# INFLUENCES OF PSYCHO- SOCIAL FACTORS ON CHOICE OF DELIVERY AMONG WOMEN IN IFE CENTRAL AREA OF OSUN STATE

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**Abstract**
*This work based on the influence of psycho-social factors on choice of delivery among women of in Ife Central Local Government Area Osun State the variables such as social economics factors, medical factor and psychological status was used; the population comprises all women in Ife Central Local Government Area, Osun State. The descriptive survey research design was adopted. Multi-stage sampling technique was used to select (200) respondents. A researcher structure questionnaire was used as an instrument for data collection. Inferential statistics of chi-square was used to test the stated hypothesis at 0.05 alpha level. The result of the findings presents that social economic factor with (Cal Value 164.07 & T- Value 16.92, df 9) Medical factors (Cal Value 175.33& T- Value 16.92, df 9) psychological status (Cal Value 182.67 & T- Value 16.92, df 9) has significantly influence psycho-social factors on choice of delivery among women in Ife Central Local Government Area. Based on the findings the recommendation made include, government should fund the health system and procure necessary machine for early diagnose and effective prompt interventions, antenatal services should be encouraged among women of childbearing age to ensure proper vaccination and give adequate treatment prior to labour and among others.*

**Keywords: Psycho- Social, Choice of Delivery**

## Introduction

Pregnancy, also known as gestation, is the time during which one or more offspring develops inside a woman. A multiple pregnancy involves more than one offspring, such as with twins. Pregnancy usually occurs by sexual intercourse, but can occur through assisted reproductive technology procedures. Eunice (2018) stated that a pregnancy may end in a live birth, a spontaneous miscarriage, an induced abortion, or a stillbirth and childbirth typically occurs around 40 weeks from the start of the last menstrual period (LMP). This is just over nine months – (gestational age) where each month averages 31 days. When using fertilization age, it is about 38 weeks. An embryo is the developing offspring during the first eight weeks following fertilization, (ten week gestational age) after which, the term fetus is used until birth. Signs and symptoms of early pregnancy may include missed periods, tender breasts, morning sickness (nausea and vomiting), hunger, and frequent urination. Pregnancy may be confirmed with a pregnancy test.

Kennedy (2015) explained that pregnancy can be divided into three trimesters, each lasting for approximately 3 months. The first trimester includes conception, which is when the sperm fertilizes the egg. The fertilized egg then travels down the fallopian tube and attaches to the inside of the uterus, where it begins to form the embryo and placenta. During the first trimester, the possibility of miscarriage (natural death of embryo or fetus) is at its highest. Around the middle of the second trimester, movement of the fetus may be felt. At 28 weeks, more than 90% of babies

can survive outside of the uterus if provided with high-quality medical care.

Hopkins (2019) also stated that prenatal care can improves pregnancy outcomes and this prenatal care may include taking extra folic acid, avoiding drugs, tobacco smoking, and alcohol, taking regular exercise, having blood tests, and regular physical examinations and complications of pregnancy may include disorders of high blood pressure, gestational diabetes, iron-deficiency anemia, and severe nausea and vomiting. In the ideal childbirth labor begins on its own when a woman is "at term". Babies born before 37 weeks are “preterm” and at higher risk of health problems such as cerebral palsy. Babies born between weeks 37 and 39 are considered "early term" while those born between weeks 39 and 41 are considered "full term". Babies born between weeks 41 and 42 weeks are considered "late term" while after 42 week they are considered” post term ". Delivery before 39 weeks by labor induction or caesarean section is not recommended unless required for other medical reasons.

Williams (2020) described childbirth as a labor and delivery in the medical field is the process whereby an infant is born. Childbirth is regarded as an important life event for women, and growing numbers of them are making the choice to give birth by Caesarean Delivery. The aim of this study was to identify the factors influencing the decision that women make on their choice of child delivery. The author further more that woman is considered to be in labour when she begins experiencing regular uterine contractions, accompanied by changes of her cervix – primarily effacement and dilation. While childbirth is widely experienced as painful, some women do report painless labors, while others find that concentrating on the birth helps to quicken labor and lessen the sensations. Most births are successful vaginal births, but sometimes complications arise and a woman may undergo a cesarean section.

