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POSTNATAL COUNSELLING METHOD AND HIV/STD COUNSELLING METHOD AMONG MOTHERS IN CROSS RIVER STATE

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ABSTRACT: *The paper focuses on postnatal counselling methods and HIV/STD counselling methods among mothers in Cross River state. The researcher, in consonance with Faundes (2008), stated that unsafe abortion can lead to the termination of the woman's life, infertility and fatality. In support of Angeles, Abel and Jacques (2021), the researcher agreed in accordance with the finding of the study that in improving the physical, mental and social health of mothers, their babies and their households would be placed at an advantage. Two research questions were drawn and two null hypotheses were generated to direct the variables under study. Also, relevant literature was reviewed in line with the research objectives with most of the literature supporting the theoretical framework. Ex-post facto design was adopted for the study. A sample of 600 respondents was randomly selected for the study from a population of 3,006. The selection was done through the sampling and purposive sampling technique. The questionnaire called (SMCQ) was the instrument used for data collection. The instrument was subjected to face validity by one expert in Guidance and Counselling and two experts in Measurement and Evaluation in the Faculty of Education, University of Calabar. The reliability estimate of the instrument was established through the Cronbach Alpha reliability method. One-way analysis of variance (ANOVA) was the statistical analysis technique adopted to test the hypotheses under study. All hypotheses were subjected to testing at .05 level of significance. From the data analysis, the researcher found that postnatal counselling and HIV/STD counselling significantly influence safe motherhood practices among women of reproductive age. Based on the findings of the study, the researcher agreed with Taheri, Takian and Taghizadan (2019) that the most effective strategies to create a positive birth experience are supporting women during birth, postnatal and postpartum periods. The researcher in support of previous studies by Al-Mustapha and Sam Aguda (2020) also noted that significant predictors of uptake of provider initiated HIV/STD testing and counselling and that the women might be willing to disclose their status in an environment where support is provided by a counsellor / health worker.*

KEYWORDS: Postnatal Counselling, STD/HIV Counselling, Reproductive Health Globally, Sexual Transmission, Postnatal Counselling, Human immune Deficiency (HIV), Postpartum.

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INTRODUCTION

Like other countries of the world, Nigeria is yet to see counselling services and safe motherhood practices as an indispensable instrument for maternal safe delivery, safety and the development of all spheres of human endeavours. Motherhood is the reproductive period for women whose ages range from 18 years to 49 years. The researcher observed that this is the most vulnerable years for most mothers and women of reproductive age.

Various factors contribute to the high rate of maternal mortality. This work identifies some factors that attributes to these deaths as: shortage of professional counsellors on safe motherhood practices; shortage of health care professionals and emergency obstetric counselling services; limited access to basic maternal health care services; poverty; illiteracy; women's low social status; a poorly developed transport system; limited communication channels; political conflicts; women disenfranchisement; socioeconomic status; and a range of diverse problems limiting maternal safe motherhood practices.

The above is evidenced in the fact that Nigeria has taken part in several health practices in which issues of safe motherhood are supposedly given attention. Despite immense contribution on the part of international bodies and local organisations towards safe motherhood such as the country's partnership with member nations of the World Health Organisation (WHO), mothers still die (WHO, 2006). This has led the researcher to ponder that perhaps contributory factors are enormous to maternal demise, but few such as these are due to lack of counselling, decision making autonomy, education and the financial withal which hinders safe motherhood practices.

Postnatal counselling is the counselling given to mothers, partners and other family members during the postnatal period which focuses on empowering them to recognise the general dangerous symptoms and to seek appropriate care, improve her nutrition to support breastfeeding and recovery, and give her emotional support and help with daily living (Medical Dictionary, 2019). WHO (2018) submitted in Finlayson, Crossland and Boret et.al (2020) that the postnatal period is a significant phase in the lives of mothers and babies. It is a time of adaptation to parenthood, of the development of secure attachment for the neonate and young infant, and a time where bonds can develop within the family and with the community.

