Barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province

By

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DECLARATION

I, Mbedzi Phathutshedzo, hereby declare that the dissertation entitled *"**Barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province**"* submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and execution, and that all reference materials contained therein have been duly acknowledged.

Signature: _____ *Date: 13. 09. 2025*

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DEDICATION

This thesis is dedicated to my parents, Mbedzi Mavis and Mbedzi Abraham, whose words of encouragement and push for tenacity always ring in my ears; and will always be my role models regarding commitment, hard work, dedication and perseverance.

My children, Vhukhudo and Vhuthu, have been my source of strength throughout my study.

I sincerely convey my special feeling of gratitude to my siblings Mukhethwa and Tshimangadzo who are always my source of motivation and strength. I appreciate their incredible and unconditional love, care and support.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal care
CHC	Community health centre
DoH	Department of health
EMS	Emergency medical services
LMICs	Low- and middle-income countries
PHC	Primary health care
TPB	Theory of planned behaviour
TRA	Theory of reasoned action
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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ABSTRACT

Background: Facilities of primary health care were with intent to increase accessibility to health care services by communities in the facilities' locality, with higher priority for previously disadvantaged communities.

Purpose: The purpose of this study was to determine barriers to the utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

Methodology: Qualitative approach following exploratory, descriptive, and contextual designs was used. The study was conducted in Greater Giyani Local Municipality. All post-natal women consulting at primary health care facilities in the Greater Giyani Local Municipality were for the study. Convenience sampling was used to select 30 post-natal women from selected facilities. Purposive sampling was used to select one Community Health Centres and four clinics. Data was collected using unstructured individual. Ethical principles were adhered to, and trustworthiness was ensured through dependability, consistency, credibility, and confirmability.

Findings: This study revealed barriers to the utilization of PHC facilities by pregnant women during labour in Mopani District as described according to the following themes: Patient-related barriers to giving birth in clinics, service-related barriers to giving birth in clinics, resource-related barriers to giving birth in clinics, as well as participants' views on addressing barriers to giving birth in clinics.

Recommendations: The Department of Health should invest in human resources through the employment and training of competent health care service providers to provide quality care in the facilities for 24 hours. The department should further invest in physical resources through the procurement of medical equipment to support health care workers in providing quality, safe and sufficient care in these facilities.

Keywords: *Barriers, labour, primary health care facilities, pregnant women*

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CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In its nature, pregnancy is complex, as it involves hormones induced changes on physical, psychological, and emotional levels of a woman (Oakley, 2018). Women based in lower economy and rural nations depend on government health care institutions (Burger & Christian, 2020). Primary health care, abbreviated as PHC subsequently becomes the initial level of care and is defined by a range of individual and group activities, such as illness prevention, health promotion and protection, diagnosis, treatment, rehabilitation, and health maintenance (Ferreira, Périco & Dias, 2018). It appears that more and more women and soon-to-be moms are opting to seek care from a facility located further away from their homes while disregarding the nearby medical institutions that are legally allowed to offer these services (Amoro et al. 2021). Low- and middle-income countries (LMICs) are increasingly adopting this approach, which can lead to overpopulation at the institution where care is sought while the bypassed facility is underutilized (Amoro et al. 2021). Therefore, factors that contributes to pregnant woman not to utilize PHC facilities during labour needed to be clearly understood.

1.2 BACKGROUND

1.2.1 General background and data-based literature

Nearly 10.7 million deaths worldwide are estimated to have been caused by maternal causes during the 25 years between 1990 and 2015 (Cao, Xue, Gao, et al., 2025). The World Health Organization (WHO) (2021) asserts that women's lives are in danger due to the shortage of 9000 midwives. As cited in Abdulla, Hossain, Rahman, et al. (2023), a study conducted in Bangladesh by Begum (2017) found that pregnant women who may need a caesarean section are the ones who would most like to go to the hospital. In India, the location of the unborn child's birth is significantly influenced by the mother's religion, financial status, and level of education. According to Mahmood and Saleh 2023), PHC is rarely used, and those who are viable are sent to private hospitals while the others are sent to hospitals.

Africa is not exempted from this reality. The primary reasons for women in rural Edo state, Nigeria, to not use maternal health services at PHCs are lack of money to pay for care, transportation

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problems, perceptions of the negative attitudes of medical professionals, and lack of consent from husbands and other family members (Udenigwe, Okonofua, Ntoimo, et al., 2022). The problem has been exacerbated by PHCs with inadequate staffing and equipment. According to a Ghanaian study by Park et al. (2022), patients often choose more distant private or tertiary-level hospital facilities that are thought to provide higher-quality care over health care facilities closest to their homes that are thought to provide insufficient or inappropriate care. Evidence suggests that people tend to avoid or not use local health care facilities in favour of secondary or tertiary-level hospital facilities, even in situations where care may be provided at the local PHC level. Inefficient utilization of PHC-specific facilities may lead to overcrowding of higher-level facilities, increased travel and financial hardship for patients, and increased costs for health systems.