Eunice (2018) reported that babies born between 39 and 41 week gestation have better outcomes than babies born either before or after this range. This special time period is called "full term". Whenever possible, waiting for labor to begin on its own in this time period is best for the health of the mother and baby. The decision to perform an induction must be made after weighing the risks and benefits, but is safer after 39 weeks. Events after 42 weeks are considered post-term and when a pregnancy exceeds 42 weeks, the risk of complications for both the woman and the fetus increases significantly. Therefore, in an otherwise uncomplicated pregnancy, obstetricians usually prefer to induce labor at some stage between 41 and 42 weeks.

Taylor (2017) discussed delivery as a beautiful event in women’s lives. However, it could be stressful due to medical situations in which women undergo cesarean to save mothers or infants life. Cesarean section (C-section) is the most common abdominal surgery, where abdominal wall muscles and uterus are cut. Fetal distress, high maternal age at delivery, delivery arrest, fetal distress, and abnormal fetal positions are common reasons for C-section. Post C-section wound infection, pelvic infection, lung infection, pulmonary embolism, and anesthesia morbidities are associated with C-section. It has been documented that economic and psycho-social costs of C-section are extremely higher than those of normal delivery. Normal delivery could be the natural

mode of deliveries in more than 90% of deliveries.

International Federation of Obstetrics and gynecologists emphasized that conducting C-section without a medical reason is not moral. WHO (2020) recommended that not more than 10–15% of pregnancies by C-section. According to the recommendations of Ministry of Health of Iran, the rate of C-section should be decreased to 20 and 25% in public and private hospitals, respectively. The rate of C-section has been increased globally such that in Canada, England, Scotland, Sweden and the United Arab Emirate it is 20, 25, 10, 14.2, and 10%, respectively. During the recent years, the rate of C-section in Iran has been raised up in both private and public centers so that the country has been among the first four countries with high rates of C-section in the word. Here, in Iran, 47% of deliveries are terminated by C-section, of which 40% are being done at maternal request. C-section upon maternal request is among the common reasons for C-section in the world. The reasons for C-section in Iran included but not limited to low facilities for overcoming maternal life-threatening risks, maternal request for tubal ligation, and considering C-section as a new method for delivery. Additionally, conditions of normal delivery in hospital, doctors' motivation, and social changes are accounted for C-section reasons in Iran. Currently, C-section is being considered as a luxury mode for delivery in some regions.

Muller (2018) and Leon (2019) claimed that economic and socio-cultural status is one of major reasons why some mothers choose C-section for child delivery in developing countries. They further explained that fear of labor pain, vaginal examination stress, and low levels of knowledge are the other reasons for C-section. In their review, they also stated that one might fear that much of socioeconomic potential as a vehicle of progress in the social sciences might be forfeit, as there is no definite domain of investigation defined for socio-economics and little consensus about its mission. In view of this, socioeconomic status or financial status of an individual is indeed a determining factor in child delivery selected among pregnant mothers.

Murthy (2015) also reported that medical factors are contribute a lot to choose of child delivery by mother according to recently report that some doctors' are fear of legal punishment due to the poor prognosis of Normal Vaginal Delivery (NVD) which lead to reason for increasing C-section rate in USA. Assadi (2019) also explained that several complicated issues from medical reports are contributed to high rates of C-section. In other words, the process of C-section decision-making, which is made by both pregnant women and doctors, is influenced by several factors. Pregnant women's self-efficacy, a false impression of the benefits of C-section, exaggerating the risks of vaginal delivery affect the mode of delivery. Also, a positive correlation had been reported between attitude positive attitude toward C-section and requesting a C-section, perceived benefits and barriers, subjective norms are among other factors contributing to C-section. Considering the fact that conducting C-section without medical reason has no moral logic and the high prevalence rate of C-section, the current study was conducted to identify the factors explaining the mode of child delivery in Iran. Identifying beliefs toward a mode of child delivery may help to reduce rates of maternal

mortality and morbidity among low and middle-income counties.