Postnatal counselling is critical for mother and child. The World Health Organisation (WHO) defined a post-natal period as the six weeks after the delivery of a child (Warren, 2012). This period is deemed critical for both the mother and the child because most maternal and neonatal deaths occur within this period. It is reported that close to half of all maternal deaths occurred mostly during the first 24 hours after birth, and in the first week after birth. Globally, 216 women per 100,000 live births die every year due to pregnancy related complications. The WHO (2021) in Africa's uncounted newborn deaths acclaimed that "for generations in Africa, this litany of loss - lost lives and lost potential for better lives - has been considered the norm. Many of these deaths, especially stillbirths and early neonatal deaths occur at home, unseen and uncounted in official statistics". WHO (2009) in Sustainable Development Goals aimed at reducing the global maternal mortality to 70 women per 100,000 live births by 2003.

Peter (2014) on factors affecting counselling of postnatal care services in Kenya offered that in Sub-Saharan Africa only 13% of the mothers attended postnatal care. A descriptive survey and convenience sampling method was used and data was analysed using descriptive statistics. A total of 240 women successfully completed the survey. The questionnaire generated

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demographic information about the mothers' knowledge of postnatal services awareness. Findings revealed that adequate care and postnatal counselling care and sessions reduce mortality and morbidity among mothers and their babies.

Kaufmann (2002) presented an analysis to Benedictine Hospital, in Nongoma, KwaZulu-Natal in Zululand health district and emphasised on the importance of access to health services. Kaufmann (2002) linked availability of transport to counselling and health service counselling; the researcher observed that transport consumes a major part of personal budgetary costs. In the report made by Gulliford (2001) who found that distance from a service is inversely associated with postnatal counselling and safe motherhood practices. This tallies with Kogan and It is noteworthy, again, that financial constraint is a major lapse to accessibility to counselling facilities and services after delivery. A research by Kogan and Leary (2000) puts it that the experience, knowledge and confidence gained as one produces more and more children might be the reason why some mothers do not go back for postnatal counselling.

Counselling on STD / HIV focuses on how sexually transmitted diseases can be transmitted through sexual contact, such as gonorrhea, or syphilis counselling ensures that screening and counselling may help to identify, manage and treat STD's. The control of sexually transmitted disease (STD) is recognized as a global priority. World Bank (2014) opined that HIV is a cause of premature death, and most cases are as a result of sexual transmission. Other sexually transmitted diseases cause considerable morbidity, particularly in relation to the reproductive health of women, and are also associated with increased transmission of HIV (Cameron, 2001).

STDs counselling is frequently being integrated with broader AIDS counselling services in an attempt to address significant public health problems. Several STDs, such as syphilis, gonorrhoea and urethritis can be diagnosed and treated, and yet millions of cases in the world are left untreated leading to continued transmission and serious consequences. The quality and accessibility of counselling services clearly plays a role in attracting people with, or at risk of, STD to seek for help (Mertens, 2004).

Mertens (2004) posited that social stigma around issues of sexual activity and sexually transmitted diseases will have a major influence on patterns of presentation of health counselling services. In order to increase the proportion of people with sexually transmitted disease who seek effective treatment and counselling, programme planners need to know more about factors that influence health seeking behaviour in relation to sexually transmitted diseases (UNAID, 2017). UNAID (2017) further averred that a better understanding of lay knowledge and health related behaviors that is associated with sexually transmitted diseases could assist through helping to direct health education initiatives and public health communication counselling that involve alternative health care providers.

