Pregnancy and Childbirth: Experiences of Primiparous Women From Selected Hospitals in Tamale

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Abstract

This study was an exploratory descriptive study which sought to explore on the experiences of primiparous mothers regarding the support they received and the challenges they faced during pregnancy, delivery and post-delivery. This study used a purposive sampling to sample 17 participants (primiparous mothers) from three selected hospitals within Tamale metropolis in the Northern region of Ghana. These mothers were interviewed on the phenomenon under study using a semi-structured interview guide which was developed by the investigators and in line with the The study revealed two main themes with six sub-themes; thus, three sub-themes under each theme. Most of the participants expressed various forms of support they received such as physical, emotional, medical etc. however, they also expressed some challenges they faced during this period which included; physical, financial, and social and transportation challenges which affected them in one way or the other. The study revealed that, supportive care during pregnancy, labour and post-delivery among primiparous mothers is very crucial because it makes them feel at home which leads to quality childcare and motherhood. Furthermore, this study highlights the challenges these women faced as first-time mothers which deprived them from accessing quality health care services, having problems with child growth and motherhood.

INTRODUCTION

During the process of labour, women gather important experiences that accompany them throughout their lives. The quality of these experiences impacts the health of the mother and her child, the mother-child relationship, and the spouse (Morris et al., 2021). The experiences of a birth are diverse and therefore difficult to describe and explain. Various variables have been included in the assessment of labor experiences, including midwife support, duration of labour, pain, expectations of labour, involvement in labor activity, and use of invasive methods such as episiotomy, forceps, and emergency caesarean section (Morris et al. 2021).

A systematic review study by Hosseini et al. has shown that the prevalence of negative birth experiences varies across communities and is influenced by several factors including individual factors (age, parity, participation, control, expectations, preparation, fear, self-efficacy), interpersonal factors like; caregiver support, husband support and unexpected medical problems for the mother and the child (Khatony et al. 2019). Consequences of a positive birth experience include increased self-esteem, self-efficacy, skills, mother-child bonding, and better acceptance of motherhood (Demirci & Bogen, 2017). The negative experiences of childbirth may lead to the choice of caesarean section or abortion for a later pregnancy. It also plays a role in fertility and gestational intervals, so negative experiences may reduce fertility and increase the interval to the next pregnancy. Studies show that fear of childbirth decreases self-efficacy and increases negative birth experiences. It also makes sense to choose caesarean section for the next delivery.
Sharing women's quotes from different societies makes childbirth an important event in women's lives and an opportunity to discuss fears, worries, and feelings of hopelessness, inadequacy, and recognition of women's resources. The service provider should provide an opportunity to share women's quotes from positive childbirth experiences.

Some studies of childbirth experiences have been conducted in different countries. The findings of a qualitative study in Sweden have shown that several factors affecting positive childbirth experiences include trusting their body on how to deal with delivery pain, mind-body interaction, and health care provider and spouse support (Dias et al. 2016)

A study in Uganda found out that, healthcare provider support and care affect childbirth experiences. Physical and psychological support lead to positive experiences, and inappropriate communication and care lead to negative experiences.

In another study in Malawi found out that appropriate communication between women and healthcare providers during birth had a positive effect on the experience of childbirth. (Hong Yu et al, 2018). However, this traditional social support system in Ghana that has supported mothers has been weakened due to the forces of modernization, westernization and migration. It is therefore not clear who and what types of support are provided to young mothers. Several documented studies indicate that mothers who receive no or inadequate support during pregnancy and after childbirth can suffer from depression, anxiety, weak emotional attachment to children, low birth weight, pregnancy complications, and chronic health conditions only few of them have researched on the pregnancy and childbirth. However, this was limited to teenage mothers and mothers in general, without emphasizing access to social facilities (Khatony et al., 2019). Again, in terms of context gap, no research has been conducted on pregnancy and childbirth in the Tamale Metropolis. It is based on this that the research is examining pregnancy and childbirth in the Tamale metropolis. Therefore, the study is guided by the following objectives.

1. To explore primiparous mothers’ experiences of pregnancy and childbirth in selected hospitals in Tamale.
2. Describe the Challenges Primiparous mothers faced during pregnancy, childbirth and post-delivery.

LITERATURE REVIEW

Pregnancy Experience

The purpose of pregnancy varies from one mother to the next. While some mothers anticipate it and are prepared for it, others are caught off guard. In either situation, the health of both the mother and the child is affected. According to Wu et al., (2021), a planned pregnancy is timed and desired, and the woman is emotionally prepared for it, resulting in the mother's satisfaction.
Unplanned pregnancies are frequent throughout the world. Unplanned pregnancy resulted in 85 million births worldwide in 2012, out of a total of 213 million births (Sedgh, Singh & Hussain, 2016). According to Zheng et al., (2018), traditional societies have a low rate of unwanted pregnancies due to large family sizes. According to the US National Survey of Family Growth, around 23% of marital pregnancies were unplanned between 2006 and 2010, while approximately 51% of cohabiting mothers’ pregnancies were unplanned (Mosher, Similarly, the third National Survey of Sexual Attitudes and Lifestyles in the United Kingdom found that about 5% (O’Neill et al., 2017) and 18% of married and cohabiting mothers, respectively, described their pregnancy as unplanned, with another 19% of married mothers and 34% of cohabiting mothers expressing "ambivalence" about their pregnancy (Sainz et al., 2015). Unplanned pregnancies occur among women aged 20 to 30 years old in industrialized countries, such as the United Kingdom, (Zheng et al., 2019) where the rate of teen moms is far lower. In most undeveloped nations, such as Africa, the status (Hassanzadeh et al., 2021) of the pregnancy is impacted by extended family members and societal standards, therefore the definition of pregnancy as intended is completely an individual experience.