More Sub-Saharan African nations are affected by the same issue of the bypassing og PHC facilities. According to a study by Yoseph, Teklesilasie, Guillen-Grima, et al. (2024), pregnant women in Southern Ethiopia claimed they would avoid PHC because of their unpleasant experiences there on a past visit. Participants in the survey also stated that they believed PHC facilities lacked the tools required to offer high-quality maternal health care. It is contended that a lack of adequate funding discourages health care providers from offering top-notch treatment. These authors believed that insufficient training was the root cause of the lack of professionalism among health care workers. Additionally, there was a staffing shortage at PHC facilities and anomalies in the delivery of maternal health services. According to a Park et al. (2022) survey, pregnant Ghanaian women shared the same opinions.

In Tanzania, similar issues are known. It has also been demonstrated that pregnant women who can support themselves are more likely to steer clear of PHC. Additional elements that influence this circumvention include the facility's cleanliness, the politeness with which medical staff handle patients, the standard of consultations, the information given, the accessibility of prescription drugs, the availability of diagnostic tests, and privacy. Tanzanian women additionally believe that PHC staff members don't respect patients' privacy (Bezu, Binyaruka, Mæstad, et al., 2021). According to a Kenyan study, 88% of women avoided PHC facilities for delivery services, 83.9% did so for facility-based contraceptive use, and 84% did so for child health visits. The percentage of women who skipped PHC facilities to secondary hospitals was also very high, at 87% (Hokororo et al., 2019; Wagner, Beima-Sofie, Awuor, et al., 2024).

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South Africa houses the same issues. There are several challenges facing the PHC system in South Africa, including facility management, services offered, and negative perceptions that the community has of the treatment they received there (Mhlongo & Lutge, 2021). Kelly, Mrengqwa, and Geffen (2019) claim that PHC institutions in rural areas lack the necessary equipment to offer patients high-quality care. In addition to avoiding PHC facilities during labour and delivery, some pregnant women in Cape Town also choose not to obtain antenatal care (ANC) during their pregnancy, according to Ndwandwe et al. (2021).

A staffing shortage in the maternity section led to longer wait times (Mhlongo & Lutge, 2021). During birthing, pregnant moms, on the other hand, had doubts regarding PHC facilities. Some have been turned back without help, so they would not risk being subjected to that treatment while in labour. According to Vinothini and Saravanabavan (2023) indicates remedial options for this problem, arguing that sociocultural factors, perceived advantages or the need for professional help, economic accessibility, and physical accessibility are some of the other factors that affect the location of a delivery. These reasons, together with the distance to medical services, are what caused these women to give birth at home rather than in hospitals.

A tertiary hospital in the province of Limpopo had a high risk of stillbirths due to placenta abruptio, nulliparity, unexplained intrauterine fetal deaths, and hypertensive sickness (Dibakwane, 2022). This is a result of hospitals being overworked. The higher burden of nurses in Vhembe District was partly blamed for the dearth of high-quality services. As a result, local patients no longer have faith in PHC services (Raulisa, 2022). The bypass in Mbombela, Mpumalanga Province, was motivated by the attitudes of pregnant women toward individual perceptions, perceived barriers to using maternal services, attitudes of healthcare providers, long wait times, and a lack of privacy and confidentiality in PHC facilities (Witter, Van Der Merwe, Twine, et al., 2024).

Increased patient travel and financial strains, greater health system expenditures as a result of inefficient use, overcrowding in higher facilities (hospitals), and a compromised and unmet PHC establishment aim are common outcomes of choosing hospitals over PHC (Purwito, Linggardini, Jaitieng, 2025). Despite the underutilization of PHC facilities, hospitals are overburdened by this bypass, which leads to poor quality medical care. This overburden is one of the primary reasons for maternal deaths and the mistreatment of pregnant moms at these facilities.

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1.3 Theoretical framework: Theory of planned behaviour

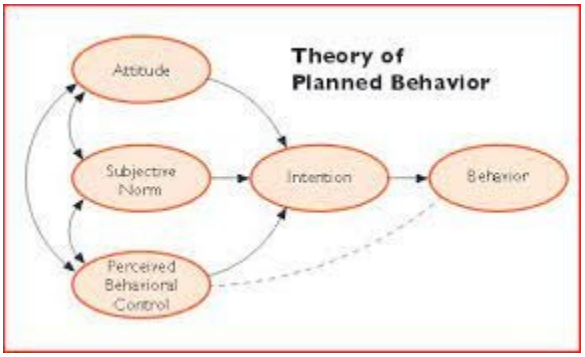


Figure 1.1: Theory of planned behaviour. Source: Alhamasd and Donyai (2021)

TPB is an extension of the theory of reasoned action (TRA), developed in 1980 by Martin Fishbein and Ajzen (Alhamasd & Donyai, 2021) (Bosnjak, Ajzen & Schmidt, 2020). TPB is used to forecast a person's intention to perform a behaviour at a given time and location (Alhamasd & Donyai, 2021). TRA explains the relationship between attitudes and behaviours in human actions. This study used the theory of planned behaviour (TPB) to identify the challenges pregnant women in the Mopani District of the Province of Limpopo encounter when attempting to use PHC facilities during labour.