Berger (2018) and Clark (2019) reported that psychological factors such as perinea problems, backache, pain during intercourse, and extreme tiredness are common problems for women during the first three months after birth have been identified as factors that contributing to reductions in women's postnatal physical wellbeing, more recently there has been interest in exploring the impact of assisted vaginal births. In the first few months after birth, assisted vaginal births have been associated with a greater likelihood of perinea pain urinary incontinence, hemorrhoids, and sexual problems than unassisted vaginal births, even when taking into account aspects related to the birth such as the length of labor and degree of perinea trauma. They further more that women who have assisted vaginal births, particularly forceps-assisted vaginal births may also be at risk for ongoing and continuing physical problems. A recent longitudinal study from Birmingham found that fecal incontinence at 12 years postpartum was increased among women who had a birth history that included a forceps-assisted vaginal birth, but not with a birth history that included a venous-assisted vaginal birth. Obstetric intervention, particularly emergency caesarean section, has also been associated with depressive symptoms after birth, however, results are inconsistent and recent evidence from large cohort studies has found no association. More consistently, caesarean section births have been associated with feelings of dissatisfaction related to the birth and with poor body image and lower self-esteem, possibly increasing the risk of depression in the longer term. Recently, there has been an emergence of studies focusing on anxiety disorders, particularly post traumatic stress disorder (PTSD) after childbirth, which occurs in a small proportion of women (1-6%). Studies show that the risk of postnatal PTSD symptoms is higher for women who have had unplanned caesarean section births followed by women who have had assisted vaginal births. However, other researchers have found that women who have had an assisted vaginal birth are more likely to perceive the birth as "extremely distressing" six weeks after birth as women who have had a caesarean section or unassisted vaginal birth. This study, however, did not differentiate between forceps and venous-assisted births and this may be important for understanding the influence of mode of birth on postnatal PTSD-type symptoms.

James (2020) reported that thousands of women die annually from pregnancy and childbirth-related as a result of severe bleeding after delivery, infections, hypertensive disorders, and unsafe abortion. The author further more that globally, around 160 million women become pregnant annually, of which 15% develop serious complications. More than 30 million women from developing countries suffer from complications that include uterine prolapsed, pelvic inflammatory disease, fistula, incontinence, infertility, and pain during sexual intercourse as a result of inadequate care during pregnancy and delivery or soon after birth. It was also

Kennedy ( 2015) also reported that out of an estimated 358 000 maternal deaths worldwide in 2008, equivalent to a maternal mortality ratio of 260 per 100 000 live births, 99% occurred in developing countries and mainly in the regions of Sub-Saharan Africa (57%)

and South Asia (30%). The lifetime risk of a woman dying from a pregnancy-related cause is about 36 times higher for women living in a developing country than for women living in a developed country. Maternal deaths also affect the health and well-being of families, communities, and in general, the society and economy. Each year, an estimated US$15.5 billion is lost in potential productivity when mothers or newborns die.

Finally, psycho-social variables such as socio-economic agent, medical agent and psychological status are important factors because they affect quality of individual life style, this psycho –social factors are related to general factors at the level of human society concerned with social structure and social processes that impinge on the individual as a result of this it is necessary to assess how psycho-social factors can influence on choice of delivery among women in Ife Central Area of Osun State.

**Statement of the problem**

World Health Organization (2020) recommend health care service for all pregnant women and nursing mother and old age in each state this will enable them to get better treatment and regular check up to avoid the high rate of death. They further stated that natural childbirth are considered as the most preferred types of childbirth where biological processes are involved and medical intervention are only be resorted and natural birth as beneficial to both mother and child. One of the major requirements for realizing the lofty goal of World Health Organization through regular health care service in each state is effective medical treatment for both mothers and child from qualified and certificated doctors and nurses. It is required that every health care centre under state government should make treatment available cheap and affordable for everybody in the communities at all time.

Despite the positive attitude of pregnant women in Ife Central Area of Osun State, It was observed that socio-economic status are one of the factor that affect majority of women of during the delivery period in Ife Central because health care centre under state government are not giving free treatment to women for child delivery and also discovered that majority of state health care centre's lack enough qualified doctors and nurses which can attend to them during child delivery and also majority of women of childbearing age fear of psychological factors when choice of child delivery such as perinea problems, backache, pain during intercourse, and extreme tiredness are common problems for women during the first three months after birth have been identified as factors that contribute to reductions in women's postnatal physical wellbeing. It is therefore necessary for the assessment the influence of psycho-social factors on choice delivery among women in Ife Central Area of Osun State.

**Purposes of the Study**

- Examine how social economic influence psycho-social factors on choice of delivery among women in Ife Central Local Government Area
- Investigate the degree of medical influence psycho-social factors on choice of delivery among women in Ife Central Local Government Area
- Determine the effect of psychological status influence psycho-social factors on choice of delivery among women in Ife Central Local Government Area

**Hypotheses**

The following hypotheses were tested in the study

- Social Economics agent will not significant influence psycho- social factors on choice of delivery among women in Ife Central Local Government Area
- Medical agent will not significant influence psycho- social factors on choice of delivery among women in Ife Central Local Government Area
- Psychological status will not significant influence psycho- social factors on choice of delivery among women in Ife Central Local Government Area

**Methodology**

The descriptive research design of survey types was used for this study Ajayi (2019) stated that survey research is the method of collecting information from a sample of individuals through their responses to the questions. The population of this study constitute of all women of childbearing age in Ife Central Local Government Area, Osun State during this study. Multi-stage sampling technique was used adopted; Stratified sampling technique was firstly used to group's respondents in to (12) wards under Ife Central Local Government. Secondly: proportionate sampling technique of 2% was applied while simple random sampling technique was used to select (200) respondents from various wards. Data collected were analysed with Chi-square.

