SOCIO-DEMOGRAPHIC FACTORS AND LEVEL OF BIRTH PREPAREDNESS AMONG PREGNANT WOMEN ATTENDING THE PRIMARY HEALTH CENTER IN IKOT EBOK, EKET.

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ABSTRACT

The study investigated socio-demographic factors and level of birth preparedness among pregnant women attending the primary health center in Ikot Ebok, Eket. Guided by two research questions and null hypotheses, a descriptive cross-sectional research design was employed. A sample size of 179 was obtained from 324 pregnant women using Taro Yamane formula. Structured questionnaires collected data on socio-demographic characteristics, economic factors, cultural beliefs, healthcare system factors, birth preparedness practices, and maternal health services utilization. Data analysis involved descriptive statistics (frequencies, percentages, means, and standard deviations) and inferential statistics (one-sample t-tests and chi-square tests). The study found a high level of birth preparedness, with significant influences from socio-demographic factors, knowledge of potential complications, and antenatal care attendance. The implications for nursing include enhanced antenatal education, tailored interventions, resource allocation, policy development, and professional development. Limitations include sample size, self-reported data, cross-sectional design, and cultural specificity. The findings revealed that the level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eke was high. It also showed that socio-demographic factors has a significant influence on birth preparedness among pregnant women in the study area. Recommendations emphasize enhancing antenatal education programs focusing on birth preparedness and complication readiness to maintain and improve current levels of awareness and preparedness.

Keywords: Birth Preparedness, Child's Birth, Pregnant Women, Ikot Ebok, Primary Health Care and Eket

Introduction

Childbirth is a pivotal event in a woman's life, carrying significant implications for both maternal and child health. Birth preparedness (BP) refer to the process of planning and preparing for childbirth and potential obstetric emergencies. Ensuring adequate birth preparedness is crucial for reducing maternal and neonatal mortality and morbidity, particularly in resource-constrained settings like primary health centers (PHCs) in rural areas. Ikot Ebok, located in the Eket Local Government Area of Akwa Ibom State, Nigeria, represents one such rural area where access to quality maternal healthcare services may be limited. Understanding the factors influencing birth preparedness and complications during childbirth among pregnant

women in this community is essential for developing targeted interventions to improve maternal and neonatal outcome s.

The aim of this background study is to provide a comprehensive overview of the factors influencing birth preparedness during childbirth among pregnant women attending the Primary Health Center in Ikot Ebok, Eket. By examining socio-demographic, economic, cultural, and healthcare-related factors, this study seeks to identify barriers and facilitators to birth preparedness and develop evidence-based strategies to address them.

Socio-Demographic Factors: Socio-demographic characteristics such as age, education, occupation, and marital status play a significant role in shaping birth preparedness and utilization of maternal health services. In Ikot Ebok, the age distribution of pregnant women, their educational attainment, and employment status may influence their access to information, decision-making autonomy, and financial resources for maternal healthcare. Economic factors, including household income, poverty levels, and access to health insurance or financial assistance programs, impact a woman's ability to afford essential antenatal care services, birth preparedness supplies, and transportation to health facilities. High poverty rates and limited economic opportunities in rural communities like Ikot Ebok may hinder pregnant women from seeking timely and quality maternal healthcare.

The availability, accessibility, and quality of maternal healthcare services, including antenatal care, skilled birth attendance, and emergency obstetric care, are critical determinants of birth preparedness. Challenges such as inadequate healthcare infrastructure, shortage of skilled health personnel, and stockouts of essential drugs and supplies may undermine the provision and utilization of maternal healthcare services in PHCs like the one in Ikot Ebok. While several studies have explored factors influencing birth preparedness during childbirth in various settings, there remains a dearth of research specifically focused on rural communities such as Ikot Ebok. Existing literature highlights the importance of improving access to antenatal care, promoting institutional delivery, enhancing community awareness, and addressing socio-cultural barriers to maternal healthcare utilization. However, there is limited evidence on the specific context of Ikot Ebok and the unique challenges faced by pregnant women in this community.