TRA is used to predict an individual's future conduct based on their prior attitudes and behavioural intentions (Alhamasd & Donyai, 2021). This study used the theory of planned behaviour (TPB) to determine the challenges pregnant women in the Province of Limpopo's Mopani District encounter when attempting to use PHC facilities during delivery. The theory of reasoned action (TRA), developed in 1980 by Martin Fishbein and Ajzen (Alhamasd & Donyai, 2021), is expanded upon by TPB (Bosnjak, Ajzen & Schmidt, 2020; Alhamasd & Donyai, 2021). According to Alhamasd and Donyai (2021), TPB is used to predict a person's intention to carry out a behaviour at a specific time and place. The link between attitudes and behaviours in human actions is explained by TRA. Based on a person's past attitudes and behavioural intentions, TRA is used to forecast how they will act (Alhamasd & Donyai, 2021).

1.3.1 Attitudes

Attitude establishes whether a behaviour is deemed positive or unpleasant based on the desired outcomes. This study suggests that pregnant women's assessment of the effect of using a PHC

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facility on their desired service delivery may influence their decision to use or avoid one. This assessment is guided by pregnant women's perceptions and past interactions with PHC facilities (Hagger & Hamilton, 2024).

1.3.2 Subjective norms

This has to do with a person's choice to behave in a particular manner depending on whether or not those near to them agree with it. This study found that pregnant women's decisions to utilize or avoid a PHC facility were influenced by the advice and opinions of people they are close to or respect.

1.3.3 Perceived behavioural control

This construct was based on the concept of self-efficacy, which is the belief that one can successfully perform the actions required to achieve a desired outcome. Perceived behavioural control refers to beliefs about the existence of elements that could help or hinder behaviour performance (Alhamasd & Donyai, 2021). This study found that pregnant women's perception of their ability to use the PHC facility for labour depended on a number of variables, including their ANC experience. These pre-labour experiences determine their trust in using or avoiding PHC facilities for a happy birth.

1.3.4 Intention

The term "intention" describes a person's readiness to engage in a particular behaviour. Factors include attitude toward the behaviour, subjective norm, and perceived behavioural control (Alhamasd & Donyai, 2021). Pregnant women's evaluation of the advantages and disadvantages of PHC services during childbirth determines their readiness to utilize or avoid these services based on their attitude, subjective norms, and perceived behavioural control.

1.3.5 Behaviour

This is an individual's response based on their perceptions of a certain situation (Alhamasd & Donyai, 2021). Pregnant women's opinions about the maternal services provided by PHC facilities affect whether or not they use or stay away from PHC facilities during childbirth, according to this study.

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1.4 PROBLEM STATEMENT

A subject gap requiring a remedy is identified by the researcher as the research challenge. This includes the researcher's noted areas for development as well as situations in which the real situation differs from the ideal situation. PHC clinics were established with the goal of enhancing healthcare access in the surrounding communities. A PHC facility should ideally offer top-notch services, be available 24/7, and be trusted by the community. PHC facilities should be utilized by expectant mothers during their pregnancy, childbirth, and post-natal phase. This is because PHC facilities are close by and traveling costs are reduced. Pregnant women prefer to give birth in hospitals rather than PHC facilities during labour, the researcher found while working as a registered professional nurse in a nearby clinic. Research indicates that pregnant women who seem to have lost faith in receiving high-quality treatment from PHC facilities are more likely to use PHC for ANC only and turn to hospitals for labour-related midwifery services (Drigo et al., 2020; Ndwandwe et al., 2021).

According to Drigo et al. (2020), the primary reasons for these negative perceptions were the pregnant women's past experiences as well as those of other community members who had previously used these PHC facilities for this purpose. PHC facilities, especially labour services, are underutilized by pregnant women who avoid them during childbirth, placing a significant strain on hospitals (Shihundla, Lebese, and Maputle, 2016). Due to the high patient volume, hospitals experience a major staffing shortage, which causes pregnant women to be mistreated and causes delivery delays and problems. It is in this light that the researcher intended to determine the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

1.5 RATIONALE OF THE STUDY

The study rationale is the justification for carrying out research (Larsen, 2023). Yoseph, Teklesilasie, Guillen-Grima, et al., 2024) looked into barriers to formal maternal health care usage and key areas for improvement in the Sidama zone of Southern Ethiopia. Another study by Shidende (2024) examined the factors that cause expectant mothers to forsake PHC facilities and seek post-natal care directly in hospitals in the Dar es Salaam Region. Bell et al.'s (2020) study looked at how Ghanaian women avoided the nearest PHC clinic. In the Eastern Cape, South

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Africa, Bhosale and Nsengiyumva (2025) carried out a study that concentrated on the factors that influence access to and utilization of maternal health care services.

A 2009 study by Gabrysch looked at the factors that influence the use of delivery services during pregnancy and labour, while a 2020 study by Drigo et al. (2020) looked at how pregnant women felt about the ANC services provided at the PHCs in the province of Mpumalanga's Mbombela Municipality (Clay, 2024). While this is the case based on literature on a similar subject, research still leaves a knowledge gap in the study of this subject in the PHC facilities of Mopani District, Limpopo Province. It was therefore significant that a study be conducted on this subject of interest. Thus, the current study aimed to determine barriers to the utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

1.6 SIGNIFICANCE OF THE STUDY

This study intended to provide in-depth insights on barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province. The significance was divided into the following aspects:

1.6.1 Patients and community members

The study's deliverables may help patients realize why it's important to contact PHC facilities instead of hospitals when it's not necessary. Public awareness of the advantages of PHC services may also reduce the likelihood of unnecessary hospital visits. For instance, at PHC facilities, this could reduce labour and pregnancy complications. This is due to the fact that the quality of midwifery care provided to patients in PHC clinics may increase if the barriers to using these facilities are examined and addressed. The efficient use of PHC facilities may also result in lower transportation expenses.