Close relationships with other people have an important role in supporting pregnant women, which increases good wellbeing, resulting in expecting mothers considering pregnancy-related changes as less stressful. Thus, the care and support that pregnant woman get has a significant impact on how they experience their pregnancy, reducing the likelihood of depression during pregnancy and resulting in a favorable pregnancy and health outcome. Empirical data also suggests that expectant mothers require assistance in the form of concrete acts or activities, monitoring, and care that promotes positive wellbeing and health for both mother and child (Mabetha et al., 2022)

Unlike in the developed world, where teenage pregnancies are uncommon, Darroch, Woog, Bankole, and Ashford (2016) found that nearly 49 percent of 21 million teenage pregnancies are unintended (Salarvand et al., 2020) with contextual factors such as the individual, interpersonal, community, and societal factors were contributing to the high rate. As low contraceptive use (Demirci & Bogen, 2017) among teenagers was a contributing factor, these high rates require initiatives to improve contraceptive acceptance.

In a qualitative study conducted by Mason et al, (2015) in western Kenya, some pregnant women have some challenges accessing health care due to long waiting times and long queue, attitudes of clinic staff and medical cost.

It has been shown that pregnant mothers who receive help from their husbands or family throughout the prenatal time have a better outcome (United Nations Population Fund) (UNFPA, 2005). Various types of support have been provided to expectant women in places where studies have been conducted, including: emotional or empathetic support; husbands accompanying women to the antenatal clinic; being present during antenatal visits, giving encouragement; validating behavior according to professional advice; soothing and touching; and providing social support such as helping with household chores, and tangible support such as taking care of the baby. This support from spouses
provides several benefits to women, including enhanced self-esteem, better health, shorter labor, less anxiety, and fewer surgical births, rapid formation of responsive and emotional relationships with the newborn, and improved maternal nutrition (Mubita-ngoma, 2015).

Mothers receive some kind of support from their husbands during pregnancy which include; spiritual support, financial support comforting them, understanding them and holding their hands when walking together. (Arisukwu et al, 2021).

According to GDHS (2014), 69 percent of all births in Ghana in the five years prior to the survey were planned, 24 percent were mistimed and 7 percent were unwanted, with the lowest proportion of planned births among young mothers under 20 years of age. In a study conducted by (Zheng et al., 2019) in Mfanteman Municipality, Central Region, among pregnant women, it was found that 70% of women were unaware of their pregnancy. Unwanted pregnancies were common among women with multiple births in 1943.

**Experiences with Labour and Delivery**

Giving birth or delivering a baby is one of the most important events in a woman's life, and each woman's experience is unique. The event will have an impact on how a first-time mother develops a positive or negative emotion for the infant, as well as how she adjusts to motherhood (Zheng et al., 2018a; Bukasa et al., 2021).

Birth companions are sources of physical support to primiparous women. Some of the physical support which mothers receive include, massaging the back, provision of clean clothes and soap, warm water bath, washing of clothes and beddings and helping women to get into comfortable positions during labour a study conducted in Malawi (Kungwimba et al, 2013).

Labour progresses slowly during the latent period and may include painful uterine contractions.

During this stage, women may feel worried and lose confidence (Lederman 1979; Simkin 2011). Distress, loneliness, or worry may potentially cause the release of catecholamines, which counteract the impact of oxytocin and impede the progression of labour. As a result, maternal anxiety may be linked to a prolonging of the latent and active phases, as well as the second stage of labour.

In their study, Dias et al., (2016) classified first-time mothers' experiences of giving birth into three categories: whether they "trusted their bodies and endured the agony," the interplay between the body and the mind during birth, and the consistency of support. Mothers' bodily strength was changed by the directive to go within themselves, understanding that nothing else mattered and that they allow the body to function on its own, and mothers had a positive trust in their bodies, giving them a sense of power and endurance.
According to the mothers in the study, birth was accompanied by a new unpleasant experience that they had never had before, but it was a satisfactory experience because of the support they received from professionals and family. This assistance was contingent on the maternity ward's atmosphere: calm, tolerant, and even the mother's and midwives' chemistry. The mothers also expressed their dissatisfaction, particularly when the vaginal tears were not repaired promptly.

In a study of women, it was found that the women voiced concerns about difficulties during pregnancy and labour, as well as significant pain that they suffered because they believed it was a natural part of the birthing process. Some illnesses, such as a loss of appetite for specific foods, vomiting, and exhaustion, were common throughout pregnancy and childbirth. Some of the ladies in this study used their faith to help them cope with the suffering they were experiencing.

The Post-Natal Period

After delivery, first-time mothers adjust to a period known as postpartum. Some women feel isolated and disadvantaged during this time because they must do everything on their own. Frustration and boredom are also expressed by certain women. Some mothers become depressed after giving birth and turn to alcohol, especially if they don't have any support (Zheng et al., 2018)

According to qualitative research of primipara in Singapore, this stage is marked by mixed (Salarvand et al., 2020) emotions of happiness and worry. It's a phase of emotional turmoil marked by melancholy and delight. Mothers indicate a desire for postpartum help from health centers and family during this time to cope with the activities. Some women think postpartum classes are beneficial because they allow them to share their experiences and learn from their peers (Arranz-Martín et al., 2021)

The duty of the midwife is very crucial but only in assisting mother during delivery, and also in provision of medical and psychological support in the postpartum period. Their expectations of the postpartum period are sufficient and they play a significant role in explaining their expectations to mothers. Midwives are always available and to answer questions related to mothers during this period. (Ahlam Al-Zahrani et al, 2020).

The feeling of care for the baby's well-being is at its peak during postpartum. Women are increasingly preoccupied with the baby and their wants. While some women will forego all other activities before childbirth in to for the baby, others prefer to continue doing so, such as physical exercise. It's also possible that others will not place the infant at the center of their attention.

