PERCEIVED BARRIERS TO HEALTH SEEKING BEHAVIOUR OF PREGNANT WOMEN INFECTED WITH STIs IN DELTA STATE

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Abstract
Pregnant women infected with STIs sometime do not meeting up with their routine antenatal checkups due to some barriers. A descriptive survey study to determine the age differences on the perceived barriers to health seeking behaviour of pregnant women infected with STIs in general hospitals in Delta State, Nigeria was carried out two research questions and one hypothesis were formulated to guide the study. The population for the study was 2,230 while the sample size for the study was 342 pregnant women who tested positive to STIs drawn from nine (9) selected general hospitals out of 38 general hospitals using multi-stage sampling technique.The instrument used for data collection was a self-structured questionnaire. Analysis of data collected was done using mean, standard deviation and Analysis of Variance (ANOVA).Findings from the study revealed that pregnant women with STIs attending general hospitals in Delta State have barriers to health care seeking behaviour. The barriers included lack of finance, high cost of health care services, inaccessibility of health care facilities, lack of information/education, low threat to pregnancy, and unfavorable previous experience. Pregnant women within the age brackets of 25-34years and 35-44years identified more barriers (seven each) than those within the age bracket of 15-24 years identified only 6 barriers. When the data were subjected to inferential statistics, it revealed no significant difference in the perceived barriers based on age.

Some recommendations were made including: public health campaign for both care givers and patients should be intensified; basic health centers should be upgraded to comprehensive health centers ;and national health insurance scheme should be repositioned to enable rural women subscribe to it.

Key Words: *Age difference, Perception, Barriers, Health seeking behavior, Pregnant women with STIs*

Introduction

The global burden of sexually transmitted infections (STIs) to health and development seems to be overlooked as a public health priority.Sexually transmitted infections(STIs) constitute a major health problem globally. However, their prevention has been a priority since Human Immune Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) emerged as a life-threatening disease. Research indicates a synergy between STIs and HIV

transmission (WHO, 2015) and in turn enhances transmission among high-risk groups, such as practicing homosexual men, intravenous drug users, commercial sex workers and their clients, and children of infected mothers.(Olotorin,2010). More than thirty differentbacterial, viral or parasitic agents are recognized as being transmitted sexually; however, the majority of new STIs worldwide are syphilis, gonorrhea, Chlamydia, trichomoniasis, genital herpes,HIV, hepatitis B virus (HBV) and human papilloma virus (HPV). These infections are often silent and without symptoms, can result in serious or fatal consequences (Karoline,Jackoniah and Termini and Men, 2016). Cervical cancer caused by HPV is the largest single cause of years of life lost due to cancer in the developing world and because it affects women in the most productive years has a devastating effect on the well-being of families. Syphilis among pregnant women still results in up to 1.5 million prenatal deaths each year (Lewis Latif and Ndowa, 2017). Damage to the fallopian tubes from gonorrhea and Chlamydia can lead to infertility, as well as tubal pregnancy, an important cause of maternal death in developing countries .Hepatitis B, most frequently transmitted from mother to child in endemic areas, can result in chronic infection, liver cancer and liver failure .Genital herpes and other genital ulcer diseases increase risk of HIV transmission.

It is estimated that each year more than 340 million new curable STIs occur in reproductive aged men and women. This excludes the estimated 33 million new cases of HIV as well as estimated 100million plus infections caused by other virus STIs each year(WHO,2015), excluding HIV/STIs and other reproductive tract infections(RTIs).These account for a substantial proportion of outpatient health care visits among adults of reproductive age and most ranked among the top five leading causes for which individuals seek health care(Della Betta, 2006). Sub-Saharan Africa remains the most affected region, with 25.6 million people living with HIV and approximating 8% carrying hepatitis B (Liu, Ozar, and Hogan, 2015). In the absence of interventions, 30-45% of infants born to HIV-positive mothers in developing countries become infected during pregnancy, delivery or breastfeeding. It is estimated that 45% of people living with HIV know their status. Similarly, the majority of children infected with HBV prenatally develop chronic infection with a high risk of severe complications later in their lives. Sexually transmitted infections (STIs) are closely link to the HIV epidemic as they can increase the risk of HIV acquisition. Nearly 50 million new cases of curable STIs (gonorrhea, Chlamydia, Syphilis and Trichomniasis) occur every year, the majority showing only mild or no symptoms at all (WHO, 2015).

