# Health Seeking Behaviours among Pregnant Women in Enugu East L.G.A., Enugu State.

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## ABSTRACT

The study investigated the health seeking behaviours of pregnant women of different parities in Enugu East local government area, Enugu State, Nigeria. Three research questions were stated and three null hypotheses were equally formulated to guide the study. The descriptive survey research design was adopted for this study. The population for the study was 1,660 registered pregnant women attending antenatal clinic in the 20 primary health centres. The sample size for this study was 166 respondents who were selected through the proportionate stratified random sampling technique. The instrument for data collection was researchers-developed structured questionnaire which was validated by three experts. The instrument comprised 23 items divided in clusters based on the three research questions. Reliability of the instrument was determined using Cronbach Alpha statistic which yielded .81, .79 and .80 for clusters 1, 2 and 3 respectively. The instrument had an overall reliability index of .80 which indicated that the instrument was reliable. Data collected were coded into the Statistical Package for Social Sciences (SPSS) software package version 23.0, which was used in processing all the relevant data. The research questions were answered descriptively using mean scores and standard deviation, while the hypotheses were tested using Analysis of Variance (ANOVA) at .05 level of significance. Findings of the study showed impressive health seeking behaviour among the sampled pregnant women in terms of attending antenatal visits, dedicating themselves in the practice of personal hygiene, as well as indulging in moderate exercises. Based on the findings of the study, the study recommended among others, the need for intensified health sensitization to be organized regularly for women of reproductive ages, in order to sustain their awareness and consciousness about the importance of antenatal visit.

**Keywords:** Antenatal visit, Exercise, Health Seeking Behaviour, Hygiene practice, Parity. Pregnant women

## INTRODUCTION

Health is essential for socio-economic development of people and nations. Agbeko (2010) defined health as an optimal personal fitness for full fruitful creative living. Considering the narrowness of this definition, a better definition is provided by the World Health Organization (WHO) as cited in Egbuniwe et al. (2016), which defined health as the complete state of physical, mental and social well being, and not merely the presence or absence of disease or infirmity. Adaramaja and Tijani (2014) posited that health is maintained and improved not only through the advancement and application of health science but also through the efforts and intelligent behavioural choices of the individual and society. In this premise, health behaviour

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according to Adaramaja and Tijani (2014) refers to a combination of healthy, unhealthy, health damaging and health maintaining acts which have great effects on the state of health of individuals.

Agbeko (2010) also asserted that people's attitudes to health often affect personal and societal concepts which are based on experiences and views on well-being as well as their health-seeking behaviour. Thus, Health-Seeking Behaviour (HSB) is considered as a process by which an individual acts to maintain the state of physical fitness and well-being that enables him or her to manage the physical, social and biological environments to his or her own satisfaction (Adaramaja & Tijani, 2014). It is defined by Zewude (2019) as the activity carried out for a purpose of finding an appropriate remedy to health challenges, particularly by individuals who perceive themselves as been susceptible to health problems. HSB is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health (Zewude, 2019). Health seeking behaviour can be assessed among different groups of people, but for the purpose of this study, the researchers focused on the health seeking behaviours among pregnant women.

Health seeking behaviour is particularly important for pregnant women considering the view that pregnancy is not only a period of physical changes but also a period in a woman's life when important health decisions are made which could affect the life of a mother and her unborn foetus (Onuoha & Amuda, 2013). In Nigeria, research evidence have pointed to the view that pregnant women often suffer the consequences of serious obstetric complications that in most occasions lead to death (Akeju, Oladapo, Viler & Adepojo, 2016). They further stated that thousands of women are faced with pregnancy-related complications, most of which are attributed to haemorrhage, puerperal sepsis, obstructed labour, hypertensive disorders, and unsafe abortions. Onuoha and Amuda (2013) averred that delay in seeking care (phase I delay) is a recognized contributor to adverse pregnancy outcomes.