The multifaceted factors influencing birth preparedness during childbirth among pregnant women attending the Primary Health Center in Ikot Ebok, Eket, is essential for informing targeted interventions and policy recommendations aimed at improving maternal and neonatal health outcomes. By addressing socio-demographic, economic, cultural, and healthcare-related barriers, stakeholders can work towards enhancing the accessibility, acceptability, and utilization of maternal healthcare services, ultimately contributing to the reduction of maternal and neonatal mortality and morbidity in rural communities like Ikot Ebok.

Statement of the Problem

In the context of maternal and child health, birth preparedness is crucial for ensuring safe childbirth outcomes. However, at the Primary Health Center in Ikot Ebok, Eket, challenges persist in achieving optimal birth preparedness among pregnant women. Socioeconomic disparities, cultural beliefs, and systemic healthcare limitations hinder access to quality maternal care, skilled birth attendants, and emergency obstetric services. Additionally, the lack of comprehensive data on birth preparedness impedes effective interventions. Therefore, understanding the factors influencing maternal healthcare utilization in this setting is essential for developing targeted strategies to improve birth preparedness and reduce maternal and neonatal health risks.

Objectives of the Study

The prime objective of the study is to investigate factors influencing birth preparedness during child's birth among pregnant women in Ikot Ebok Primary Health Centre, Eket. Specifically, the study intends to:

i. assess the level of birth preparedness among pregnant women attending the primary Health Center in Ikot Ebok, Eket.
ii. identify the socio-demographic factors influencing birth preparedness among pregnant women in the study area.

Relevant Research Questions

The study is poised to proffer answers to the guiding questions.

i. What is the level of birth preparedness among pregnant women attending the rimary Health Center in Ikot Ebok, Eket?
ii. What is the socio-demographic factors influencing birth preparedness among pregnant women in the study area?

Relevant Research Hypotheses

The following null hypotheses guided the study.

Ho_1: There is no significant level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eket.

Ho_2: There are no significant socio-demographic factors influencing birth preparedness among pregnant women in the study area.

CONCEPTUAL LITERATURE REVIEW

Birth Preparedness (BP)

Birth Preparedness (BP) is a comprehensive approach designed to ensure that pregnant women and their families are well-prepared for childbirth and can effectively manage any potential obstetric emergencies. BP includes several critical components: identifying a skilled birth attendant, saving money for childbirth expenses, arranging transportation to a healthcare facility, and recognizing danger signs during pregnancy and childbirth (McPherson et al., 2006). Birth Preparedness (BP) is an essential strategy aimed at improving maternal and neonatal health outcomes. BP involves planning for normal births while anticipating actions to be taken in case of emergencies. This concept promotes proactive measures that pregnant women, their families, and communities can take to ensure a safe pregnancy, childbirth, and postpartum period.

Birth preparedness is a crucial component of maternal healthcare that ensures pregnant women are ready for delivery. It encompasses several actions, including identifying a skilled birth attendant, arranging transportation, saving money, and understanding the signs of labor (Kuganab-Lem et al., 2019). Birth preparedness (BP) are essential components of safe motherhood programs, aimed at reducing maternal and neonatal morbidity and mortality. The level of birth preparedness among women attending these centers is crucial for safe delivery and can be influenced by several factors, including socio-demographic, economic, cultural, and healthcare system-related aspects. Primary Health Centers play a vital role in providing maternal and child healthcare services, especially in rural and underserved areas. These centers are often the first point of contact for pregnant women seeking antenatal care and delivery

services. Studies have shown that the level of birth preparedness among pregnant women attending PHCs varies significantly depending on several socio-demographic, economic, and healthcare system factors.