The Human Immunodeficiency Virus (HIV) is a sexually transmitted infection that can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth, or breast-feeding (Mayo, 2011). UNAID (2017) posited that if HIV is left untreated, a person's immune system will get weaker and weaker until it can no longer fight off life-threatening infections and diseases. The HIV testing programs are implemented to reach people living with HIV who are unaware of their status, or those at a higher risk of acquiring HIV, and are critical to an effective HIV response. The HIV testing goals called for 90 percent of all people living with HIV to know their status by 2020, as described in the UNAIDS' 90-90-90 Fast-Track Targets (UNAID, 2017).The World Health Organisation recommended offering HIV testing

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and counselling to couples, wherever HIV testing and counselling are available, including in antenatal clinics to prevent PMTCT. The success in integrating HIV testing into antenatal and other sexual and reproductive health services has seen an increasing number of women tested (WHO, 2012).

WHO (2012) offered that one of the ways a male partner gets a chance of testing is through the provision of prevention of mother to child transmission (PMTCT) services at antenatal clinics. Couples HIV testing and counselling (CHTC) offer couples the opportunity to test, receive their results, and mutually disclose their status in an environment where support is provided by a counsellor/health worker. WHO (2012) prescribed a range of prevention, treatment, and support options that can then be discussed and decided upon together with depending on the status of each partner.

In access to maternal-child health and HIV services for women in North-Central Nigeria in a qualitative exploration of the male partner perspective by Al-Mujtaba, Sam-Agudu and Torbunde (2020), they pointed out that counselling men would increase positive maternal practices and that in Sub-Saharan Africa, male partners play influential roles in women's access to maternal-child healthcare and decision making that guarantees safe motherhood. Family decision making is predominantly made by the men. The researchers observed that positive interpersonal couple relationships were thought to facilitate equitable decision-making among couples (Al-Mujtaba et al., 2020)

HIV testing during antenatal counselling provides an opportunity for HIV-infected women to access care and treatment in reducing the risk of mother-to-child HIV transmission (MTCT) and in improving maternal health. Drake, Wagner, Richardson and John-Stewart (2014) counselled that women who tested negative during antenatal screening counselling might felt that neither they nor their babies are at risk for HIV. However, they reiterated that HIV may be acquired during pregnancy and postpartum period and would not be detected unless repeated HIV testing is conducted (Drake, Wagner, Richardson & John-Stewart, 2014). Evidently, it has shown that incidence of HIV is high in the postpartum period and in turn increases the risk of vertical transmission of HIV (DeSchacht et al., 2014).

However, in a study conducted by Aseb (2018) on HIV test counselling among pregnant women's partners and its associated factors in selected sub-cities of Addis-Ababa, it was reported that significant progress had been made in achieving the 90-90-90 global targets by 2020. Using a multistage sampling method, the population was 812 mothers. Works in a scientific register adjoined that nationally, 72 percent of HIV-positive people aged 15–64 years living in urban areas were aware of HIV testing and counselling Aseb (2018). Kimani, Warren and Abuya (2015) investigated the use of HIV counselling and testing and family planning services among postpartum women in Kenya: a multi-centre, non-randomised trial. The study addressed the postnatal needs of new mothers in a neglected area of care throughout Sub-Saharan Africa. Descriptive statistics described the characteristics of the sample and multivariate logistic regression models. In a typified study in Kenya, the integrated delivery approach of postnatal counselling and its benefit in increasing the uptake of HIV /STD counselling and family planning counselling methods among postpartum women is low. Also, interventions aimed at increasing male partners' HIV counselling and testing would have a positive effect on the uptake of PITC and should be encouraged.

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Research Questions

1. To what extent does the postnatal counselling method influence safe motherhood practices among women of reproductive age?
2. What is the influence of STD/HIV counselling methods on safe motherhood practices among women of reproductive age?

Hypotheses

1. There is no significant influence of postnatal counselling methods on safe motherhood practices among women of reproductive age.
2. STD/HIV counselling method does not significantly influence safe motherhood practices among women of reproductive age.

METHODS

Table 1: Summary data and one-way ANOVA of the influence of the postnatal counselling method on safe motherhood practices among women of reproductive age (N=586).