From the ambit of extant literature, pregnant women seek host of different health behaviours such as embarking on good diet, adequate rest and sleep, hygiene practice, family planning, antenatal attendance, exclusive breastfeeding, moderate exercise and immunization and other disease preventions (Parvin, et al.,2022; Gopalakrishnan, et al,2019; Akeju, *et al.*2016; Kifle, Azale, Assefa & Alemu, 2017). However, this present study focuses on three dimensions of health seeking behaviours which include: antenatal attendance, hygiene practice and moderate exercise.

Antenatal attendance is a time during which focused antenatal care is given to pregnant women for the promotion of their health and that of their babies before and after birth for the prevention of infant and maternal mortality and morbidity rates (Ehiemere, 2018). It involves general assessment and checking for symptoms of poor nutrition, or lack of iodine, checking of weight, temperature, pulse, signs of anaemia, shortness of breath and blood pressure. Education about benefits of good nutrition, immunization and exclusive breastfeeding are also highlighted. The World Health Organization (WHO, 2018a) recommended at least eight ANC contacts during pregnancy to improve perinatal outcomes and women's experience of care that is, five contacts in the third trimester, one in the first trimester and two in the second trimester. They also specified the content of antenatal care visits, which include blood pressure measurement, urine testing for bacteriuria and proteinuria, and blood testing to detect syphilis and severe anaemia (WHO, 2018b).

Hygiene practice on the contrary, is a series of practices performed to preserve health. According to the WHO (2018b), hygiene refers to conditions and practices that help to influence optimal health and prevent the spread of diseases. It is recommended that during pregnancy, women should be careful about personal hygiene because pregnant women sweat more and have more vaginal discharge than non pregnant women(due to hormonal changes), and they may be more vulnerable to infection by germs in the environment (WHO, 2018b). Keeping a good hygiene helps prevent infection such as changing and washing clothing and bedding regularly (Calmejane, 2013).

Furthermore, exercise is any bodily activity that enhances or maintains physical fitness and overall health

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and wellness. According to WHO (2020) guideline, exercise is aimed at improving the physical and psychological well-being of an expectant mother for labour and preventing pregnancy induced pathologies by various physical means. It generally includes moderate levels of aerobic exercises and stretching exercises that take at least 150 minutes every day.

Parity is a variable which may influence health seeking behaviour among pregnant women. Parity is defined as the number of times that a woman has given birth to a fetus with a gestational age of 24 weeks or more, regardless of whether the child was born alive or was stillborn (Nnamani, 2015). It is also the number of prior pregnancies beyond 26 weeks gestation (Solanke, 2017). Parity is the number of live births borne by a woman, and may be categorized into primiparity (one live birth), multiparity (more than one but less than five live births), and grand multiparity which is also referred to as high parity (five or more live births) (Opara & Zaidi, 2007 in Solanke, Banjo, Oyinloye & Asa, 2018). Celik and Hotchkiss (2000) in Nnamani (2015) stated that women who are delivering their first child were found to be significantly more likely to use prenatal care like during delivery than women in the higher parity.

Consequently, HSBs are closely linked with optimal maternal health, while less optimal HSBs have been linked to worse health outcomes, increased morbidity and mortality and poor maternal health status (Latunji & Akinyemi, 2018). Ensuring optimal health seeking behaviour of pregnant women is a step in the right direction to pursuing the SDGs objective 3 which seeks to achieve good health and well-being of all by the year 2030, particularly with respect to maternal health. Hence, this present study aims to investigate the HSBs among pregnant women in Enugu East L.G.A., Enugu State, Nigeria, with the view to provide policy directions that could influence optimal health seeking behaviour among pregnant women in the area.

**Statement of the Problem**

Optimal health is a necessity for the survival and functionality of every individual in the society. It is most important for pregnant women considering that the period of pregnancy is associated with different complicated health challenges which could adversely affect them when they are ill-managed. However, research evidence has proved that many women suffer during pregnancy due to poor health seeking behaviour (Liu, Xue, Qian, *et al.*, 2019). This is why different health care interventions have been promoted in recent time by various international health organisations, government and non-governmental health institutions to ensure optimal health seeking behaviour among different people. For instance, the Sustainable Development Goals (SDGs) agenda 3 seek to achieve optimal healthcare and well-being for all by the year 2030 (Saxena, Ramaswamy, Beale *et al.*,2021; Bellantuono, Monaco, Amoroso, *et al*, 2022).