Health care seeking behaviours during pregnancy are forms of health behaviours that are undertaken by expectant mothers to ensure safe motherhood (Onuzulike, 2008).Health behavior is defined as the activity undertaken by people for the purpose of maintaining or enhancing their health, preventing health problems, or achieving a positive body image and in the long run promote physical, social, emotional, occupational and spiritual well-being (Olotonin, 2007). Cockerham (2014) defined health behaviours as activities undertaken by a person who believes himself or herself to be healthy for the purpose of preventing diseases. Such activities and practices are predicted on health promoting attitudes and virtues Kandpal (2013) opined that the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors. The call for a contextual analysis of care seeking behavior maybe a factor of cognitive or awareness, socio-cultural

as well as economic factors. It means that health seeking behavior can be influenced by some factors such as cultural factors which include low status of women in the sense that they take authority from their husbands before taking/seeking medical aid, social factors like sex, age, education marital status, occupation and parity. Health care involves seeking information or counseling from hospitals/maternities, pharmaceuticals/medicine stores, traditional medicine centre and healing centers/prayer houses

Barriers have been defined as a major influence on a person's ability to engage in health promoting behaviors (Becker,Charles &Slack,2015).In the Health Belief Model, barriers are the subjectively perceived costs-inherent in undertaking health behaviors. Numerous barriers to health promotion and disease prevention have been identified, including cultural barriers resulting from differences between practitioners and patients in perceived ecology of disease, language,health beliefs and practices,andcommunication patterns. Also demographic variables such as educational level, income, transportation, access to care issues, orientation to preventive services and insurance status, can negatively affect a person's ability to take care of his or her health (Huff and Kline 2018).

Methodology

A descriptive survey design was adopted in this study. The target population was pregnant women in twenty eight general hospitals in Delta state who were infected with STIs. The total no of pregnant women infected with STIs as at July 15-sept 2019 was 2,230.Sample size was calculated to give a 95% confident level, a margin of error plus or minus using Taro Formula .Therefore, the sample comprised of 342 pregnant women who tested positive to pregnancy and STIs during the period of the study. Multi-stage sampling technique was employed in the selection of sample.In the first stage, all the twenty eight general hospitals were clustered into three,using the three political zones. The second stage involved the use of simple random sampling of balloting without replacement to select three general hospitals from each zone. From this,nine general hospitals were selected for the study.The third stage involved using purposive sampling technique, 38 pregnant women were selected from each of the 9 general hospitals earlier selected. This gave a total sample of 342 women who participated in the study.

A self-structured questionnaire was used for data collection. It was subjected to content and face validity and also to reliability test using test-re-test method. This yielded a reliability coefficient of 0.72.The instrument was distributed to the pregnant women with the help of heads of units and was collected immediately after responding to questions. Data generated were interpreted using descriptive statistics of mean and standard deviation while inferential statistics of ANOVA was used to test the null hypothesis.

Two research questions and one hypothesis guided the study.They are:

1. What are the health seeking barriers (HSBS) of pregnant women infected with STIs in Delta State?
2. What are the barriers to health seeking behaviour of pregnant women infected with STIs based on age?

Hypothesis 1: There is no significant difference between the barriers identified by pregnant women with STIs based on age.

Results

Table 1: Perceived barriers to health care seeking behaviour of pregnant women infected with STIs (n=342)

S/N	Items	$\bar{x}$	SD
1	Lack of finance is a barrier to my seeking health care	2.79	1.02
2	High cost of health services can hinder health care seeking	2.85	92
3	Non-availabilities of health facilities can discourage	2.71	99
4	Inaccessibility of health facilities can be a barrier to health care seeking	2.64	1.05
5	Lack of information & education can be a barrier to health care	2.69	1.03
6	Low threat to pregnancy outcome can be a barrier	2.57	96
7	Unfavorable previous experience can be a barrier	2.48	98
8	Religious beliefs can be a barrier to health care seeking	2.40	98
9	Cultural beliefs & stigmatization practices can lead to not seeking health care	2.21	1.01
	Cluster Mean	2.59	0.99

Key $\bar{x} \leq 2.50$ = not Perceived barriers, $\bar{x} \geq 2.50$ = Perceived barrier

The perceived barriers identified by pregnant women infected withSTIs Include: Lack of finance($\bar{x}$= 2.79; SD=1.02);high cost of health services($\bar{x}$= 2.85; SD=92),non-availability of health facilities ($\bar{x}$=2.71,SD=99); inaccessibility of health facilities($\bar{x}$=2.64,SD=1.05); lack of information ($\bar{x}$=2.69,SD=1.03); low threat to pregnancy ($\bar{x}$=2.57,SD=96); unfavorable previous experiences($\bar{x}$=2.48, SD = 98).However, the table shows that religious belief ($\bar{x}$ =2.40, SD=98) and cultural beliefs ($\bar{x}$=2.21,SD=1.0) are not perceived as barriers to health seeking behaviour because their mean score are below the criterion mean of 2.5.