Postnatal counselling method	N	$\bar{x}$	SD		
Low– 1	107	35.7477	2.73721		
Moderate– 2	304	35.7467	3.36919		
High – 3	175	37.0171	2.70052		
Total	586	36.1263	3.12165		
Source of variance	SS	df	Ms	F	Sig of F
Between group	198.023	2	99.012	10.490	.000
Within group	5502.632	583	9.438		
Total	5700.655	585			

* Significant at .05 level, p-value =.000, df= 2, 586.

The result in Table 1 revealed that the calculated F-value of 10.490 is higher than the p-value of .000 at .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result therefore implied that the postnatal counselling method significantly influences safe motherhood practices among women of reproductive age. Since the postnatal counselling method has a significant influence on safe motherhood practices among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

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Table 2: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of Postnatal counselling method on safe motherhood practices among women of reproductive age LSD

(I) Postnatal counselling method	(J) Postnatal counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	.00095	.34534	.998
	High	-1.26948(*)	.37702	.001
Moderate	Low	-.00095	.34534	.998
	High	-1.27043(*)	.29152	.000
High	Low	1.26948(*)	.37702	.001
	Moderate	1.27043(*)	.29152	.000

* The mean difference is significant at the .05 level.

The result of the analysis in Table 2 showed that women whose postnatal counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose postnatal counselling method was either moderate or high. Also, women whose postnatal counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

Table 3: Summary data and one-way ANOVA of the influence of STD / HIV counselling method on safe motherhood practices among women of reproductive age (N=586)

STD/HIV counselling method	N	$\bar{x}$	SD
Low – 1	170	35.2059	3.06130
Moderate– 2	247	36.5587	3.20245
High – 3	169	36.4201	2.87557
Total	586	36.1263	3.12165

Source of variance	SS	df	Ms	F	Sig of F
Between group	204.791	2	102.395	10.862	.000
Within group	5495.865	583	9.427		
Total	5700.655	585			

* Significant at .05 level, p-value =.000, df= 2, 586.

The result in Table 3 revealed that the calculated F-value of 10.862 is higher than the p-value of .000 at .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result therefore implied that STD/HIV counselling method has a significant influence on safe motherhood practices among women of reproductive age. Since STD/HIV counselling method has a significant influence on safe motherhood practices among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

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Table 4: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of STD/HIV counselling method on safe motherhood practices among women of reproductive age LSD

(I) STD / HIV counselling method	(J) STD / HIV counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-1.35282(*)	.30597	.000
	High	-1.21424(*)	.33352	.000
Moderate	Low	1.35282(*)	.30597	.000
	High	.13859	.30651	.651
High	Low	1.21424(*)	.33352	.000
	Moderate	-.13859	.30651	.651

* The mean difference is significant at the .05 level.

DISCUSSION OF FINDINGS

The result of the analysis showed that women whose STD/HIV counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose STD/HIV counselling method was either moderate or high. Also, women whose STD/HIV counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

RESULT

The result of the hypothesis showed that the postnatal counselling method has a significant relationship with safe motherhood practices among women of reproductive age. The finding of this hypothesis is in line with the study of Warren (2012) who observed that this period is deemed critical for both the mother and the child because most maternal and neonatal deaths occur within the period. It is reported that close to half of all maternal deaths occurred mostly during the first 24 hours after birth, and in the first week after birth.

CONCLUSION AND RECOMMENDATIONS

In support of this result Al- Mujtaba and Sam Agudu (2020) the researcher noted that in Kimani, Warren and Abuya (2015) the researcher noted that significant predictors of uptake of provider initiated HIV / testing and counselling (PITC) were seeking care in a health center/dispensary relative to a hospital, having a partner who has tested for HIV and being poor.

The researcher in support of previous studies of Al-Mujtaba and Sam Agudu (2020), Warren and Abuya (2015) and World Bank (2014) noted that perhaps when couples undertake

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HIV/STD testing and counselling, they might be willing to disclose their status in an environment where support is provided by a counsellor/health worker.

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