Despite various interventions, there seems to be a loophole in the health seeking behaviour of people, particularly among pregnant women (Kifle, *et al*, 2017). This has often resulted to increase in infant and maternal morbidity and mortality rate among pregnant women, and a host of other complicated health challenges such as vaginal fistulae, uterine prolapse (Tesfay *et al*, 2022), and this is not exclusive to pregnant women in Enugu East Local Government Area. Although a number of studies have explored the health seeking behaviour of people across different socio-demographic contexts (Parvin, et al, 2022; Kifle,et al, 2017), there appears to be a limited empirical research on the theme within the context of the present study area. This therefore forms the motivation for this present study which hopes to fill this gap in empirical research.

**Research Questions**

The following research questions were raised to guide this study.

1. What are the health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with respect to attending antenatal visit?
2. What are the health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with regards to hygiene practice?

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

3. What are the health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with respect to moderate exercise?

**Purpose of the Study**

The general purpose of this study was to determine the health seeking behaviours among pregnant women in Enugu East L.G.A., Enugu State. Specifically, the study sought to determine the:

1. health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with respect to attending antenatal visit.
2. health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with regards to hygiene practice.
3. health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with respect to moderate exercise.

**Hypotheses**

The following hypotheses were formulated and tested at .05 level of significance.

**$H0_1$:** Pregnant women of different parities do not differ significantly in their mean ratings with respect to health seeking behaviours of antenatal visit.

**$H0_2$:** Pregnant women of different parities do not differ significantly in their mean ratings with respect to health seeking behaviours of hygiene practice.

**$H0_3$:** Pregnant women of different parities do not differ significantly in their mean ratings with respect to health seeking behaviours of moderate exercise.

## METHODS

The descriptive survey research design was adopted for this study. Kothari and Garg (2014) defined descriptive survey research design as that which is concerned with describing the existing characteristics with narration of facts of a particular individual, of a group or situation. The study was conducted in Enugu East L.G.A. of Enugu State, Nigeria. The population for the study comprised 1,660 registered pregnant women attending antenatal clinic in the 20 primary health centres. They included; 570 Primiparous women (low parity, one live birth), 850 Multiparous women (moderate parity) two to four live births and 240 Grand multiparous women (high parity). The sample size for the study was 166 respondents who were selected through the proportionate stratified simple random sampling technique.

The instrument for data collection was researchers-developed validated structured questionnaire entitled "Health Seeking Behaviour among Pregnant Women Questionnaire (HSBPWQ) which its reliability test using the Cronbach Alpha method yielded .81, .79 and .80 for clusters 1, 2 and 3 respectively with an overall reliability index of .80. The instrument comprised 23 items divided in three clusters based on the three research questions. A 4-point rating scale with assigned values was used to rate the responses to the questionnaire items as follows: Strongly Agree (SA) – 4 points, Agree (A) – 3 points, Disagree (D) – 2 points and Strongly Disagree (SD) – 1 point respectively. Ethical considerations were duly observed with right of the subjects and confidentiality of information well protected.

Copies of the questionnaire were produced and administered to the respondents on a face-to-face basis by the researchers and two research assistants who are registered nurses. The research assistants were briefed in a day meeting on the modalities of collection of data. Data collected were coded into the Statistical Package for Social Sciences (SPSS) software package version 23.0, which was used in processing all the relevant data. The research questions were answered using descriptive statistics including mean scores and standard

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

deviation. The benchmark set for the mean score was any mean score equal to or more than 2.50 was "Agree" while any mean score below 2.50 was "Disagree".