**Table 1: Sample distribution from the selected wards**

| S/N | Name of Wards | Wards Population | 2% | Actual Sample |
|---|---|---|---|---|
| 1 | ilare 1 | 1,020 | 20.4 | 20 |
| 2 | ilare 2 | 1,020 | 20.4 | 20 |
| 3 | ilare 3 | 1,018 | 20.3 | 20 |
| 4 | ilare 4 | 752 | 15.04 | 15 |
| 5 | ilare 5 | 850 | 17 | 17 |
| 6 | Akarabata | 810 | 16.2 | 16 |
| 7 | moore ojaja | 750 | 15 | 15 |
| 8 | iremo 1 | 505 | 10.1 | 10 |
| 9 | iremo 2 | 500 | 10 | 10 |
| 10 | iremo 3 | 970 | 19.4 | 19 |
| 11 | iremo 4 | 1,010 | 20.2 | 20 |
| 12 | iremo 5 | 907 | 18.14 | 18 |
| **TOTAL** | 12 | 10,112 | 202.18 | 200 |

Source: Researcher's developed. (2022)

The instrument used for data collection was a structure questionnaire and title on influence of psycho-social factors on choice of delivery among women in Ife Central in Osun State. The instrument was tagged with stated topic and comprised of two sections, A and B. Section A deal with demographic data such age, gender, status and education, as while section B deal with stated variables such as socio economic agent, medical agent and psychological status. The four-point Likert rating scale with alternatives of Strongly Agree (SA) = 4 points, Agree (A) = 3 points, Disagree (D) = 2 points and Strongly

Disagree (SD) = 1 point were used for this study and instrument was validated by three experts in the Department of Physical and Health Education, School of Science Education, Kwara State College of Education Oro, so as to carry out both the face and content validity of the instrument. Comments and suggestions made by the experts were carefully studied and used to improve the quality of the instrument. Test re-test method was adopted for this study whereby 20 copy of questionnaire was administered to respondents outside the study area Ife South Local Government Area, which was done within interval of two weeks. Thereafter, the two results were subjected to Pearson's Product Moment Correlation Co-efficient which obtained r of 0.81. A letter of introduction was obtained by the researcher from the Department, signed by the Head of Department, Physical and Health Education at Kwara State College of Education Oro. This enabled the researcher gain access to the respondents for the purpose of instrument administration and data collection while the completed copies of the questionnaire was collected, sorted, coded and subjected to appropriate statistical analysis. Section A which entails the demographic data of the respondents were analyzed using descriptive statistics of frequency counts and percentage; while the inferential statistics of chi-square was used to test the postulated null hypotheses at 0.05 alpha level.

**Hypotheses Testing**

***Ho1: Social Economics agent will not significant influence psycho- social factors on choice of delivery among women in Ife Central Local Government Area.***

**Table 1: Chi-square Analysis Showing the Result of influence of socio-economic agent on psycho-social factors on choice of delivery among women in Ife Central Local Government Area**

| S/n | Items | Df | Cal value | Table value | Remarks |
|---|---|---|---|---|---|
| 1 | Socio-economic status on psycho –social factors on choice of delivery among women | 9 | 164.07 | 16.92 | Ho Rejected |

@0.05 alpha level

Table 1 shows the calculated $x^2$ value of 164.07 which is greater than the table $x^2$ value of 16.92 at the degree of freedom of 9 and at 0.05 level. Since the calculated $x^2$ value is greater than the critical $x^2$value, therefore, the null hypothesis is thereby rejected. This implies that socio-economic agent has significant influence on psycho- social factors on choice of delivery among women in Ife Central Local Government Area.