1.6.2 Department of Health (DoH)

The use of PHC facilities may rise as a result of improvements made to the maternal services offered there. Additionally, since patients would be receiving quality medical care, there might be less patient lawsuits on the DoH. Additionally, to address the issue of PHC facilities being bypassed, the DoH may gather evidence-based information on the problem being studied and reinforce those that already exist.

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1.6.3 Nursing education

Improvements to the maternal services provided by PHC clinics may lead to an increase in their use. Additionally, there might be fewer patient lawsuits on the DoH because patients would be receiving high-quality medical care. The study's conclusions may be useful to nursing education in creating learning goals and tactics that support the delivery of high-quality PHC services.

1.6.4 Nursing research

The study's conclusions might contribute to the corpus of scientific knowledge. A research foundation for the subject can be obtained by researchers who might be interested in examining phenomena in adjacent fields.

1.7 STUDY PURPOSE AND OBJECTIVES

1.7.1 Purpose

The research problem and questions inform the research purpose. It addresses the purpose of the research. The study's objective is the foundation of its essence (Sreekumar & Sreekumar, 2023). The purpose of this study was to determine the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

1.7.2 Objectives and questions of the study

1.7.2.1 Study objective

Study objectives are fundamental, precise, and measurable aspects which direct a research study (Sreekumar & Sreekumar, 2023). In this study, objective was a measurable goal that needed to be achieved to gain insight about the research topic.

The objective of this study was:

- To explore and describe the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

1.7.2.2 Study question

Study questions are questions that narrow a study focus (Sreekumar & Sreekumar, 2023). In this study, the research question was efined as the guiding inquiry that helped the researcher determine the necessary insights to gather.

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This study's question was:

- What are the barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province?

1.8 DEFINITION OF TERMS

1.8.1 Antenatal care

Prenatal care is the care given to expectant moms by midwives at primary healthcare institutions; antenatal care is the treatment offered to pregnant women by medical professionals (Geltore & Anore, 2021).

1.8.2 Barriers

Kalicki, Moody, Franzosa, et al. (2021) define a barrier as an obstruction that divides two or more items. In this study, obstacles were defined as the factors and circumstances that prevent pregnant women from using PHC facilities during childbirth.

1.8.3 Bypass

A bypass happens when a woman reports receiving care at a medical facility that is not considered to be the nearest to her (Li, Chen & Khan, 2021). In this study, a "bypass" was defined as using a hospital for labour instead of a nearby PHC facility.

1.8.4 Clinic

Clinics are facilities that provide primary healthcare services and are normally open eight hours a day, according to www.kznhealth.gov.za (2020). This study covered clinics that offer maternity services eight hours a day.

1.8.5 Community health care Centre

Establishments that often offer primary healthcare services, such as 24-hour emergency, maternity, and accident treatment (www.kznhealth.gov.za, 2020). Community health care centers were establishments that offered maternal services around-the-clock in this study.

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1.8.6 Labour

This refers to continuous, progressive uterine contractions that aid in the dilation and efface of the cervix (Mohammed, Agwu & Okoye, 2020). According to this study, labour is the process of giving birth.

1.8.7 Pregnant woman

According to the definition given by Taylor et al. (2021), a pregnant woman is one who has a fetus growing inside her uterus.

1.8.8 Primary health care

According to Prade, Rousseau, Saint-Lary, et al. (2023), primary health care is the medical attention that patients receive in their local communities when they first visit a medical center for treatment. Among other treatments, PHC was defined in this study as a variety of medical services provided in community-based health centers that are authorized to provide maternal health care services.

1.8.9 Post-natal women

A lady who has just given birth is referred to as post-natal (Taylor, et al., 2021). Women who sought post-natal care services at PHC facilities three to six days after giving birth were considered post-natal women in this study.

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CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter entails a discussion of literature and theorem based on previous studies by other researchers in relation to the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province. This chapter encompasses subjects namely, the utilization of PHCs facilities for maternal health care, the prevalence of women's bypassing of PHC facilities for maternal health care, barriers to utilization of PHC facilities by pregnant women during labour, as well as the chapter summary.

2.2 PHC FACILITIES FOR MATERNAL HEALTH CARE

The importance of a health system that provides continuity of care from before pregnancy through birth and into the post-natal period was highlighted in a 2005 WHO World Health Report (Udenigwe, Okonofua, Ntoimo, et al., 2022). Designed for reproductive, maternity, newborn, and child health (RMNCH), this facility is often referred to as the "Continuum of Care" and includes integrated care delivery for mothers and children from the time of pregnancy through delivery, the immediate post-natal period, and childhood (Akselrod, Banerjee, Collins, et al., 2023.).

According to the 2005 World Health Report and more recent reports, continued ANC is recommended to enhance the care given to expectant mothers (Geltore & Anore, 2021). According to the Alkhatib, Alkhatib, Alkhatib, et al. (2023), prenatal care is regarded as the help that qualified medical professionals provide to adolescent girls and expectant mothers in order to guarantee the best possible health outcomes for the mother and the unborn child.