The study hypotheses were tested using Analysis of Variance (ANOVA) at .05 level of significance. ANOVA was considered appropriate for testing the hypotheses because three levels of indicators were associated with the independent variable (Primiparous, Multiparous and Grand multiparous women) in each of the three hypotheses. Significant associations were observed for any *P* value less than .05.

## RESULTS

**Research Question 1:** What are the health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with respect to attending antenatal visit?

**Table 1:** ***Mean and Standard deviation ratings of the Health Seeking Behaviours among Pregnant Women in Enugu East L.G.A. with respect to their Antenatal Visit*** **n = 166**

| | **ITEMS** | **Primiparous women 57** | | **Multiparous women 85** | | **Grand multiparous women 24** | | **Overall** | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **S/N** | **The following are health seeking behaviours among pregnant women with respect to attendance to antennal visit:** | **x** | **SD** | **x** | **SD** | **x** | **SD** | **x** | **SD** | **Dec** |
| 1 | I book early before the end of first trimester. | 2.61 | 0.90 | 2.50 | 0.95 | 2.53 | 0.92 | 2.55 | 0.92 | A |
| 2 | I book for antenatal at second trimester. | 2.55 | 0.91 | 2.53 | 0.86 | 2.61 | 0.99 | 2.56 | 0.92 | A |
| 3 | I attend antenatal visit twice before delivery. | 2.43 | 0.95 | 2.59 | 0.90 | 2.53 | 0.93 | 2.52 | 0.93 | A |
| 4 | I attend antenatal visit three times before delivery. | 2.39 | 0.90 | 2.54 | 0.93 | 2.55 | 0.87 | 2.49 | 0.90 | D |
| 5 | I attend antenatal when symptoms occur. | 2.41 | 0.90 | 2.55 | 0.99 | 2.51 | 0.95 | 2.49 | 0.95 | D |
| 6 | I attend antenatal even without symptoms. | 2.55 | 0.85 | 2.53 | 0.91 | 2.53 | 0.90 | 2.54 | 0.89 | A |
| 7 | I keep to antenatal appointment. | 2.60 | 0.91 | 2.61 | 0.99 | 2.58 | 0.91 | 2.60 | 0.94 | A |
| 8 | I attend antenatal up to 4 times in each pregnancy. | 2.53 | 0.91 | 2.55 | 0.90 | 2.50 | 0.89 | 2.53 | 0.90 | A |
| 9 | I keep all the antenatal instructions given especially taking of my routine drugs. | 2.70 | 0.88 | 2.60 | 0.92 | 2.53 | 0.92 | 2.61 | 0.91 | A |
| | **Cluster Mean** | **2.53** | **0.90** | **2.56** | **0.93** | **2.54** | **0.92** | **2.54** | **0.92** | **A** |

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

From Table 1, it is observed that the Primiparous women's mean ratings ranged from 2.39 to 2.70, Multiparous women ranged from 2.50 to 2.61, while the Grand multiparous women's mean ranged from 2.50 to 2.61. They also have cluster means of 2.53, 2.56 and 2.54 as well as standard deviations of 0.90, 0.93 and 0.92 respectively. The values of the overall grand mean and standard deviation were 2.54 and 0.92 respectively, indicating that the respondents agreed on the health seeking behaviours with respect to antenatal visit.

**Research Question 2:** What are the health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with regards to hygiene practice?

**Table 2:** ***Mean and Standard deviation ratings of the Health Seeking Behaviours among Pregnant Women in Enugu East L.G.A., regarding Personal Hygiene Practice*** **n = 166**

