Hoffman, and Trumff, 2019).

Studies fear of childbirth symptoms include sleep disturbances for instance nightmares, panic, attacks, extreme fear of birth defects like still birth or maternal death, feelings of dead at the thought of pregnancy and birth, and having been informed that she will deliver through cesarean section may worsen the situation. This is more common among women who have never been pregnant or given to birth. Hearing stories from others close to them who have been through traumatic births also causes negative experience among pregnant women. Others cases of fear are related to medical care like ineffective pain control (McLeod, 2023).

Maternal Injury

Maternal injury is a kind of injury experienced by woman mostly during their first pregnancy. Maternal injuries occur primarily from pushing a baby out from the birth site, and thus causing injuries in the pelvic and perineal areas. The pelvic region includes the pelvis and the organs it holds together such as the uterus, bowel, and the

bladder. These can tear and stretch out permanently. If the pelvic muscles are injured, they may not recover strength, therefore, the mother suffers organ prolapsed within, the bladder and the bowel sink, causing urination and defecation problems (Berg, 2005).

Accordingly, tears, bumps, bruises and broken bones are some of the injuries first time pregnant women experience during delivery at birth. The baby's head crowning on its way out of the canal often causes the most stretching and tearing. To control the tear, doctors or midwives cut the perineum by performing an episiotomy. Tears can be painful, taking time to heal, and making postpartum healing more challenging. This causes fear among the first time pregnant women causing them to reject medical service in the hospital and rather prefer it at traditional birth homes which may lead to mortality of either the baby or the mother, perineal nerve damage also is a maternal injury, a condition quite painful, affecting daily activities like sitting, and having sex. The pain may be burning or prickly sensation and some women experience numbness. Hemorrhoids are not uncommon after the pushing phase of labour, inflamed veins surrounding the anus may cause pain or itchiness, though they typically resolve with soothing and topical medications. Many maternal injuries are temporary or nuisances, and some may affect a woman's quality of life (McLeod, 2023); This all affects new first time pregnant women's perception of maternal healthcare in a modern or formal healthcare system.

The knowledge of maternal injuries to the first time pregnant woman may create fear about maternal healthcare system in established hospitals. This experience which also may be caused by the size and position of

having been too large for a mother's pelvic may get stuck and prolong labour thereby leading to brachial plexus injury. Torn nerves affect the baby's ability to use their arms or hands. When a baby is stuck, a doctor may try to help the baby out with birthing assistance tools, like forceps or vacuum extractors. Fetal distress may cause an emergency Cesarean birth. But Cesarean deliveries can prevent severe injury or death when the baby cannot exceed the birth canal. This is not so at delivery in TBH as it may lead to the death of the mother or the baby.

Maternal Morbidity

Maternal morbidity according to WHO (2017) is defined as "any health condition attributed to and/or complicating pregnancy, or a childbirth that has a negative impact on the woman's well-being and as well as well being and functioning". National Institute of Child Health and Human Development (NICHD) describes maternal morbidity as any short-or long-term health problems that result from being pregnant. NICHD is one of the many federal agencies working to improve maternal health and pregnancy outcomes, with the goal of preventing and treating pregnancy-related complications to reduce maternal morbidity and mortality experience, and also to improve understanding as well as early diagnosis, treatment, and prevention of pregnancy and birth complications, with an improved data collection on maternal deaths as well as track general trends to inform research strategies.

Maternal health care experience also includes a range of different health conditions, some of which start during pregnancy, while others do not develop until years after a pregnancy and continue throughout the woman's life time. It is the state of being symptomatic or unhealthy for disease or condition during pregnancy period. It is the state of having a

specific illness or condition that may not be too fair to the pregnant woman.

Maternal Mortality

Maternal mortality has to do with the occurrence of deaths due to complications arising from pregnancy or childbirth. However, the major complications that account for nearly 75 percent of all maternal deaths includes severe bleeding mostly after childbirth and high blood pressure during pregnancy (UNICEF). In Nigeria, the leading causes of maternal death as said to include obstetric, haemorrhage, eclampsia, sepsis, obstructed labour and complications of unsafe abortion, (Amoo and Ajayi 2019).

However, knowledge of maternal mortality to the first time pregnant women creates fear among them as the causes of death during pregnancy are being discussed to them while attending antenatal clinic. The first time pregnant women are exposed to the benefits surrounding healthy diet, exercises that keeps a pregnant woman fit and active, what happens during labour and child birth, how to cope with labour and information about different types of pain and relief as well as how to help oneself during labour and birth, and relaxation techniques creates a complex feelings among pregnant women of child delivery. The discussions, interactions and lessons drawn during antenatal care are very useful in promoting the health of mothers and their babies, to as well as avoiding situations that may lead to prevent unwanted complications during pregnancy and delivery, thus preventing maternal death. This others live cultural relations all affects the perception of first time pregnant women in accessing and utilization of medical services.