ANC visits can reduce maternal mortality by identifying and treating pregnancy-related problems like hemorrhage and hypertension, as well as pre-existing conditions like HIV/AIDS, malaria, anemia, and malnutrition that worsen during pregnancy. Health care professionals may also recommend giving birth at a facility with skilled staff during ANC visits (Lincetto, Mothebesoane-Anoh, Gomez & Munjanja, 2006; WHO, 2005; WHO, 2016; Alkhatib, Alkhatib, Alkhatib, et al., 2023).

However, according to Okonofua, Ntoimo, Adejumo, et al. (2022), only 44% of women in sub-Saharan Africa attended the recommended minimum of four ANC visits. In 2016, the WHO

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developed a new, contemporary ANC Model that suggests that expecting mothers should schedule a minimum of eight ANC consultations. Kenya decided in 2013 to eliminate delivery fees at all public health facilities in an effort to reduce maternal mortality and promote facility births. But only 61.2% of Kenyan births in 2014 took place in medical facilities (Nuwabaine, Amwiine, Sserwanja, et al., 2025).

Prenatal, perinatal, and post-natal care are all equally important; the Nuwabaine, Amwiine, Sserwanja, et al. (2025) refers to the first six weeks after birth as the post-natal phase. After delivery, regular check-ups and assistance with family planning, personal cleanliness, nutrition, nursing, and child immunisation are all included in post-natal care. The highest risk of death for both mothers and newborns occurs during labour and the first few hours after delivery. Giving birth at health facilities with skilled care attendance would save the lives of many mothers and their newborns (Ntoimo, Okonofua, Ekwo, et al., 2022).

Prenatal, perinatal, and post-natal care are all equally important; the Ochala (2024) refers to the first six weeks after birth as the post-natal phase. After delivery, regular check-ups and assistance with family planning, personal cleanliness, nutrition, nursing, and child immunisation are all included in post-natal care. The highest risk of death for both mothers and newborns occurs during labour and the first few hours after delivery. Giving birth at health facilities with skilled care attendance would save the lives of many mothers and their newborns (United Nations Children's Fund [UNICEF], 2018; Ntoimo, Okonofua, Ekwo, et al., 2022). Even though there is evidence that continuity of care from before pregnancy through birth and into the post-natal period is crucial for a safe pregnancy and a healthy start in life, few women in rural areas of LMICs utilize these services to their full potential (Sacks, Finlayson, Brizuela, et al., 2022). Studies from resource-limited countries have identified several obstacles to accessing health care (Anastasi et al., 2015; Jacobs et al., 2018; Qureshi et al., 2016; Vidler et al, 2016). According to Sacks, et al., 2022), the delivery of PHC services should be encouraged and improved, and universal health coverage will be attained.

However, research shows that people typically choose secondary or tertiary hospital facilities over local PHC facilities, particularly in cases where treatment may be administered at the PHC level (Nuwabaine, Amwiine, Sserwanja, et al., 2025). In the end, underuse of PHC facilities is known to lead to a number of issues, such as misalignment of efforts toward universal health coverage, increased travel and financial burdens for patients, higher costs to health systems as a result of inefficient use, and overcrowding of higher-level facilities (Nuwabaine, Amwiine, Sserwanja, et al., 2025).

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2.3 THE PREVALENCE OF WOMEN'S BYPASSING OF PHC FACILITIES FOR MATERNAL HEALTH CARE

However, research shows that people typically choose secondary or tertiary hospital facilities over local PHC facilities, particularly in cases where treatment may be administered at the PHC level (Kabir, Karim & Billah, 2022). In the end, underuse of PHC facilities is known to lead to a number of issues, such as misalignment of efforts toward universal health coverage, increased travel and financial burdens for patients, higher costs to health systems as a result of inefficient use, and overcrowding of higher-level facilities (Nazari, 2024).

According to research, the average bypassing rate for maternity care services in Asia is between 37.7% and 38.9% in India, and this behaviour is also common in Africa. The frequency of avoiding health facilities for maternal care varies depending on the context in sub-Saharan Africa. The most common consequence of this bypassing is overcrowding at the institution where care is sought while the skipped facility is being underutilized (Amoro, Abiiro & Alatinga, 2021).

According to Salazar, Vora, and De Costa (2016), it varies between 76 and 40% and 76% in Tanzania, 46 and 60% in Kenya, and 30.8% in Mozambique. According to the Andersen behavioural model, women all over the world behave in this manner due to a number of socioeconomic factors, such as maternal age, income, educational attainment, experience with pregnancy complications, residential location, mode of transportation, and proximity to medical facilities (Kabir, 2021).

According to Amoro, Abiiro & Alatinga (2021), bypassing is also reportedly linked to an additional cost in terms of transportation, feeding, lodging, consultation, medication, and opportunity cost, making households of those who bypassed their PHC facilities spend more money on health care than those of those who did not. This is because living expenses for the mother seeking care and any accompanying family members to the preferred facility can be very high.

2.4 Barriers to utilization of PHC facilities by pregnant women during labour

2.4.1 Socio-cultural perceptions

Cultural and societal factors have been found to hinder women's access to health care at PHCs. For example, a study in Ethiopia found that some women are discouraged from attending prenatal and postnatal appointments due to cultural customs such as hiding pregnancies in the early

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stages in the event of a miscarriage (Aynalem, Melesse & Bitewa, 2023). Research shows that women are giving birth in hospitals with trained delivery attendants (Aynalem, et al., 2023).