Again, mothers in Singapore indicated stress and anxiety over child care activities such as nursing, bathing the infant, and so on, which they perceive as a "demanding duty" that presents them with numerous problems. This suggests that the postpartum phase is difficult, especially for primiparas, and that they require assistance. The women in the survey, on the other hand, stated that their families,
particularly grandparents of children, had provided them with the greatest amount of support to help them cope with the stress of child care.

Perineal surgical wound is considered to be the most discomforting issue to mothers after delivery. This pain is not only a discomfort but it also provoked them and limit their mobility and physiological readiness to perform other types of activities (Carvalho et al, 2017).

**challenges during pregnancy, labour and post-delivery**

A study conducted by Kanotra et al, (2007). Where he said that, pregnancy brings about a number of discomforts which include, inability to bend down and take a bath in the evening and as well as tension brought on by the inability to sleep well.

Even though some pregnancies are planned, there are some emotional challenges that they go through such as: feels weepy, easily get angry, irritable and among others. Some participants in this current study actually have gone through varieties of these emotional challenges such as: being angry, loneliness, fear of outcome of pregnancy among the rest. Carvalho et al. (2017)

A study conducted in Senegal by Adama F. et al (2011), states that, due to bad road and inadequate means of transport, most mothers use animal- drawn vehicles and walking to health facilities to accesses health care services. This can cause health problems to mothers and their unborn baby.

Martinez-Galiano et al, (2019) conducted a study where delivery mothers in rural Ghana said some midwives were harsh, impatient, useless and often shouted at them, therefore they preferred to deliver at home rather than in the health facility.

According to research, mothers find it challenging to receive postpartum treatment for several reasons (Vargas-Porras et al., 2020). (Simonelli et al., 2018) found the factors favoring and inhibiting the adoption of healthy newborn cord and thermal care in their study carried out in rural Uttar Pradesh. The hybrid technique of the study included both surveys and in-depth interviews for the data collection. The findings showed that barriers to postnatal care utilization among women included low postnatal check-up rates as a result of early facility discharge, a lack of adequate postnatal care advice before discharge, beliefs that an unbathed newborn is impure, false beliefs about the repercussions of not bathing the newborn, a lack of awareness among women and frontline health workers, and a lack of cord care knowledge among women and families.

Due to the exponential global increase in postpartum mothers, Africa, and notably Ghana, are not an exception to the widespread establishment of hospitals to handle the unique needs of the concerned postpartum mothers. However, (Henderson & Redshaw, 2016) note that "the ease with which a pregnant woman enjoys her stage of pregnancy and postpartum mothers after birth, point unambiguously to how health professionals make room for essential services, among them include the amount of time spent in consultation and the availability of drugs needed to meet client needs." According to (Dunn et al., 2019).,
inadequate waiting rooms, sluggish medical staff, and a lack of appropriate medications are all reasons why women don't use postnatal care.

Researchers (Hassanzadeh et al., 2020) examined the factors that contribute to the underutilization of postnatal care services in Indonesia. It was shown that a lack of education, a low family income index, and a long distance from medical facilities were the main barriers limiting Indonesian women from utilizing postnatal care services. Once more, they discovered that higher chances were present among mothers who were not familiar with obstetric issues and who had not been exposed to the media, mirroring the relationship between maternal education and utilization of health services. The findings also backed up the idea that women are deterred from visiting postnatal care facilities because they don't understand how important maternal and child health is. Women were more likely to underuse postnatal care services if they reported having no issues after giving birth. It was suggested that public health campaigns to increase the use of postnatal care services should concentrate on women who are underprivileged, illiterate, from rural areas, and who use untrained delivery attendants.

In a qualitative study conducted in Tanzania, (Andaroon et al., 2019) looked into the opinions and experiences of women and medical professionals on postnatal care. The study had 74 women in total, and focus groups and in-depth interviews were used to collect the study's data. The study's findings demonstrated that a lack of personnel, supplies, and equipment restricted women's access to postnatal care services. Due to financial limitations and concerns about encountering wild animals on the way to the clinic, women were also hesitant to seek postnatal care. The study recommended that actions be taken to improve postnatal care with a focus on expanding people's ability to access medical facilities financially and geographically.

**METHODOLOGY**

**Study Area**

The study was conducted in three hospitals within the Tamale metropolis. These include Tamale Teaching Hospital, Tamale West Hospital and Tamale Central Hospital. These hospitals record high patient attendance especially for maternal healthcare services like ANC, labour and delivery as well as post-delivery services. The Metropolis features a total estimated land size of 646.90180 sqkm (Hassanzadeh et al., 2020). It shares boundaries with the Sagnarigu District to the west and north, Mion District to the east, East Gonja to the south, and Central Gonja to the south-west with a population of 233,252 representing 9.4 per cent of the region's population.

Males constitute 49.7 per cent and females represent 50.3 per cent.

**Study Design**
The study was qualitative in nature employing an explorative descriptive design. Burns and Grove (2003) describe a qualitative approach as “a systematic subjective approach used to explore and describe experiences, situations and give them meaning. Holloway and Wheeler (Hassanzadeh et al., 2020) refers to qualitative research as “a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live in”. By these definitions, qualitative research seeks to explore the behaviors, perspectives, feelings, and experience of people and have an understanding of these elements. This design was chosen because it allowed participants to give an in-depth information on the subject under study in their own words through open-ended questions. It also allowed the researchers the flexibility to probe responses from the participants for clarification. By this, responses that would be meaningful and culturally relevant to the participants would be called to mind. Through this study design, issues that would have never been anticipated by the researcher was discussed as the participants would give their responses (Shourab et al., 2016)

**Study Population**

The study population comprised all first-time mothers in the Tamale metropolis.