Education is a significant determinant of birth preparedness. Women with higher levels of education are generally more knowledgeable about the importance of birth preparedness and the necessary steps involved. They are more likely to attend antenatal care (ANC) regularly and follow healthcare providers' advice (Bintabara et al., 2015). Age and parity also play important roles; younger women and first-time mothers often exhibit lower levels of preparedness compared to older and multiparous women, who may have more experience and knowledge about childbirth (Mulongo et al., 2018). Economic status significantly impacts birth preparedness. Women from higher-income households are usually better prepared due to their ability to afford transportation, medical supplies, and save money for emergencies (Nour, 2019). Financial constraints can hinder access to necessary resources and services, leading to inadequate preparation. PHCs can help mitigate these barriers by providing affordable services and financial assistance programs.

The quality and accessibility of healthcare services at PHCs are critical in promoting birth preparedness. Facilities with well-trained staff, adequate supplies, and efficient communication systems are more likely to encourage and support birth preparedness among pregnant women (Doctor et al., 2020). Regular ANC visits are essential as they provide opportunities for healthcare providers to educate women on the importance of birth preparedness and the steps involved. Women who attend ANC sessions regularly are more informed and likely to be better prepared for childbirth (Mukhopadhyay et al., 2018).

Components of BP

BP includes several key components that are critical for ensuring that pregnant women are adequately prepared for childbirth and any complications that may arise:

Identifying a Skilled Birth Attendant: Ensuring the presence of a trained healthcare provider during childbirth is crucial. Skilled birth attendants are equipped to handle normal deliveries and recognize early signs of complications, providing timely interventions (Moyer et al., 2018).

Saving Money for Childbirth Expenses: Financial planning for childbirth-related expenses is a critical aspect of BP/CR. This includes saving for costs related to transportation, medical fees, and emergency care (Bintabara & Nakamura, 2019).

Arranging Transportation to a Healthcare Facility: Ensuring that transportation is available and reliable in case of labor or emergencies is vital. Delays in reaching a healthcare facility can lead to adverse outcomes for both mother and baby (Kabakyenga et al., 2019).

Recognizing Danger Signs: Awareness of danger signs during pregnancy, childbirth, and the postpartum period is fundamental. Educating pregnant women and their families about these signs helps in the early detection and prompt management of complications (Hailu et al., 2018).

Preparing Birth Supplies: Gathering necessary supplies for childbirth, including clean linens, clothing for the baby, and basic hygiene products, ensures that the birth environment is safe and hygienic (McPherson et al., 2019).

Importance of BP

BP is critical in reducing maternal and neonatal morbidity and mortality. Proper birth preparedness ensures that pregnant women are ready for delivery, reducing the likelihood of complications and improving overall health outcomes.

Reduction of Maternal Mortality: Studies have shown that BP can significantly reduce maternal mortality by ensuring timely access to skilled care and emergency obstetric services (Kakaire et al., 2018).

Improvement in Neonatal Outcomes: Neonatal outcomes improve when births are attended by skilled providers and when complications are managed promptly. Preparedness helps in avoiding delays that could be fatal for the newborn (Moshi et al., 2018).

Empowerment of Women: BP empowers women by giving them the knowledge and resources needed to make informed decisions about their health and the health of their babies. This empowerment is critical in promoting maternal health and well-being (Mutiso et al., 2020).

Barriers to BP

Despite the benefits, several barriers impede the effective implementation of BP. Understanding these barriers is essential for developing targeted interventions.

Socio-Economic Barriers: Financial constraints prevent many women from accessing necessary healthcare services. Lack of money for transportation, medical fees, and other expenses remains a significant barrier (Tura et al., 2018).

Cultural Beliefs and Practices: Cultural norms and traditional practices can influence women's decisions regarding childbirth. In some communities, there is a preference for home births and reliance on traditional birth attendants, which can hinder access to skilled care (Pembe et al., 2018).

Lack of Awareness: Many women and their families lack awareness about the importance of BP and the danger signs of pregnancy and childbirth complications. This lack of knowledge can lead to delays in seeking care (Moran et al., 2020).

Healthcare System Challenges: Inadequate healthcare infrastructure, shortages of skilled personnel, and lack of essential supplies can undermine BP efforts. These systemic issues need to be addressed to improve maternal and neonatal health outcomes (Okonofua et al., 2018).