According to a study conducted in Pakistan, the requirement for a male escort prevents women from receiving medical care; if the husband was unavailable to take the wife to the hospital while she was at home, this put off getting care (Ali, 2025). Gender norms surrounding decision-making also present a challenge for women seeking maternal health care, as the final say often rests with the husband or mother-in-law. Even if it goes against their own inclinations, women may seek care even if their spouse or mother-in-law objects to facility-based care (Flanagan, Schachter, Parwon,…, Smith, 2024).

2.4.2 Concerns about service quality

Poor care deters people from seeking medical attention, according to studies conducted in a number of developing countries. Women delay or cancel visits because of the poor quality of maternal services provided, which are often provided by individuals with limited training (Strong, Lattof, Maliqi, et al., 2021). Poor facility upkeep was mentioned as an obstacle in a study by Zaveri, Paul, Roy, et al. (2023) that looked at India and Ethiopia.

These included inadequate infrastructure, a lack of power, a shortage of basic medical supplies, and a low level of sanitation, all of which affected women's desire to seek care at these facilities. Numerous studies have found that mistreatment of women by medical professionals can prevent them from seeking more care. Women have reported being ignored and left alone during childbirth due to a lack of medical personnel and a disregard for their patients (Mapumulo, Haskins, Luthuli, et al., 2021).

Other common issues making maternal care-seeking women to refrain from using PHCs are such as the compromised safe water, sanitation and hygiene (WASH) in these facilities, which are a prerequisite to health as established by the United Nation`s Sustainable Development Goals' (UNSDGs) goals 3 and 6 (Biswas, Mondal, Priyadarshini,… Bhatnagar, 2022). Poor WASH conditions impact people's health through illnesses such as diarrhoea, trachoma, and schistosomiasis, and put a major health risk for pregnant and post-natal women who are more vulnerable (Biswas, et al., 2022).

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In 2015, 46% of all health care facilities in Kenya had access to water (WHO/UNICEF, 2017), and PHC facilities in rural South Africa are said to have less equipped systems to offer good quality services needed by maternal patients (Muthelo, Moradi, Phukubye,… Mabila, 2021). WHO/UNICEF (2015) says that inadequate WASH conditions account for approximately 842,000 diarrheal deaths worldwide each year. Health care facilities in LMICs with inadequate WASH are high-risk settings for the spread of diseases and infections, as well as a hazard for patients and staff (Amadu, I., Seidu, A. A., Agyemang, … Ahinkorah, B. O. (2023).

2.4.3 Poor awareness

One justification given for why women may not seek routine maternal care from PHCs is a lack of public awareness of the advantages of the maternal health services provided by these facilities. According to Kasaye, Scarf, Sheehy, et al. (2024), many women in Ethiopia and Pakistan are unaware of the advantages of routine maternal care. As per a popular belief in these countries, women only use health services at large scale hospitals when issues arise during pregnancy rather than while when they are still feeling healthy.

This was even more prevalent among older women, according to a study conducted in Zambia. These women attended PHCs for maternal care irregularly and belatedly because they thought that because they had already given birth, their risk of pregnancy and labour complications was low (Bweupe, 2021). According to a study done in Pakistan, some women stay away from medical facilities because they are afraid of being told they have problems (Bweupe, 2021). Bweupe, 2021) found that one factor impeding these women's care-seeking behaviour at PHC centers was their spouses' and/or other decision-makers' ignorance of pregnancy issues and symptoms.

Many organizations throughout the world, such as the United Nations, Amnesty International, and Care, are stated to have started educational media campaigns to promote neighborhood public health because of how important it is that young people are aware of PHC services (Calma, Brown, Fernando et al., (2022). Some women only consult when necessary, however the majority of women use hospitals rather than the PHCs in their communities. In South Sudan and Ethiopia, some women prefer to give birth at home rather than go to ANC and maternity health facilities (Yoseph, et al., 2024).

South Sudanese women asserted that they could give birth to their child anywhere and without any specific preparations. Like women in a study conducted in Mozambique, they thought that

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maternal health facilities should only be used for complicated pregnancies (Galle, 2021). Tanzanian findings showed a high level of awareness of birth preparation, even though Ethiopian women were not all persuaded of the benefits of ANC (Massenga, Jeremiah, Kitinya, … van den Akker, 2023).

Women in South Sudan claimed that they didn't need to make any special arrangements to give birth to their child spontaneously and anyplace. Similar to women from a study in Mozambique facilities, they believed that only complicated pregnancies should be used maternal health facilities (Reis-Muleva, B., Borges, A. L. V., Duarte, … de Castro Nascimento, 2023). While Ethiopian women were not all convinced of the advantages of ANC, evidence from Tanzania indicated great awareness of birth preparation (Massenga, et al., 2023).

2.4.4 Individual concept and understanding of maternal health care in different facilities

It was shown that county public health services are avoided by women over 25. In a previous study, Karkee et al. (2013) reported similar results, showing that women over 25 were more likely than women under 25 to undergo bypass surgery (Bweupe, 2021). Being 35 years of age or older was also associated with a higher chance of bypassing than being younger in rural Tanzania (Massenga, Jeremiah, Kitinya, … van den Akker, 2023). As women age, pregnancy-related challenges are naturally anticipated; therefore, at ANC visits, these women are encouraged to seek childbirth services from facilities that can handle pregnancy-related issues should they arise during delivery.