**$H_2$: Medical factors will not significant influence psycho- social factors on choice of delivery among women in Ife Central Local Government Area.**

**Table 2: Chi-square Analysis showing the result of influence of medical agent on psycho – social factor on choice of delivery among women in Ife Central Local Government Area**

| S/n | Items | Df | Cal value | Table value | Remarks |
|---|---|---|---|---|---|
| 2. | Medical agent on psycho-social factors on choice of delivery among women | 9 | 196.22 | 16.92 | Ho Rejected |

@0.05 alpha level

Table 2 shows the calculated $x^2$ value of 175.22which is greater than the table $x^2$ value of 16.92 at the degree of freedom of 9 and at 0.05 level. Since the calculated $x^2$ value is greater than the critical $x^2$value, therefore, the null hypothesis is thereby rejected. This implies that medical agent has significant influence on psycho- social factors on choice of delivery among women in Ife Central Local Government Area.

**Ho3: Psychological status will not significant influence psycho- social factors on choice of delivery among women in Ife Central Local Government Area.**

**Table 3: Chi-square analysis showing the result of influence of psychological status on psycho – social factor on choice of delivery among women in Ife Central Local Government Area**

| S/n | Items | Df | Cal value | Table value | Remarks |
|---|---|---|---|---|---|
| 3. | Psychological status on psycho-social factors on choice of delivery among women | 9 | 182.67 | 16.92 | Ho Rejected |

@0.05 alpha level

Table 3 showed the calculated $x^2$ value of 182.67 which is greater than the table $x^2$ value of 16.92 at the degree of freedom of 9 and at 0.05 level. Since the calculated $x^2$ value is greater than the critical $x^2$value, therefore, the null hypothesis was thereby rejected. This implies that psychological status has significant influence on psycho- social factors on choice of delivery among women in Ife Central Local Government Area.

**Discussion of the Findings**

The following are the discussion of findings for this study;

**Hypothesis one:** reveals that Socio-economic agent has significantly influences psycho-social factors on choice of delivery among women in Ife Central Local Government Area. This finding is in agreement with the findings of Muller (2018) and Leon (2019) which claimed that economic and socio-cultural status is one of major reasons why some mothers choose C-section for child delivery in

developing countries. They further explained that fear of labor pain, vaginal examination stress, and low levels of knowledge are the other reasons for C-section. In their review, they also stated that one might fear that much of socioeconomic potential as a vehicle of progress in the social sciences might be forfeit, as there is no definite domain of investigation defined for socioeconomics and little consensus about its mission. In view of this, socioeconomic status or financial status of an individual is indeed a determining factor in child delivery selected among pregnant mothers.

**Hypothesis two:** reveals that medical agent has significantly influences psycho-social factors on choice of delivery among women in Ife Central Local Government Area. This finding is in agreement with the findings Murthy (2015) who reported that medical factors are contribute a lot to choice of child delivery by mother according to recently report that some doctors' are fear of legal punishment due to the poor prognosis of Normal Vaginal Delivery (NVD) which lead to reason for increasing C-section rate in USA. Assadi (2019) who also claimed that several complicated issues from medical reports are contributed to high rates of C-section. In other words, the process of C-section decision-making, which is made by both pregnant women and doctors, is influenced by several factors. Pregnant women's self-efficacy, a false impression of the benefits of C-section, exaggerating the risks of vaginal delivery affect the mode of delivery.

**Hypothesis three:** reveals that psychological agent has significantly influences psycho-social factors on choice of delivery among women in Ife Central Local Government Area. his finding agrees with the findings of Berger (2018) and Clark (2019) they resolve that psychological factors such as perinea problems, backache, pain during intercourse, and extreme tiredness are common problems for women during the first three months after birth have been identified as factors that contributing to reductions in women's postnatal physical wellbeing, more recently there has been interest in exploring the impact of assisted vaginal births. In the first few months after birth, assisted vaginal births have been associated with a greater likelihood of perinea pain urinary incontinence, hemorrhoids, and sexual problems than unassisted vaginal births, even when taking into account aspects related to the birth such as the length of labor and degree of perinea trauma.

## Conclusions

Socio-economic agent influences psycho-social factors on choice of delivery among women in Ife Central Local Government Area. Medical agent also influences psycho-social on choice of delivery among women Ife Central Local Government Area while psychological status also influences psycho-social factors on choice of delivery among women in Ife Central Local Government Area.

## Recommendations

Based on the conclusion of the study, the following recommendations were made:

- Government should fund the health system and procure necessary machine for early diagnose and effective prompt interventions
- Antenatal services should be encouraged among women of childbearing age to ensure proper vaccination and give adequate treatment prior to labour.

- Pregnant mothers should be encouraged to carry out ultrasound and scan to know the baby's position to prevent complications at birth.

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