Strategies to Enhance BP

To overcome these barriers, several strategies can be implemented:

Community Education and Mobilization: Raising awareness about BP and educating communities on the importance of skilled birth attendance and recognizing danger signs can improve preparedness levels (Ghana Health Service, 2018).

Financial Support and Incentives: Providing financial support, such as vouchers or cash transfers, to pregnant women can help cover the costs of transportation and healthcare services, reducing economic barriers (Bintabara et al., 2018).

Strengthening Healthcare Systems: Improving healthcare infrastructure, ensuring the availability of skilled personnel, and maintaining a steady supply of essential medicines and equipment are critical for supporting BP (Moyer et al., 2018).

Engaging Traditional Birth Attendants: Training and integrating traditional birth attendants into the formal healthcare system can bridge the gap between traditional practices and modern medical care, promoting better health outcomes (Oyerinde et al., 2020).

The Role of Antenatal Care in Birth Preparedness

ANC provides pregnant women with essential information and services that prepare them for childbirth and potential complications. Through regular ANC visits, women receive education on recognizing danger signs during pregnancy, the importance of skilled birth attendance, and the benefits of preparing for emergency situations (Kuganab-Lem et al., 2019).

A study by Markos and Bogale (2017) in Ethiopia found that women who attended four or more ANC visits were significantly more likely to be prepared for birth and potential complications compared to those who attended fewer visits. The study reported that 75% of women with adequate ANC attendance had a birth plan in place, including identifying a health facility for delivery and arranging transportation, compared to only 35% of women with inadequate ANC attendance.

Knowledge and Awareness Enhancement:

ANC visits provide a platform for healthcare providers to educate pregnant women on critical aspects of birth preparedness. This includes recognizing danger signs, understanding the importance of facility-based deliveries, and planning for emergencies (Iliyasu et al., 2019). The consistent exposure to health education during ANC visits enhances women's knowledge and awareness, which in turn influences their readiness for childbirth and potential complications.

Research by Mbalinda et al. (2014) in Uganda showed that women who received comprehensive ANC education were more knowledgeable about birth preparedness and complication readiness. The study found that 68% of women who attended ANC sessions knew at least three danger signs during pregnancy, compared to 40% among those who did not receive such education.

Influence on Health-Seeking Behavior:

ANC attendance influences health-seeking behavior by encouraging women to utilize skilled birth attendants and health facilities for delivery. Women who regularly attend ANC are more likely to appreciate the benefits of skilled care during childbirth, which reduces the risk of complications and improves maternal and neonatal outcomes (Tesfaye et al., 2017).

In a study conducted in rural Kenya, Wangui et al. (2018) found that women who attended ANC were more likely to seek delivery services at health facilities. The study reported that 80% of women with regular ANC attendance opted for facility-based deliveries, compared to

50% among those with irregular ANC visits. This shift in health-seeking behavior is critical for reducing maternal and neonatal mortality.

Level of Birth Preparedness among Pregnant Women

Several studies have investigated the level of birth preparedness among women attending PHCs. For instance, a study conducted in rural Tanzania found that only 17% of pregnant women were adequately prepared for birth (Bintabara et al., 2015). Factors such as low educational levels, poor economic status, and limited access to healthcare services were identified as major barriers. Another study in Nigeria reported that cultural beliefs and misconceptions about antenatal care significantly hindered birth preparedness among pregnant women attending PHCs (Olagbuji et al., 2019).

In Ethiopia, a study found that women who were knowledgeable about birth preparedness and complication readiness were more likely to deliver in health facilities and have better maternal health outcomes. Factors such as higher educational status, regular ANC visits, and access to health information were associated with better preparedness (Hiluf & Fantahun, 2008).

A study conducted by Kabakyenga et al. (2012) in rural Uganda assessed birth preparedness and complication readiness among pregnant women. The study used a cross-sectional design with a sample size of 760 women, selected through multistage sampling. The findings revealed that only 35% of the women were adequately prepared for childbirth. Factors contributing to low preparedness included limited access to healthcare facilities, low educational levels, and inadequate financial resources. The study highlighted the importance of community-based interventions and improving healthcare infrastructure to enhance birth preparedness in rural areas.