Women who gave birth to their first child were more likely to bypass than those who gave birth to a second child (Freeland, Kanu, Mohammed, … Fadahunsi, 2023). This suggests that early pregnancies are viewed as dangerous by both women and the prenatal care providers, who seek out specialized obstetric treatment for these women.

The likelihood of bypassing was also linked to the mode of delivery and the experience of complications during the prior pregnancy. These findings are consistent with earlier research from other nations that shows a direct correlation between avoiding facilities for childbirth (Kante et al., 2016), obstetric complications during a recent pregnancy (Freeland, Kanu, Mohammed, … Fadahunsi, 2023).

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2.5 CHAPTER SUMMARY

This chapter covers topics such as the use of PHC facilities for maternal health care, the frequency of women avoiding PHC facilities for maternal health care, and barriers to pregnant women using PHC facilities during labour. Part of the literature reviewed in this section was based on earlier research conducted by other researchers in the Mopani District, Limpopo Province.

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CHAPTER 3

RESEARCH METHODOLOGY

3.1 STUDY DESIGN

A study design is a type of inquiry that a researcher adopts, providing specific direction for methods to be followed in a study (Kumatongo & Muzata, 2021). Descriptive designs are those that describe the variables to answer the research question, but there is no intention of establishing a cause–effect relationship (Gannon, Taheri & Azer, 2022). Exploratory design explores attributes of a phenomenon being studied, while Contextual design involves conducting a study in the natural environment of which a phenomenon occurs (Gannon, et al., 2022). When the background of a phenomenon being examined is poorly understood, a qualitative research approach is employed, as this study did (Gannon, et al., 2022). This study's chosen design and methodology allowed it to investigate the obstacles pregnant women in Mopani District, Limpopo Province, face when trying to use PHC facilities during labour, providing a thorough qualitative grasp of the subject matter. Due to its qualitative nature, this method made it possible to examine the research constructs in great detail, with ample probing and well-discussed conclusions.

3.2 STUDY SETTING

The precise site where the data are gathered is referred to as the study setting (Casteel & Bridier, 2021). This study was carried out in Greater Giyani's Mopani district. The Mopani District is situated in the province of Limpopo's northeastern quarter. The five local municipalities that make up the Mopani District are Ba-Phalabourwa, Greater Giyani, Greater Litaba, Greater Tzaneen, and Maruleng. Mining (30.1%), community services (22.6%), trade (14.6%), finance (14.6%), transportation (8.2%), agriculture (3.2%), power (2.8%), and construction (2%), are the district's primary economic sectors. The overall population of Mopani District is 1,150,722, or around 20% of the province's total population. The district is comprised of a population that is dominantly of the ages between 15–64 years; and the dependency ratio is over 65%.

Over 51% of young people are unemployed. Only 8.3% of the population has completed more than a Matric, and women lead more than 50% of households. Ninety-eight percent of the district's population is Black African, with white people making up the next largest group at two percent.

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Maphutha LM Malatjie Hospital in Ba-Phalabourwa, Sekororo Hospital in Maruleng, Kgapane Hospital in Greater Letaba, Nkhensani Hospital in Greater Giyani, Van Velden, and Dr. CN Phatudi Hospital in Greater Tzaneen Sub district are the six district hospitals that offer district hospital services. Of these, 26 are located in Greater Giyani, 20 in Greater Letaba, 31 in Greater Tzaneen, 9 in Phalabourwa, and 11 in Maruleng, totaling 96 clinics. This study focused on Greater Giyani Local Municipality. Of the 26 clinics in this municipality, five were selected. The selection was directed by the number of deliveries in the area and the size of the clinic, as well as the operational hours.

3.3 STUDY POPULATION AND SAMPLING

3.3.1 *Target and access population*

The total group of persons who fit the researcher's study criteria and are of interest to them is known as the population (Casteel & Bridier, 2021). Post-natal women seeking care at any medical facility in the Greater Giyani Local Municipality comprised the study's target population. The post-natal mothers the researcher visited at the chosen facilities made up the access population. This is was the understanding that the researcher would not be able to access all post-natal women in the Mopani District's selected facilities.

3.3.2 Sample and sampling

A researcher-selected subset of a larger set is called a sample. While sampling is the process of choosing a sample from a population in order to gather information about a phenomenon in a way that is representative of the study population, it consists of a chosen group of individuals from a defined population (Nanjundeswaraswamy & Divakar, 2021).

3.3.3 Sampling of facilities

The study employed the non-probability purposive sampling approach in the sampling of of five PHC facilities, which included one Community Health Centres (CHC) and four clinics in Greater Giyani Local Municipality. Based on the researcher's assessment of the study participants, purposeful sampling is employed when the sample size cannot be easily determined, the researcher cannot locate the entire population, or access to participants is restricted (Nanjundeswaraswamy & Divakar, 2021). According to the researcher's description and preferences, purposeful sampling enabled the researcher to choose facilities that are thought to

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serve pertinent participants who gave adequate, anticipated information that best addressed the study's goals. The selected facilities included Hlaniki clinic, Kremetat clinic, Giyani CHC, Mapayeni clinic and Kheyi clinic.