**Sample Size Determination**

This was based on data saturation, where no new themes were emerging. Approximately 15 first time mothers were recruited from the selected hospitals within the Tamale metropolis.

**Sampling Technique**

A purposive sampling technique was used to select participants from among the three health facilities within the Tamale metropolis. Kassiani N. (2022) describes purposive sampling as “sampling technique in which researcher relies on his or her own judgement when choosing members of population to participate in a study”. This approach was therefore used to select first time mothers to share insightful information about the research questions to achieve the research objectives.

**Data Collection Method**

Interviews were conducted for data collection. The interview was a face-to-face, one-on-one interaction and it involved an interviewer and a participant which was audio-recorded. This was done to elicit a “vivid picture of the participant’s perspective” on the research topic (Arranz-Martín et al., 2021). Mack et al., (2005) describe this form of the interview as a “student-expert” chat where the researcher is considered a student and the interviewee is the expert. This was because the
researcher wishes to know more about the research topic by asking the interviewee questions and then aimed to understand and not miss any vital information by listening attentively and asking follow-up questions and probing for clarification. Interviews helped the researcher to elicit rich and complex information from the participants. In-depth interviews were chosen as the primary data collection method to enabled participants to ‘tell their story most deeply and richly possible during the interview process. Field notes were taken on observable and non-verbal information as a backup to the audio recordings in the sense that the observed nonverbal clues could add some meaning to the verbal recordings during the write-up of the report. The notes were taken during the interviews and immediately after the interviews, they were transcribed. Some of the field notes taken, were captured as nonverbal clues such as movement of body, laughter or prolong silence before answering a question that was asked, the facial expression of surprise, sadness, etc.

Data Collection Instrument

The validity of any research is dependent on the extent to which it can be imitated by another researcher. For this reason, apart from having a clear data collection approach, it is equally important to have good data collection instruments. The study therefore, would employ the use of a semi-structured interview guide for the discussions. A semi-structured guide was used because it only serves as a guide, as the name suggested, while it allowed participants to speak on other issues through probing by the interviewer during the process. The guide included information on participants’ socio-demographic data such as the age of mother and child, marital/partner status, occupation, educational level, religion and the main questions were asked to elicit responses to meet the objectives of the study.

Pre-Testing of Data collection Instrument

Before the actual data collection in the study area, a pilot study was conducted to test the interview guide to improve its quality and efficiency of the interview guide. The pilot study is a small-scale version of the full study to be performed later (Huang et al., 2021) allowed us to experience some of the challenges that we were likely to face in the field during the actual data collection. The pilot study would help design a further confirmatory study and help in testing the study procedures, the validity of tools, estimations of the recruitment rate. The pilot study was conducted with two mothers to find out if the questions were clear and understandable. This allowed us to add more items as follow-up questions and possible probes.

Data Collection Procedure

Introductory letter from the Department of Midwifery and Women’s Health and approval letter from the research Supervisor as well as Ethical clearance from the Ethics committee of KNUST was collected towards data collection. Authority letter from recruitment sites was also taken. One-on-one and face to
face interviews with a semi-structured interview guide developed based on literature and guided by the study objectives was conducted. Informed consent was sought from recruited participants preceding data collection.

The interviews conducted with mothers was done in a quiet and convenient environment. To guarantee efficient time management, the interview process started as soon as the first mother was recruited. Before the interview, an introduction of the investigators was done and then the purpose of study, the structure of the interview, possible length of the interview, the benefits and risks of participating, volunteer agreement, and also confidentiality of any information was given. Based on this explanation, participants were allowed to sign/thumb print a consent form to indicate their voluntary participation. Permission to use a tape recorder was sought from participants before the interview. The tape recorder was positioned close enough to the researcher and participants to record the conversation to preserve the participants’ words during the interview. This enabled the researchers to maintain eye contact with the participant. Notetaking of nonverbal behavior was done to give additional meaning to audio-recorded interviews.

The questions took the form of a narrative and then problem-focused. The narrative part was requesting the participant to tell her story of her pregnancy including whether it was planned or not, reaction to news of pregnancy by self or others. Then was followed by the problem-focused questions on her actual experiences, physical changes, antenatal services, delivery/labour and a few weeks after delivery, support received, and sources of support. During the interview session, follow-up questions were asked based on the responses of the participants to help them understand issues better and to obtain more information for this study.

**Data Processing and Analysis**

- Interviews were transcribed verbatim using a computer.
- The researcher finally counts all the interviews and compare if it tallies with the number transcribed into the laptop.
- The transcripts were read through severally to gain understanding and become engrossed with the content.
- Data was coded and similar codes grouped into sub-themes, then main themes with the assistance of Microsoft office word.
- To understand the meanings and the experiences of first-time mothers, content analysis was used.

**Ethical Considerations**

Ethics for this study was sort from the Committee on Human Research Publication and Ethics of the Kwame Nkrumah University of Science and Technology, Kumasi.
The following ethical procedures were considered as well.

- The purpose of the study was made known to all participants. Also, the expected outcomes of the study were explained to all participants.
- Participants required to append their signature on printed sheets or forms to show that they were not forced in any way to take part in the research.
- The interviewer informed participants that they can choose for the interview to be carried out without any of the data collection tools specified in the study.
- Participants were made certain of the confidentiality of every detail they provided
- Participants were informed that the details provided will not be for personal gains or benefit purpose