Research by Boah et al. (2018) focused on the impact of antenatal care attendance on birth preparedness in Northern Ghana. This cross-sectional study involved 620 pregnant women who attended antenatal clinics. The study found that women who attended four or more antenatal care visits were significantly more likely to be prepared for birth compared to those who attended fewer visits. Key factors associated with better preparedness included higher levels of education, exposure to health education during antenatal visits, and support from partners and families. The study recommended increasing antenatal care coverage and integrating birth preparedness education into routine antenatal services.

A study by Moran et al. (2006) examined birth preparedness among women in two districts of Nepal. Using a mixed-methods approach, the study involved 800 women who had given birth in the past year. The findings indicated that only 29% of the women were adequately prepared for birth. Common barriers included poor access to healthcare facilities, cultural practices that favored home births, and lack of knowledge about the importance of birth preparedness. Women who received health education through community health workers and had access to savings and credit schemes were more likely to be prepared. The study recommended strengthening community health programs and promoting savings schemes to improve birth preparedness.

Socio-Demographic Factors

A study by Babalola and Fatusi (2009) in Nigeria found that women with higher educational levels and those who were employed were more likely to be prepared for childbirth. The study

also noted that younger women and those with less education were less likely to attend antenatal care visits and to have a birth plan in place.

Olagbuji, Ojo, and Akintayo (2019) conducted a cross-sectional study to examine how cultural beliefs influence antenatal care (ANC) utilization among pregnant women in Southwestern Nigeria. They sampled 500 women using purposive sampling and validated their structured questionnaires through expert review. The study found that adherence to traditional beliefs significantly reduced ANC attendance, as women feared evil spirits and preferred traditional birth attendants (TBAs) over formal healthcare. This highlights the need for culturally sensitive interventions to improve maternal health services uptake.

Balogun, Sekoni, and Okafor, (2017) in Lagos, Nigeria, Balogun and colleagues conducted a descriptive cross-sectional study involving 1,000 pregnant women randomly sampled from the population. Using structured interviews, they investigated how traditional beliefs affect birth preparedness and complication readiness (BP). Their findings revealed that women who favored traditional birth attendants were less likely to adequately prepare for childbirth, emphasizing the necessity of integrating traditional leaders into health education efforts to promote safer birth practices.

Balogun, Sekoni, and Okafor (2017) in Lagos, Nigeria, Balogun and colleagues investigated the impact of economic factors on birth preparedness and complication readiness (BP/CR) among 1,000 pregnant women randomly sampled from the urban population. Their descriptive cross-sectional study employed structured interviews to assess how economic constraints influenced women's ability to prepare adequately for childbirth. Their findings highlighted that financial limitations hindered access to essential maternal health services, calling for targeted financial support and health insurance schemes to improve maternal outcomes.

Abimbola, Okoli, Olubajo, Abdullahi and Pate (2019) focused on Northeast Nigeria, Abimbola and colleagues conducted a qualitative study involving key informants and stakeholders in maternal health. They sampled 40 participants through purposive sampling and employed in-depth interviews and focus group discussions to explore the influence of health system factors on maternal health service utilization. Their thematic analysis revealed systemic challenges such as inadequate infrastructure, limited skilled personnel, and security issues hampering maternal health service delivery. They recommended targeted interventions including increased funding and improved security conditions to address these barriers effectively.

Moyer et al. (2014) examined the influence of cultural beliefs on birth preparedness in rural Ghana. The study revealed that cultural preferences for home births and the use of TBAs were prevalent. It also found that traditional beliefs and practices often conflicted with modern medical advice, leading to lower utilization of skilled birth attendants and institutional deliveries.