Table 2: Perceived barriers to health care and health care seeking behaviour based on age (n=342)

S/N		15-24 yrs		24-34yrs		35-44yrs	
		$\bar{x}$	SD	$\bar{x}$	SD	$\bar{x}$	SD
1	Lack of finance is a barrier to my seeking health care	3.02	87	2.71	1.05	2.92	1.01
2	High cost of health services can hinder health care seeking	2.96	92	2.79	09	3.00	99
3	Non-availability of health facilities can discourage	2.66	94	2.72	98	2.75	1.06
4	Inaccessibility of health facilities can be a barrier to health care seeking	2.75	1.05	2.58	1.07	3.00	91
5	Lack of information & education can be a barrier to health care seeking	2.81	1.06	2.67	1.03	2.75	1.02
6	Low threat to pregnancy outcome can be a barrier	2.64	96	60	.97	2.31	96
7	Unfavorable previous experience can be a barrier	2.36	92	2.54	.97	2.31	1.04
8	Religious beliefs can be a barrier to health care seeking	2.45	89	2.34	.98	2.65	1.06
9	Cultural beliefs & stigmatization practices can lead to not seeking health care	2.45	1.12	2.15	.96	2.23	1.06
	Cluster Mean	2.68	.97	2.57	.88	2.66	1.01

$\bar{x}$<2.50 = not perceived barrier, ≥ 2.50 = perceived barrier

Table 2 reveals that pregnant women aged 15-24 years identified 6 items(1,2,3,4,5,6) as barriers,women aged 25-34years identified 7 items(1,2,3,4,5,6,7,)as barriers whereas women aged 33-44years identified 7 items(1,2,3,4,5,6,7)as barriers. It can be said that the pregnant women within the age brackets of 25-34 and 35-44years have more barriers (seven each) than those within the age of 15-24 years who identified only 6 barriers.

Table 3: Summary of one-way ANOVA showing difference in the barrier of pregnant women infected with STIs in general hospitals based on age (n=342)

Sources	Sum of squares	Df	Mean Square	F	p-val
Between groups	53.001	2	26.500	1.86916	
Within groups	4763.925	336	14.178	-	-
Total	**4816.95**	**338**	**-**	**-**	**-**

The results indicate that there was significance difference in barriers to HSBs of pregnant women based on age (f (2,336) =1.87, p=.16) since the p-value is greater than 0.05 level of significance. Thus, the null hypothesis was rejected.This implies that barriers to HSBs of pregnant women of different ages infected with STIs differ from one another.

Discussion of Findings

Based on the analysis and interpretation of data, the following are the findings of the study. The study reveals that pregnant women with STIs attending the general hospitals have barriers to health seeking behaviors such as lack of finance, high cost of health services, inaccessibility of health facilities, lack of information, low threat to pregnancy and unfavorable previous experience. The finding was expected because many of these barriers are reported in related studies, for instance, Sun et al (2017) in their study identified unclean health facilities, environment, and shortage of trained staff, distance transportation and cultural belief were barriers identified by the women. Cessaly, (2022)reported in her study that lack of awareness; finance and religious beliefs were barriers to health seeking behavior among black men in America. Again, Sowell, Seals, Money,Ham, Cuillory, Demi and Cohen(2023) identified lack of knowledge, lack of finance, lack of patient education and stigmatization as barriers among 46 women with HIV as a focus group. Also Huff and Kline (2018) noted that demographic variables such as educational level, income, transportation and access to health facilities among others can affect health care seeking. Moneze, et al (2023) reported cultural beliefs and stigmatization as perceived barriers to health seeking behavior. Almost all the age brackets see the items listed as barriers. However, pregnant women within the age brackets of 25-34 and 35-44yrs identified more barriers than those within ages of 25-24yrs who identified only 6 barriers. This result might be attributed to experience based on age as those aged between 15-24yrs have lesser experience in seeking health care than those above 25yrs. The findings also indicated significant difference in the perceived barriers identified by pregnant women infected with STIs based on age was expected, The barrier that affect pregnant women with STIs attending the general hospitals differ from individual to individual.

Conclusion

The findings of the study showed that there are barriers to health care seeking behaviour of pregnant women with STIs who attend general hospitals in Delta State, Nigeria. The barriers identified include: lack of finance, high cost of health services, inaccessibility of health care facilities, lack of information, low threat to pregnancy and unfavorable previous experience. In order to mitigate these barriers, it is recommended that:

1. Public health education/campaign for both health care givers and patients on the negative consequences of stigmatization of patients for being STIs positive should be intensified
2. Basic health centers should be upgraded to a comprehensive health centers with qualified doctors and nurses as well as functional facilities to make health care facilities affordable and accessible to the pregnant women.
3. National health insurance scheme should be repositioned to enable rural women subscribe to it and benefit from the pull of resources to reduce financial bottleneck mitigating against health care seeking behavior of pregnant women with STIs.

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