| | **ITEMS** | **Primiparous women 57** | | **Multiparous women 85** | | **Grand multiparous women 24** | | **Overall** | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **S/N** | **The following are health seeking behaviours among pregnant women with respect to their personal hygiene practice:** | **x** | **SD** | **X** | **SD** | **x** | **SD** | **x** | **SD** | **Dec** |
| 10 | I change and wash my clothing and beddings. | 2.64 | 0.95 | 2.54 | 0.99 | 2.64 | 0.91 | 2.61 | 0.95 | A |
| 11 | I wipe from front to back after going to the toilet. | 2.59 | 0.94 | 2.59 | 0.95 | 2.52 | 0.96 | 2.57 | 0.95 | A |
| 12 | I wash my vulva with plain water without soap. | 2.62 | 0.90 | 2.55 | 0.91 | 2.51 | 0.84 | 2.56 | 0.88 | A |
| 13 | I wash my vulva after each urination. | 2.53 | 0.91 | 2.51 | 0.95 | 2.55 | 0.94 | 2.53 | 0.93 | A |
| 14 | I avoid scented feminine hygiene products. | 2.61 | 0.90 | 2.61 | 0.92 | 2.56 | 0.91 | 2.59 | 0.91 | A |
| 15 | I clean my vagina after intercourse. | 2.55 | 0.89 | 2.60 | 0.98 | 2.53 | 0.90 | 2.56 | 0.92 | A |
| 16 | I practice safe sex. | 2.62 | 0.91 | 2.50 | 0.88 | 2.61 | 0.99 | 2.58 | 0.93 | A |
| 17 | I avoid the wearing of tight cloths. | 2.53 | 0.96 | 2.52 | 0.93 | 2.54 | 0.95 | 2.53 | 0.95 | A |
| | **Cluster Mean** | **2.59** | **0.92** | **2.55** | **0.94** | **2.56** | **0.93** | **2.57** | **0.93** | A |

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

From Table 2 it is observed that the Primiparous women's mean ratings ranged from 2.53 to 2.62, that of Multiparous women ranged from 2.50 to 2.61 and the Grand multiparous women's mean ranged from 2.51 to 2.64. They also have cluster means of 2.59, 2.55 and 2.56 as well as standard deviations of 0.92, 0.94 and 0.93 respectively. The values of the overall grand mean and standard deviation were 2.57 and 0.93 respectively, which indicates that the respondents agreed on the health seeking behaviours with respect to personal hygiene practice.

**Research Question 3:** What are the health seeking behaviours among pregnant women of different parities in Enugu East L.G.A., Enugu State with respect to moderate exercise?

**Table 3:** ***Mean and Standard deviation scores of Health Seeking Behaviours among Pregnant Women in Enugu East L.G.A. with respect to Moderate Exercise*** **n = 166**

| | **ITEMS** | **Primiparous women 57** | | **Multiparous women 85** | | **Grand multiparous women 24** | | **Overall** | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **S/N** | **The following are health seeking behaviours among pregnant women based on their moderate exercise:** | **x** | **SD** | **x** | **SD** | **x** | **SD** | **x** | **SD** | **Dec.** |
| 18 | I undertake regular moderate exercise during pregnancy to avoid excessive weight gain. | 2.65 | 0.91 | 2.63 | 0.91 | 2.40 | 0.90 | 2.56 | 0.91 | A |
| 19 | I do pelvic floor muscle training on a daily basis to reduce the risk of urinary incontinence. | 2.58 | 0.87 | 2.71 | 0.90 | 2.47 | 0.91 | 2.59 | 0.89 | A |
| 20 | I reduce the amount of time spent being sedentary by engaging on physical activity. | 2.53 | 0.94 | 2.50 | 0.84 | 2.39 | 0.96 | 2.47 | 0.91 | D |
| 21 | I do at least 150 minutes aerobic physical activity on weekly basis. | 2.51 | 0.88 | 2.77 | 0.89 | 2.64 | 0.89 | 2.64 | 0.89 | A |
| 22 | I drink water during and after physical activity to avoid dehydration. | 2.65 | 0.85 | 2.54 | 0.85 | 2.69 | 0.91 | 2.63 | 0.87 | A |
| 23 | I combine both aerobic and muscle strengthening activities throughout the week for my fitness maintenance. | 2.52 | 0.90 | 2.22 | 0.85 | 2.64 | 0.94 | 2.46 | 0.90 | D |
| | **Cluster Mean** | **2.57** | **0.89** | **2.56** | **0.87** | **2.54** | **0.92** | **2.56** | **0.90** | **A** |