Methodology

The study utilized a descriptive cross-sectional research design. The study was conducted at the Primary Health Center in Ikot Ebok, Eket, located in the Eket Local Government Area of Akwa Ibom State, Nigeria. The target population comprised 324 pregnant women who attended antenatal care services at the Primary Health Center in Ikot Ebok, Eket. The sampling procedure involved systematic sampling. A sample size of 179 pregnant women was used statistically determined by Taro Yamane formula. Data was collected using structured

questionnaires. The questionnaires were validated through expert review and pilot testing. Reliability was assessed using Cronbach's alpha coefficient for internal consistency, yielding a coefficient of 0.975 indicate good reliability. A pilot study was conducted among 30 pregnant women from a nearby community health center to test the clarity, comprehensibility, and cultural appropriateness of the questionnaires. Quantitative data obtained from the questionnaires was analyzed using descriptive statistics such as frequencies, percentages, means, and standard deviations. Inferential statistics including one sample t-tests and chi-square.

Results/ Discussion

Answering of Research Questions

Research Question One
What is the level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eket?

Table 1: Mean Score Response on the Level of Birth Preparedness among Pregnant Women attending the Primary Health Center in Ikot Ebok, Eket L.G.A

Statement	N	Min	Max	Mean	S.D
I have attended all recommended antenatal care visits during this pregnancy.	179	1	4	3.58	.678
I have saved money specifically for childbirth expenses.	179	1	4	3.44	.757
I have identified a skilled birth attendant for my delivery.	179	1	4	3.20	.857
I have arranged transportation to the health facility for childbirth.	179	1	4	3.36	.928
I have discussed and prepared for potential childbirth complications with my family.	179	1	4	3.43	.807
Cluster Mean				**3.40**	

Field Survey, 2024; Criterion Mean = 2.5

The result presented in Table 1 reveals the summary of the sample mean score for items 1 – 5, which ranges from 3.20-3.58 were above the criterion mean of 2.5. The cluster mean of 3.40 was also greater than the criterion mean of 2.5. This implies that the level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eke was high. This finding is supported by Bintabara et al. (2015) who found that only 17% of pregnant women were adequately prepared for birth. Similarly, Hiluf & Fantahun (2008) found that women who were knowledgeable about birth preparedness and complication readiness were more likely to deliver in health facilities and have better maternal health outcomes.

Research Question Two
What is the socio-demographic factors influencing birth preparedness among pregnant women in the study area?

The analyses in the above tables answer the research questions. However, both strongly agreed and agreed responses were considered as positive response (agreed) while the disagreed and strongly disagreed were considered as negative response (disagreed).

Table 2: Mean Analysis of the Socio-Demographic Factors Influencing Birth Preparedness among Pregnant Women in the Study Area

S/N	Statement	SA	A	D	SD	Total
6	Education level influences my decision-making regarding maternal healthcare.	119	47	10	3	179
		66.5%	26.3%	5.5%	1.7%	100%
7	Employment status affects my access to financial resources for maternal health services.	102	66	8	3	179
		57%	36.9%	4.4%	1.7%	100%
8	Age significantly impacts my level of awareness about childbirth complications.	83	61	27	8	179
		46.4%	34.1%	15.1%	4.5%	100%
9	Marital status influences my support network for childbirth preparation.	105	59	8	7	179
		58.7%	33%	4.5%	3.9%	100%
10	Monthly household income affects my ability to afford necessary prenatal care.	103	64	6	6	179
		57.5%	35.8%	3.4%	3.4%	100%

Field survey, 2024

The result presented in Table 2 reveals the summary of the reveals that the percentage response of socio-demographic factors influencing birth preparedness among pregnant women in the study area. Education level influences my decision-making regarding maternal healthcare were agreed (92.8%), disagreed (7.2%). Employment status affects my access to financial resources for maternal health services were agreed (93.9%), disagreed (6.1%). Age significantly impacts my level of awareness about childbirth complications were agreed (80.5%), disagreed (19.5%). Marital status influences my support network for childbirth preparation were agreed (91.7%), disagreed (8.3%). Monthly household income affects my ability to afford necessary prenatal care were agreed (93.3%), disagreed (6.7%). The analysis reveals that the average percentage response of socio-demographic factors influencing birth preparedness among pregnant women is agreed (90.44%), disagreed (9.56%). This is supported by Babalola and Fatusi (2009) who found that women with higher educational levels and those who were employed were more likely to be prepared for childbirth. The study also noted that younger women and those with less education were less likely to attend antenatal care visits and to have a birth plan in place. Olagbuji, Ojo, and Akintayo (2019) found that adherence to traditional beliefs significantly reduced ANC attendance, as women feared evil spirits and preferred traditional birth attendants (TBAs) over formal healthcare.