PRESENTATION OF FINDINGS

**Table 4.1: socio-demographic findings**
<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>FREQUENCY</th>
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</thead>
<tbody>
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<td>AGE</td>
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</tr>
<tr>
<td>19-23</td>
<td>3</td>
</tr>
<tr>
<td>24-28</td>
<td>6</td>
</tr>
<tr>
<td>29-33</td>
<td>5</td>
</tr>
<tr>
<td>34-38</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
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<tr>
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</tr>
<tr>
<td>Self-employed</td>
<td>4</td>
</tr>
<tr>
<td>Government employed</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
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</tr>
<tr>
<td>RELIGION</td>
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<td>Christianity</td>
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<tr>
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</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>SHS</td>
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<tr>
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<tr>
<td>MARITAL STATUS</td>
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</tr>
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<tr>
<td>Single</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17</td>
</tr>
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</table>
The study was conducted among 17 primiparous mothers where they were interviewed on their experiences on support during pregnancy, labour and post-delivery and the challenges they faced as well. The age range of the mothers who responded to the questions were between 19- 38 years. Out of the 17 mothers, 9 of them were in their early 20s whilst 8 were in their 30s. 7 participants were unemployed, 4 were self-employed and 6 were employed by the government. Out of the 17 mothers, 5 of them were Muslims and 12 were Christians by faith. Most mothers who responded to the questions had completed tertiary, 7 of them had completed senior high school and 1 was a junior high school graduate. Out the 17 mothers that were interviewed, 14 of them were married women and 3 were single mothers. 5 mothers’ children were between the ages of 0-5 months, 9 mothers’ children were between the ages of 6-10 months and 3 mothers’ children were 11 months and above.

Table 4.2: Code frame

<table>
<thead>
<tr>
<th>MAIN THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
</table>
| 1. SUPPORT DURING PREGNANCY/Delivery/Post-Delivery | • support during pregnancy  
|                                      | • support during labour  
|                                      | • support during post-delivery                     |
| 2. CHALLENGES DURING PREGNANCY/Delivery/Post-Delivery | • challenges during pregnancy  
|                                      | • challenges during labour/delivery  
|                                      | • challenges during post-delivery                     |

Source: Field Data (2022)

The findings were presented according to the sub-themes and supported with verbatim quotations from participants.

4.1 Support during Pregnancy/Delivery/Post-Delivery

Support during Pregnancy
This refers to the support mothers received during pregnancy and it covers physical support, emotional, financial and medical support.

For the physical support, participants expressed varied supports received from family members and in-laws including household chores, escort to hospital and assisted in bathing. Participants echoed the support received during pregnancy as;

“...sometimes I will even leave bowls for my husband to come back from work and wash which was not something that I intended to do but because I was not feeling that well, I will leave it for him to come and do. Sometimes I will send him to just go to the market and buy stuff and come...” (Participant 2, 29years TTH)

“...there are some days that I will not be able to even walk and go to the bathroom and bath, sometimes my husband will assist me and walk me to the bathroom” (Participant 2,)

According to the participants, emotional support was in the form of consolation, pampering and encouragement from family members/relatives.

“...During the pregnancy I used to get angry easily, at any trivial issue, I will be angry. So, my husband will calm me and talk to me...“ (Participant 6, 21years TCH)

While some participants got angry easily during pregnancy, others expressed happiness and even felt becoming pregnant more often.

“... anytime I feel sleepy, he (husband) will pamper me to sleep, so I was always happy about that and I feel like getting pregnant soon after giving birth ...” (Participant 4, 23years TWH)

“... My husband was not staying with me; he was staying far away and he calls. I would call him and tell him what I was going through like unable eat, vomiting every morning when I woke up. So, anytime I call and tell him, he would also tell me ‘Ooh..., I should take it easy it would go off so, I shouldn't be much worried about it’. So, he would call and give me encouraging words like; ‘ooh you tap cool sweety! all will be over soon. It's just about being pregnant and very soon, you would be a mother. We hope that, after giving birth you will be ok’. So, these were the encouraging words he used to give me...“ (Participant 11, 24 years TTH)

**SUPPORT DURING DELIVERY/LABOUR**

During delivery/labour, participants reported that they received physical support, emotional support and medical support. The various supports that have been reported appeared of importance to mothers as they were inspired and encouraged to carry on.

**Physical support**

Physical support was received in different ways from relatives, family members and staffs
“the nurses too, some would be rubbing my stomach and encouraging me to take it easy” (participant 1, 19 years TTH).

“The midwife that sends me from the house she was by me the whole time her hand was on my waist when the pain was coming, she will be rubbing her hand on my waist which was given me a little bit of relieve, the care was good and it was ok.” (Participant 2, 32 years TTH).

According to participant, emotional support was given to her by parents/relatives who were physically present, calming her down and giving her words of encouragement.

... “the care my relatives rendered was that, whenever the contractions were coming, my parents are always by my side asking me to calm down and take it easy” (participant 1, 19 yrs, TTH)

“my relatives too were around to give me that emotional and moral support. They gave me words of encouragement, just to take my mind off the distress that I was going through”. (Participant 8, 34 years, TWH)

One participant had an infusion due to her incapacity to push, while the other received an infusion due to the foetal non-reassuring heart rate.

...“the time they were saying I should push and I wasn't able to push harder like the way they wanted, they gave me infusion. So, when the infusion was in-situ, I realized that I was having strength to push small and after the baby came, I was given medicine” (participant 11 TTH, 24 years).

Support during postnatal

This is the care/support rendered to mothers after birth. Some of these support mothers received include physical and medical support.

According to participants, they were supported physically in different forms from family members and from staff of the hospital.

“my family di3, they’re very caring so when we went home, they washed my things, they always take my baby and they (family members) prepare food for me to eat” (participant 5, 27 years, TCH).

“...When I delivered, my husband friends and relatives brought me gifts like, soap, baby dresses...” (Participant 12, 35 years TTH).

“...I wanted to breastfeed in fact I didn’t know how to hold the baby to breastfeed the midwife came and showed me how to hold the baby” (Participant 2, 29 years TTH)

Some mothers also received medical support from staffs
“...after delivery when the baby was suckling, I was having abdominal pain so I went to complain to the midwife and she gave me two paracetamol tablets to take” (Participant 10, 29 years TTH).