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

From Table 3, it can be observed that the Primiparous women's mean ratings ranged from 2.51 to 2.65, the Multiparous women ranged from 2.50 to 2.77 and the Grand multiparous women's mean ranged from 2.39 to 2.69 respectively. They also have cluster means of 2.57, 2.56 and 2.54 as well as standard deviations of 0.89, 0.87 and 0.92 respectively. The values of the overall grand mean and standard deviation were 2.56 and 0.90 respectively, indicating that the respondents equally agreed on the health seeking behaviours with respect to moderate exercise.

**Test of Hypotheses**

**$Ho_1$:** Pregnant women of different parities do not differ significantly in their mean ratings with respect to health seeking behaviours of antenatal visit.

**Table 4:** ***Analysis of Variance (ANOVA) on the Mean Ratings of various Parities on the Health Seeking Behaviours with respect to Antenatal Visit*** **n = 166**

| | **Sum of Squares** | **df** | **Mean Square** | **F** | **Sig.** | **Decision** |
|---|---|---|---|---|---|---|
| **Between Groups** | .644 | 2 | .322 | 1.755 | .069 | NS |
| **Within Groups** | 9.766 | 164 | .060 | | | |
| **Total** | **10.410** | **166** | | | | |

Result of the ANOVA test showed evidence that there was no statistically significant difference between the three groups of pregnant women assessed in this study ($F$ (2, 164) = 1.755, $p$ = .069. Thus, the stated null hypothesis was accepted, which implies that women in various parities do not differ on their health seeking behaviours with respect to antenatal visit.

**$Ho_2$:** Pregnant women of different parities do not differ significantly in their mean ratings with respect to health seeking behaviours of hygiene practice.

**Table 5:** ***Analysis of Variance (ANOVA) on the Mean Ratings of various Parities on the Health Seeking Behaviours with respect to hygiene practice*** **n = 166**

| | **Sum of Squares** | **df** | **Mean Square** | **F** | **Sig.** | **Decision** |
|---|---|---|---|---|---|---|
| Between Groups | .824 | 2 | .412 | 2.091 | .095 | NS |
| Within Groups | 14.432 | 164 | .088 | | | |
| **Total** | **15.256** | **166** | | | | |

Table 5 showed evidence that there was no statistically significant difference in the health seeking behaviours of the three parity groups of pregnant women, with respect to hygiene practice, F (2,164) =2.091, p = .095. The null hypothesis was therefore accepted. This means that the women in various parities were similar on their health seeking behaviours with respect to hygiene practice.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

**$Ho_3$:** Pregnant women of different parities do not differ significantly in their mean ratings with respect to health seeking behaviours of moderate exercise.

**Table 6:** ***Analysis of Variance (ANOVA) on the Mean Ratings of various Parities on the Health Seeking Behaviours with respect to moderate exercise*** **n = 166**

| | **Sum of Squares** | **df** | **Mean Square** | **F** | **Sig.** | **Decision** |
|---|---|---|---|---|---|---|
| **Between Groups** | .798 | 2 | .399 | 1.143 | .095 | NS |
| **Within Groups** | 20.666. | 164 | .125 | | | |
| **Total** | **21.464** | **166** | | | | |

The ANOVA test was run to determine if there was a statistically significant difference in the health seeking behaviours of pregnant women of various parities with respect to moderate exercise. The test result showed that there was no statistical significant ($F$ (2, 164) = 1.143, $p$ = .095. This shows an evidence to accept the stated null hypothesis that women in various parities do not differ on the health seeking behaviours with respect to moderate exercise.