Theoretical Framework

The Theory of Planned Behaviour (TPB) was elaborated by Icek Ajzen (1991)¹ for the purpose of improving the relationship between beliefs and attitudes. The theory of planned behaviour is a psychological theory that links beliefs to behaviour. The theory maintains that three core components namely; attitudes, towards the behaviour subjective norms, and perceived behavioural control which interacts and influence the individuals intentions and determines behaviour. Notifying external factors can also affect behaviour. These therefore Anua, Emmanuel Hospital Eket, and General Hospital Ikot Ekpene can shape an individual's behavioural intentions and actions. According to the theory, an individual's evaluation of, or attitude toward a behaviour is determined by his or her accessible beliefs about the behaviour, (McLeod, 2023).

Applicable to this study aligns with is the fact raised by Essien, Effiong, and Emeh, (2024), that individual's behavioural intentions of first time pregnant women include their perception of medical service to be received from the hospitals, that causes them not visiting antenatal clinic for fear of avoiding wicked nurses that she perceived can harm the baby, for the fear of knowing the size of the baby and to avoid cesarean birth, the fear from hearing stories of traumatic births from others, and the fear of undergoing episiotomy when the head that the child cannot pass through the canal.

According to the theory, the avoidance of hospital by first time pregnant women is a planned behaviour for them to avoid a perceived situation of delivering through cesarean process, of having still born because most of the nurses and medical personnel are

considered demonic, that medical personnel do not have patience and so they would prefer traditional birth homes or giving birth at religious homes where they will not be hurt.

Methods

The study was carried out in Nsit Ubium Local Government Area of Akwa Ibom State. The three Government selected to the study include Ikot Eyo, Iko tEdebom, Edebom. The study adopted a qualitative research design to obtain primary data from respondents. The population of the study consisted first time pregnant women selected from religious homes Traditional Birth Homes, Model Health Centre at Ikot Ekwere. The study employed an in-depth interview in the collection of data. The perceptions of respondents were explored on maternal health system by women with first time pregnancy experience in the studies area. Interviews were conducted on the respondents. Views of participants were identified and translated into themes. The indepth interviews were semi-structured, consisting of open-ended questions. Participants were 40 first time pregnant women; 10 from each of the communities and the Model Health Centre.

The interviews were tape-recorded and thematic method was employed in data analysis.

Data Presentation

The study participants comprised of 40 first-time pregnant women. The study focused mainly on the age Cohort 22 and 32 years. Marital background of the participants showed that all the participants were married. The educational background of the participants shows that 40 percent of respondents had a tertiary education, 30 percent had secondary certificate examination certification, and 30 percent had First School Leaving Certification.

Discussion of Findings

Family Status and the Perception of First Time Pregnancy Women

This has been an influence of the attitude leading to the perception of first time pregnant women in Nsit Ubium of modern medical services. Majority of the respondents (80%) accepted that the social standing of their family influence, the fear created about child birth in them at the model health centre.

Another respondent had this to say:

'My mother gave birth to seven of us in a Traditional Birth Home. She said there is no way you will go to the hospital that they will not use sharp objects on you and that is why she followed the steps of her mother. So she perceive that hospital won't be patience with you when births are delayed and cause maternal injury.'

'My friends that have given birth told me how they manage to have their babies. One of my friend fainted why giving birth. Ever since she told me such a story it has been a thing of fear to me. She said that she was revived after 3 days in the hospital. According to her most medical personnel are demonic and belongs to different cult a group that demands the blood of their patients.'

Another respondent narrated her experience of what she saw in the maternity ward:

'I went to hospital to visit my friend who had been there for two weeks. She did not have money to buy drugs because the husband abandoned her for few days in the hospital. It is only the mother inlaw that have been coming to visit her. She told me that she cannot get home because her bills have to be completed before she can leave. For some of us the cost of medical services has been a barrier to why we have not been able to utilize modern medical services.'

Another respondent had this to say:

I have been hearing of how people bleed to dead when they give birth in hospitals. I hope it will not happen to me, I pray I should deliver safely because I don't want to have any operation on my stomach. We don't really have cases of bleeding at TBHs that is why I would prefer it to hospital.

Based on gathered information, the respondents expressed their perception which was influenced by the information they gather from their family members and friends. This information affected their thought towards delivery day. Their fears include experiencing injury during labour, cost of delivery, attitudes of medical personnel and they are really concerned with how the doctor will conduct episiotomy in order to bring their baby out if they cannot

deliver at ease. Culture and the Perception of First time Pregnant women in Akwa Ibom State.