“...they quickly got the one (community health nurse) who take care of the babies to come and immunize the child immediately...” (Participant 2, 29 years TTH)

Challenges during Pregnancy/Delivery/Labour/Post Delivery

Challenges during Pregnancy

This refers to difficulties that mothers faced which were reported in the form of physical, financial, emotional, and transportation.

Physical challenges during pregnancy

These are the difficulties that mothers faced in terms of personal cleanliness, medications and its consequences, and mobility.

Personal cleanliness

“when I was pregnant, and the abdomen was growing big, I can't even bend down and bath. My bathing was a big problem, so when I want to bath, I have to sit down and bath because the tummy was big on me. After bathing I have to sit down and smear my pomade... (Participant 12, 35 years TTH)

“...I was very happy but during the pregnancy there were lot of challenges that I was facing. At times, bathing is difficult because of stress and other things like tiredness...” (Participant 4, 23 years TWH).

Medications and its consequences

“... It affected me because, throughout the pregnancy my blood level has been low and because I could not tolerate the medications and the food to increase my HB, I was always worried so when I delivered, the baby’s weight was 2.5 which was almost low birth weight which was obvious because I couldn’t tolerate the drugs and some other foods” (Participant 2, 29 years, TTH).

“Sometimes, when I takes some of the drugs, I feels like vomiting. So sometimes, I do forgo it. Better still, I has to manage and take it so I'll just try my best and take it but not all the time that I do take it. (Participant 9, 28 years TWH).

“...vomiting was my challenge. Every morning, I have to vomit, so because I was vomiting like that, every morning I can't eat unless getting to like 11 to 12pm that I can take something”. (Participant 11, 24 years
“I didn't like the scent (fersolate) and any time I take it, I always vomit so I wasn't taking it at all” (participant 11, 24years TTH).

“When I smell the scent of it (folic acid) am always vomiting because of that I don’t take it” (Participant 1, 19years, TTH).

“... I don't like taking medicine so when I became pregnant it was a big challenge for me even though I don’t vomit. However, I always put it in TZ or the food I’m about to eat and swallow.

One of the drugs I used not to like is the malaria medicine... (Participant 12, 35years, TTH)” Mobility

Participant has challenge in doing her household chores

“... getting to a time, you find it difficult to bend down and do things.” (Participant 15, 26years TTH).

Financial challenges during pregnancy

The participants complained about not having enough money to pay for medical services provided by the hospital in the form of laboratory tests.

“I was having challenge because by that time, I can’t sit for long but am a trader so if I go to the market, I can’t make any money. And if I come and my husband too don’t give me, you know these local men, if he doesn’t give me money, I can’t go for antenatal...” (Participant 14, 36 years TTH).

“sometime when they ask me to do laboratory investigations and I don’t have money I have to postpone it to my next visit to do it.” (Participant 1, 19 years TTH).

Emotional challenges during pregnancy

According to the participant, she was often irritated during her pregnancy, especially with her spouse.

“...Sometimes, I will not feel like talking to him (husband) so if he talks to me, I will start shouting...” (Participant 7, 27years TWH).

Loneliness was expressed as a challenge as it was indicated to cause sadness in a participant.

“...when I just woke up, I felt so sad because I was the only person staying in the room. If something happened to me, what would I do? I can’t do anything so, I was always thinking about it...” (Participant 11, 24years TTH).

Transportation challenge

Bad roads, long distance and use of bikes and “yeloyelo/keke” by pregnant mothers caused some of them to have waist pains during pregnancy. The long distance and bad roads to the hospitals have
resulted in late arrival to hospitals and so joining long waiting queues to receive maternal health care.

“...I have slight waist pains because we used a motor bike and the road is not good…” (Participant 13, 32 years TTH).

“... the hospital is far from the village, by the time you get there, it will be late and you have to join a very long queue. You end up wasting the whole day there and when you come to the house, you’ll become tired and you can't do anything” (Participant 11, 24 years TTH).

### 4.3 Challenges during Labour/Delivery

These are the challenges that pregnant women encounter during labour/delivery and are grouped into Physical and emotional challenges.

#### Physical challenges during labour/delivery

This comes in the form of dilatation issues and mistreatment according to the participants.

“...the challenge was that my cervix wasn’t opening and they ask me to go to theatre. When I got there, my heart was beaten and I was just wondering what will happen there so after that, they operated me”. (Participant 1, 19 years TTH)

‘‘...the baby's condition too wasn’t fine and they said my cervix too was not dilating so they have to send me to theatre...” (Participant 12, 35 years TTH)

“Sometime the nurses are very harsh especially when they want you to do something and you don’t understand what they were saying, when you want to find out from them, will be shouting on you. They were also harsh on me because when the contractions were coming I was always crying and making noise so they will say; are you the first person to give birth and you are making noise?” (Participant 1, 19 years TTH)

#### Emotional challenges

Emotional challenges have to do with the fear of outcome of labour

“ when I entered and saw the new environment, the machines, the tools and way the doctors dressed and covered their faces, I was afraid. I don't know whether they were going to kill me there or what will happen to me” (Participant 1, 19 years TTH).

“...there's this particular guy who came and was just shouting at me to look straight onto my stomach so that, they will prick me. So, he shouted and I became angry and shouted back at him never to shout at me...” (Participant 8, 34 years TWH).

#### Post-delivery challenges
The participant informed the interviewer on the physical, financial, emotional and social challenges she experienced after delivery.

**Physical challenges**

This aspect has to do with the growth and development of participants and their babies after delivery. Mothers reported experiencing pain after they received episiotomy during childbirth. This posed a serious challenge to them during breastfeeding their babies.