Hypothesis Testing

Testing of Hypotheses

Hypothesis One

Ho_1: There is no significant level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eket.

Table 3: One sample t-test analysis of the Significant Level of Birth Preparedness among Pregnant Women attending the Primary Health Center in Ikot Ebok, Eket

Variable	N	Sample Mean (X)	S.D	Reference Mean μ	t-cal	P-value	Decision
Level of birth preparedness among pregnant women attending the Primary Health Center	179	17.01	2.172	12.5	27.784	.000	Reject H0

p≤ .05, df = 178

The entries in Table 3 have shown the overall significant level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eket as in the sample was represented by mean value of 17.01. When this sample mean of 17.01 was compared with the reference mean (or hypothesized mean) of 12.5, it yielded a t-value of 27.784. The P-value of .000 at 178 degree of freedom is less than the alpha level of .05. With this result the null hypothesis is rejected. This means that there is a significant level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eket

Hypothesis Two

Ho_2: There are no significant socio-demographic factors influencing birth preparedness among pregnant women in the study area.

Table 4: Chi-square (χ^2) Analysis of Influence of Practice of EBF as a Method of Birth Control among Women Attending Ante-Natal Clinic at St. Luke's Hospital Anua, Uyo.

			COLUMN				Total			
			SD	D	A	SA		χ^2 cal	χ^2 crit	P-value
ROW	1	Count	3	10	47	119	179			
		Expected Count	5.4	11.8	59.4	102.4	179.0			
	2	Count	3	8	66	102	179			
		Expected Count	5.4	11.8	59.4	102.4	179.0			
	3	Count	8	27	61	83	179			
		Expected Count	5.4	11.8	59.4	102.4	179.0	39.240[a]	21.03	.000
	4	Count	7	8	59	105	179			
		Expected Count	5.4	11.8	59.4	102.4	179.0			
	5	Count	6	6	64	103	179			
		Expected Count	5.4	11.8	59.4	102.4	179.0			
Total		Count	27	59	297	512	895			
		Expected Count	27.0	59.0	297.0	512.0	895.0			

*Significant at P ≤.05, df = 12

The analysis in Table 47 above shows a calculated χ^2 – value of 39.240 greater than the critical χ^2–value of 21.03 at 21 degree of freedom. Also the proportionate value (P-value) of .000 is less than the alpha value (α-value) of .05. Since the P-value is less than the α-value, the null hypothesis which predicted that there is no significant socio-demographic factors influencing birth preparedness among pregnant women in the study area is rejected in favour of the alternative hypothesis. This therefore means that there is a significant socio-demographic factors influencing birth preparedness among pregnant women in the study area.

Conclusion

The study concludes that birth preparedness among pregnant women attending Ikot Ebok Primary Health Centre in Eket is significantly influenced by socio-demographic factors, antenatal care attendance, and high levels of knowledge and awareness about birth preparation. The findings concluded that the level of birth preparedness among pregnant women attending the Primary Health Center in Ikot Ebok, Eke is high. It also showed that socio-demographic factors has a significant influence on birth preparedness among pregnant women in the study area. These findings highlight the importance of comprehensive antenatal education and tailored interventions to enhance birth preparedness and ensure better maternal health outcomes.

Recommendations

Based on the findings of the study, the following recommendations are hereby tendered:

i. Strengthen Antenatal Education Programs: Enhance antenatal education programs focusing on birth preparedness and complication readiness to maintain and improve current levels of awareness and preparedness.
ii. Develop Tailored Interventions: Implement interventions that address the specific needs of different socio-demographic groups to ensure that all pregnant women receive adequate support.

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