There is a poor level of understanding of maternal mortality among first time pregnant women. Some of the respondents perceived that reporting their cases to health care officers means exposing their own problems to them. The belief system of the people influences their perception and attitudes towards medical personnel.

One respondent had this to say:

'My mother said that on the day of delivery I should go to the churches and deliver. That the ghost of women who lost their lives during delivery in the hospital are always around to attack others where the medical doctors attending to you are not strong spiritually. My friends also said that she has been attending the hospital for drugs but would prefer to deliver at TBH because her mother informed her that most of the medical personnel are members of cult groups that demands blood and that is why a lot of women die in their hands. '

Another respondent had this to say:

'My mother told me that I should not worry about my health that I will deliver safely. I have a wound on my leg. I have been treating it and it is not going. When I took in, it started paining me ever than before. I had to be taking pain relieve to reduce the pains so that I can sleep in the night. I am told that taking drugs is not good with pregnancy, but I pray I will not have any problem with my baby.'

To another respondent:

'My religious sects does not allow for blood transfusion that is why I would prefer TBH to avoid been transfused with unclean blood. At TBH there are leaves the attendants will give to you for you to be able to deliver. The leave will keep the baby in proper direction. This is not in the hospital rather they will opt for CS.'

Based on this interview, it was discovered that the pregnant women's perception are influenced by their culture and religion which can lead to birth complications during delivery. They fail to understand that early diagnosis and treatment can prevent and improve pregnancy complications.

Utilization of Formal Medical Sector by First Time Pregnant Women

leading causes of maternal death include unsafe abortion, sepsis, obstetric haemorrhage, and obstructed labour. The antenatal care unit is responsible for explaining the areas that will promote healthy life of the mother and the baby which include healthy diet, exercise that makes the pregnant woman fit and active, and information about different types of stages the first time pregnant woman may experience.

Obtaining information from formal medical sector, a respondent had this to say:

'I do not go for antenatal care. I have a woman that checks my baby. I always go to her and she assess my pregnancy on the days she told me to be coming. I can also go to her even early in the morning when I feel abnormal because of this pregnancy. She listen to you whenever. This is not the save at our medical centre who will not give you time.'

Another respondent had this to say:

'I fear going for scan but I do go for antenatal care, I also have a midwife that I go to. I always pray, nothing will happen to me. My friend lost her pregnancy because of the attitude of medical personnels. The drugs they gave her causes the baby to be aborted. Not that am really relying on the hospital, but I know nothing will happen to me.'

Based on this information, it is discovered that though the first time pregnant women are attending antenatal care, they also look out for help from other people who takes care of pregnant women. What will happen to them for neglecting the information from doctors, nurses and other health officers do not really matter to them. Their culture, faith, family status and background as well as information from parents and friends influence their perception of delivering in the hospital.

Conclusion

The perception of maternal health system by women with first time pregnancy experience is enormous. Actions to improve women's knowledge towards attending prenatal, postpartum, and other recommended specialty care visits should be considered paramount and be organized by both federal and state government to create more awareness among pregnant women. Though the maternal health care system avail the first time pregnant women of the information they need for them to stay healthy with the child till delivery date, the stories behind maternal mortality from friends and neighbourhood have created a negative impact in the lives, attitudes and behaviour of the first time pregnant women. This study therefore concludes that the experiences of the first time pregnant women arise from the beliefs and stories they gather other than the information gotten from health officers in the hospitals, which can bring about maternal injury, morbidity, and maternal mortality among them.

Recommendations

The study recommended that;

- i. The well-being of first time pregnant women should be improved through the awareness of the dangers arising from false stories and beliefs concerning maternal health system.
- ii. Medical personnel are encouraged to give first time pregnant women good advice to reduce the fear concerning maternal injury and dangers in the hospitals. This will disabuse their mind of medical personnel.
- iii. Strengthening the economic and social support for pregnant women before, during and after pregnancy is important in eliminating the age long experiences among pregnant women.
- iv. Also, Government should improve on the social status of women through education, employment generation for women and sensitization on the need to do away with barbaric cultures that may be to the detriment and health of the people.
- v. Government should embark on improved medical services like mobile clinic services. This will make effective and accommodate extensive antenatal clinic to rural communities to influence negative perception of first time pregnant women on maternal health care system.
- vi. A social support unit should be established in the ministry of health to enhance the social support of women especially the first time pregnant women. This unit will coordinate and streamline the social support for pregnant women and eliminate the age long experiences and perception among them.

Religious and community leaders should organize workshops and seminars that will help create awareness among pregnant women on the need to prefer health service at hospitals other than at traditional birth homes.

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