“... Where they sutured (episiotomy) and it heals, it’s like the scar, when you put your hand at that side, it feels like not being normal as compare to the other side. And sometimes too, I feel some pains there like the sore is not properly healed but I don’t know whether there’s something wrong or that’s the issue.” (Participant 9, 28years, TWH)

“... if I’m in the market and during my sales and the baby is hungry and crying, he will cry for some time and after my sales before I will pick him and feed him...” (Participant 14, 36years TTH)

“...because I wasn’t taking my medications, after delivery he falls sick all the time, when he is sick today, tomorrow you see him healthy the next day he will be sick and it was something else...” (Participant 1, 19years, TTH)

“...you’ll not have enough sleep oooo, you have to wake up and breastfeed the baby, then you'll sleep again...” (Participant 10, 29years TTH)

“...I’ve resumed work and at his age, sending him to school is no! By my profession, am not supposed to bring the child to work. My mother too passed on, so I wished my mother was alive. She would have been with the grandson whilst I goes to work...” (Participant 8, 32years, TWH)

**Financial challenges**

Participant complained of monetary challenge in caring for her baby.

“compared to the time I was not having a child, anytime I don’t have money I am not much worried, but now that you have a child, he has to eat, he has to bath and all that. So, it’s a challenge to me”. (Participant 15, 26years TTH)

**Emotional challenges**

According to the participant the feeling and thought of advancing especially in the aspect of education after child birth is restricted.

“The only challenge that I have was, what to do to this child because I wanted to further my education, so I have been thinking what was I going to do with the child before I can go to school. Because my husband is also staying alone, and I can’t leave this child with him and go to school. My mother-law too is not strong enough to take care of this small child. So, I have been thinking of what to do, but am praying that, I get a solution to this problem” (Participant 12, 35years TTH)
Other mothers reported of shyness in breastfeeding babies in public because of exposing their breast in the full glare of people.

“...I like wearing dresses that will cover my neck but when I gave birth, I cannot wear it again because I have to remove my breast for the baby to suckle in public. I feel shy removing my breast...” (Participant 11, 24years, TTH)

Social challenge

This has to do with restriction of attending social gathering after given birth and also the involvement in recreational activities.

“...I used to roam anyhow, if you don’t even go to the house, nobody cares but because of your child, you have to be inside, bath him early and he will sleep” (participant 15, 26years TTH)

“...when I delivered all my clothes that I used to wear and slay with, none of them were entering me again, so I have to change them and send some for alteration because I couldn’t wear them again. Even my brazier I used to wear, now it cannot fit me again so I have to change most of my clothes so that, they will fit me again. I have become big. My friends that I used to roam with, they will say see how your tummy has become big, sometimes I will feel shy, and sometimes too I will use the child to console myself”. (Participate 12, 35years, TTH) Participant complained of inability to enjoy pleasure due to busy life after delivery.

“Life now is a busy life because first, when I get up I can watch TV till the time I wanted and I'll sleep. If I get up in the morning, I can decide not to wake up from bed. I would just be lying on my bed doing nothing. It can even be 12noon and I'll still be lying down. I like wearing dress that will cover my neck. But when I gave birth, I cannot wear it again because I have to remove my breast for my baby to suckle even in public”. (Participant 12, 35years, TTH)

DISCUSSION OF FINDINGS

5.1 Support during pregnancy/labour and post-delivery.

This study found that mothers received physical support from family members which gave them satisfaction. Mothers noted that family members engaged in various household chores including cooking for them, washing clothes, assisted to bath, washing of bowls among others. This finding is consistent with Mabetha et al. (2022) a study in South Africa and Arisukwu et al (2021) in Nigeria where pregnant mothers received similar support.

We also found out that, mothers reported that husbands escorted them to hospital and the finding is in agreement with Mubita-ngoma. (2015) which took place in Soweto south.
Financial support was also reported in this current study where a mother said her husband helped with certain finances while the workplace health insurance also supported. The finding support that of Arisukwu et al. (2021) in Nigeria where financial support was received by mothers from their husbands. There are lots of expenditure during pregnancy. In Ghana, there is free maternal health for pregnant women, during labour and immediate post-delivery, however, mothers in this study seem not to have enjoyed this to the latter as most of them had to buy drugs and pay for laboratories with their own monies. If this free service were fully functional, it be would so beneficial to such mothers.

Women in our study stated that, life after birth is so busy which involves a lot in caring for the baby and coping with normal daily activities. However, they received support from family members like mother in laws and friends where they supported them in bathing the baby and bringing gifts respectively. This study relates with a study conducted in Singapore where mothers indicated that, there is stress and anxiety over child care activities such as nursing, bathing the baby and so on which they perceive as ‘demanding duty’ that posed them with numerous problems. This suggest that, postpartum phase is difficult especially for primiparous mothers and they required assistance. A survey showed that, their family members particularly grandparents of children provided them the greatest amount of support by caring for the baby and to help them cope with the stress of the child. Salarvand et al, (2020).

Some of the physical support participants received from staff and relatives include; rubbing abdomen, sacral massage, helping them assume appropriate position during labour and physical presence during labour/delivery. This study is in concordance with E. Kungwimba et al (2013) a study in Malawi.

However, some emotional supports were received by participants in diverse way from relatives, parents and staff which encompasses reassurance, calming down and giving encouraging words. Our discoveries correspond to a handbook written by Simkin P, Ancheta R. (2011). Participants expressed different forms of physical supports which were received from staff and relatives as washing clothes, cooking, and baby care. These results agree to Mabetha et al. (2022) a study in South Africa.

Some primiparous mothers expressed medical support received from staff during and after delivery such as administration of drugs, intravenous infusions and immunization of newborns. This study disagrees with a study conducted by Sherry A. et al (2021) which revealed some of the participants self-administering medications from their bedside lockers. Nurses play a significant role not only in assisting mothers during delivery, but also in provision of medical and psychological support in pregnancy, delivery and post-delivery. Nurses explained to mothers their expectations and are always available to answer questions related to mothers’ condition and also explain clients’ expectations to her family members.