## DISCUSSION OF FINDINGS

The findings of the present study revealed that pregnant women in Enugu East L.G.A. agreed on the health seeking behaviours with respect to their antenatal visit. This implies that they were inclined to the practice of antenatal care visits in order to ensure their optimal health as well as for their unborn infants. The hypothesis tested in this regard revealed that there was no statistically significant difference among pregnant women in various parities, which equally implied that the health seeking behaviour of antenatal visits was similar across the Primigravida, Multigravida and grand multigravida women. These findings are in accordance with WHO (2018) who recommended that a minimum of four antenatal care visits, based on reviewing the effectiveness of different models of service delivery. The findings are also in line with Akhtar, Hussain, Iram and Afzal (2018) who maintained that pregnant women require going for antenatal care services optimally. This implies that efforts should be made to sustain the observed health seeking behaviour of antenatal visits among women, so as to help improve the health of pregnant women and to reduce most prenatal deaths in Enugu East L.G.A.

The study also revealed that pregnant women in Enugu East L.G.A. agreed on the health seeking behaviours with respect to their personal hygiene practice. This invariably points to the view that pregnant women in the study area conform to the health care need for personal hygiene practice which is essential for optimal maternal health. The inferential statistical analysis showed that women in various parities did not differ on the health seeking behaviours with respect to hygiene practice, which point to the view that the practice of personal hygiene was similar across both the Primigravida and Multigravida women. The findings are in accordance with Calmejane (2013) who maintained that keeping the body clean helps prevent infection. Therefore, pregnant women should sustain hygienic practices such as changing their bedding as well as washing them regularly.

Findings of the present study equally revealed that pregnant women in Enugu East L.G.A. agreed on the health seeking behaviours based on their moderate exercise. The hypothesis tested showed that this agreement was similar across the three parities of pregnant women, which implies that the practice of

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

exercise during pregnancy was the same for the primigravida, multigravida and grand multigravida women within the present study area. These findings are in line with WHO (2020) who posited that exercise is aimed at improving the physical and psychological well-being of an expectant mother for labour and preventing pregnancy induced pathologies by various physical means. The findings are also in agreement with Kuhrt, Hezelgrave and Shennan (2015) who stated that moderate exercise is encouraged in uncomplicated pregnancies. Therefore, moderate exercise is imperative among pregnant women who do not have any form of complication in order not to harm their unborn child.

## CONCLUSION

This study investigated the health seeking behaviours of pregnant women of various parities in Enugu East Local Government Area, Enugu State, Nigeria. From the findings of the study, it can be deduced that pregnant women in Enugu East L.G.A. exhibited impressive health seeking behaviours, considering that they book for antenatal before the end of first trimester, adhered to their personal hygiene in order to avert any pregnancy related complications, and practiced moderate exercise which is very important for pregnant women to avoid complications. The study also concluded that pregnant women in various parities in Enugu East L.G.A. do not differ in their health seeking behaviours with respect to antenatal visit, personal hygiene and moderate exercise.

## RECOMMENDATIONS

The following recommendations were made based on the findings of this study:

1. There is need for intensified health sensitization to be organized regularly for women of reproductive age to sustain their awareness and consciousness about the importance of antenatal visit. This can be done through:
2. Community health outreach
3. Seminars and workshops during women organisational meetings
4. Radio and television jingles
5. House to house maternal health awareness programs/service
6. Government should ensure that all PHCs are accessible and antenatal care services affordable with adequate qualified staff to ensure safe delivery in order to prevent the overwhelming pregnancy-related mortality due to 2nd and 3rd delays in the health care delivery even as the present study showed that 1st delay is not a causal factor for mortality.
7. Public health campaign on the importance of personal hygiene practice among pregnant womenshould be encouraged.
8. Health educators should teach women of reproductive age the importance of moderate exercise whenthey are pregnant. This will make them to be prepared ahead of time.

### Implications of the Study to Health Education

The implications of the study to health education include:

1. The findings will be a veritable tool for further campaign by health educators against maternal morbidity and mortality in all the local government councils.
2. Findings of this study would equally sensitize maternal healthcare providers on the healthcare behaviours of pregnant women in the study area, which would help them determine areas of improvement that could enhance optimal health seeking behaviours among pregnant women.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume X Issue IX September 2023

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