5.2 Challenges during pregnancy/labour/post delivery

This is where participants expressed their challenges during the time of their pregnancy/labour/post-delivery. These challenges are in the form of physical, financial, emotional and transportation challenges.
Current study revealed that, some mothers during pregnancy finds it difficult to bend down and take their bath due to the growing abdomen which is a physical challenge to them. This finding links with a study conducted by Kanotra et al, (2007). Where he said that, pregnancy brings about a number of discomforts which include, inability to bend down and take a bath in the evening and as well as tension brought on by the inability to sleep well.

One of the challenges faced by primiparous mothers is postpartum weight retention, it is a primary challenge for majority of primiparous mothers’ which results in reduced quality of life.

Physical discomfort like vomiting every morning during pregnancy was expressed by some mothers which made them not to be able to tolerate some food scents and other medications. This result is similar to a study conducted by Carvalho et al. (2017).

In this recent study, it was found that, challenges in accessing health care services were due to poor road, long distance to facilities and this resulted to long queues and long waiting time at the facility. This finding concurs with Mason, et al. (2015) a study in Kenya where findings showed long waiting times at clinics. This similarities in findings may be because of similar geographical and social characteristics of these countries. There is the need to timely intervene to ensuring that mothers have easy access to maternal health care services at their disposal.

Some participants indicated in this study that, some physical challenges they faced post-delivery such as, weakness after birth, discomfort during perineal surgical wound (episiotomy), unable to wear previous clothes, after pain among the rest. The presence of perineal surgical wound was considered one of the main sources of discomfort the women felt during postpartum, not only due to the discomfort the pain provoked, but also to the limited mobility it imposed, conditioning their physiological readiness to perform other types of activities. These findings agree with Carvalho J. et al. (2017).

In our study, some mothers shared their experience that, they were maltreated by some midwives which were: shouting at/treated harshly, unattended to, reluctant calls among others.

This study shares similarities with a study conducted by Martinez-Galiano et al, (2019) where delivery mothers in rural Ghana said some midwives were harsh, impatient, useless and often shouted at them, therefore they preferred to deliver at home rather than in the health facility.

Carvalho et al. (2017) stated in their study that, even though some pregnancies are planned, there are some emotional challenges that they go through such as: feels weepy, easily get angry, irritable and among others. Some participants in this current study actually have gone through varieties of these emotional challenges such as: being angry, loneliness, fear of outcome of pregnancy among the rest.

In this current study, distance and means of transport are the main factors affecting mothers in accessing health care services. We found out that, pregnant women faced challenges with transport to hospital for ANC services. They used tricycle popularly known as keke and yeloyelo and this caused them waist pains and discomfort after the journey. This finding matches with a study in Senegal by
Adama F. et al (2011), where due to bad road and inadequate means of transport, most mothers use animal-drawn vehicles and walking to health facilities to access health care services. This can cause health problems to mothers and their unborn baby. Hence pregnant women need to use good means of transport to hospitals so that they do not have problems with their pregnancy. Meanwhile, solving these problems are beyond the scope of the health personnel, indeed it is an economic and developmental problem for the country.

We also found out that, some participants due to financial obstacles, like unemployment they are unable to do some of their laboratory investigations, taking care of their babies, unable to attend antenatal services among others. This study agrees with a study conducted in Nepal where participants revealed that, financial challenges which included, large family sizes, unemployment, and irrational spending on health care services were the main challenges which made them not to assess proper health care services and caring for their babies. They report recommended that strategies be created to get rid of these barriers. (Sainz et al, 2015).

In our current study some mothers voiced out that, they feel shy to remove their breast and feed their babies in public which was a social challenge and also some misconceptions about the outcome of pregnancy and caesarean section. This study corresponds with a study conducted in Nepal where according to the report, social hindrances to maternal health care services are, family pressure, neglect, superstition, alcoholism, shyness, misconception and illiteracy. (Sainz et al, 2015).

In our study, some mothers voiced out that, they are unable to enjoy social lifestyle like watching television and roaming with friends as at the time they were pregnant and after delivery.

Summary of the Study

6.3 Conclusion

In conclusion, the study revealed that, supportive care during pregnancy, labour and postdelivery among primiparous mothers is very crucial because it makes them feel at home which leads to quality childcare and motherhood. Furthermore, this study highlights the challenges these women faced as first-time mothers which deprived them from accessing quality health care services, having problems with child growth and motherhood.

6.4 Recommendations

The following are recommendations to stakeholders and policy makers;

Ministry of health

1. Regulate maternal and child health policy which enables pregnant women to duly accessed health care service with National Health Insurance Scheme (NHIS) without any unduly additional costs or expenses.
2. Establish means of transport by providing down to earth long buses, which will be at vantage points to convey pregnant women to the hospitals at moderate price in order to access health care services due to the transportation challenges they encounter during this period.

**Ghana Health Service**

1. Organize and provide in-service training for midwives and public health nurses through workshops, seminars to help update their skills on counselling and health education on pregnancy, adherence to routine drugs during the period of pregnancy.

2. Strategize policies that dispel long waiting time or period of pregnant women on health care services.

**Nurses and Midwifery Council**

1. Organize in-service training to newly recruits and staff on therapeutic communication with their clients during service delivery.

**Regional Health Directorate**

1. Collaborate with public health unit to intensify health education on sex, preconception care in order to prevent unplanned pregnancies.

2. Liaise with Non- Governmental Organization (NGO) and public health unit to educate the general public on supportive care during pregnancy, labour/delivery and post-delivery.

**For Future Research**

Further studies can be conducted with quantitative designs and with multiparous mothers. This will contribute to the clarity of the phenomenon and for better generalization of findings.

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