3.3.4 Sampling of participants

Additionally, the participants were chosen using a non-probability convenience sampling technique. Convenience sampling, according to Golzar, Noor and Tajik (2022), is a sample technique that depends on gathering information from study participants who are easily accessible. Using a non-probability convenience selection technique, 30 post-natal women who attended PHC facilities three to six days after giving birth were chosen for this study. While it would have been difficult to schedule appointments and agree with patients for their participation in the study, convenient sampling allowed the researcher to, at that point in time, use any available, relevant participant as per the researcher's description and preference, who were expected to provide sufficient, expected information that best addresses the research objectives.

3.3.5 Inclusion and exclusion criteria

Three to six days after giving birth, post-natal women in the Greater Giyani Local Municipality who went to certain PHC facilities for post-natal care services were included in the study. This was done in order to use volunteers who had direct experience with the situation. They held more intelligent and perceptive opinions. All other patients in these medical facilities were counted for exclusion. The used interview guide during data collection was drafted in English, but translation was made into the commonly used native language in the area, which is Xitsonga, to accommodate participants who preferred using a native language.

3.4 MEASUREMENT INSTRUMENT

Measurement instruments are used for data collection purposes (Ahmad, Alias, Hamat, et al. (2024). In this study, a semi-structured interview guide was used, which consisted of open-ended questions. The original interview guide was drafted in English, but translation was made into the commonly used native language in the area, which is Xitsonga, to accommodate participants who preferred using a native language. The questions were clear and direct. They were structured and aimed at exploring the barriers of utilizing PHC facilities by pregnant women in this district. The

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questions and their constructions were deduced for the study questions, and literature to address the study objectives.

3.5 PILOT TESTING

Pilot testing is a procedure wherein the researchers test their measurement instruments (Brink, Van der Walt & Van Rensburg, 2018). The researcher pilot tested the interview guide to identify the flaws in the measurement instrument, and then revisions were made. Three post-natal women who were visiting the PHC facility three days after giving birth made up 10% of the actual study's sample size (Soderstrom & Bjork, 2023). Furthermore, the chosen post-natal women were not included in the primary study sample. The post-natal women who were showing understanding and were willing to be interviewed signed consent forms facilitated by the researcher. From this pilot test, the researcher was able to identify flaws on the interview guide involving the duration of the interview, the clarity of the question and identified questions that were irrelevant to the study; as well as adding questions that the researcher identified as important for the study. Therefore, the pilot test enabled the researcher to make the necessary corrections.

3.6 TRUSTWORTHINESS

According to Adler (2022), trustworthiness is the level of confidence in the information, analysis, and procedures utilized to guarantee the caliber of the research. The following factors can be used to quantify trustworthiness in qualitative research:

3.6.1 Dependability

A standard by which a study's credibility is determined (Adler, 2022). Other researchers should be able to get comparable results when they adhere to the researcher's technique. Based on the findings' reliability and accuracy in describing the deliverables, the researcher in this study made sure that the results were reliable for both literary evidence and intervention development, laying the groundwork for future research studies.

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3.6.2 Confirmability

According to Adler (2022), confirmability ensures that the data backs up the findings, conclusions, and suggestions and that the researcher's interpretation and the actual evidence are in agreement. The researcher made sure that all of the information gathered was presented accurately, without any omissions or filters. As a result, themes and codes that permit the integration of the given expressions were developed. Additionally, the researcher made sure that the study's interpretations and conclusions were directly related to its findings. The researcher made sure that this connection was made in a way that would allow someone other than the researcher to follow, process, and reproduce the study. The researcher also detailed the steps involved in the research, including the methodologies and data gathering, which included interview guides and field notes. In order to achieve this, the researcher collected data and provided conclusions for audit or follow-up study reasons, if necessary. The results that were verified agreed with the original findings.

3.6.3 Credibility

According to Adler (2022), credibility is related to the legitimacy of the data gathered and its authenticity. The following strategies were employed to guarantee credibility:

3.6.3.1 Prolonged engagement

Long-term engagement refers to the amount of time that a researcher spends interacting with study participants (Adler, 2022). In order to maintain trust and a thorough understanding of the study, the researcher visited the participants one or two days prior to the data collection day to provide them with information about it. In this study, the researcher conducted individual interviews with each participant for approximately thirty to forty-five minutes.

3.6.3.2 Persistent observation

According to Adler (2022), persistent observation is the process of using observations to understand the nature of a phenomenon. Through the examination of nonverbal indicators, this study helped to clarify potential obstacles to using PHC facilities during labour.

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3.6.3.3 Referral adequacy

The process of identifying all the resources available to record findings is known as referral adequacy (Adler, 2022). Because there might not be enough time to write down every response during the interviews, the researcher used a voice recorder to capture the interviews. Additionally, a notebook and pen were utilized to record observations, including participant nonverbal clues.

3.6.3.4 Member checks

This is performed for evaluating the participant's internationality, fixing any glaring mistakes, and offering more details (Adler, 2022). To verify the validity of the findings, a summary of the data interpretation was read to the participants in this study, making sure they understood the remarks. The remarks from the participants served as the foundation for evaluating the validity of the study.

3.6.3.5 Triangulation

Examining evidence from multiple sources and using it to support themes is known as triangulation of sources (Morgan, 2024). In order to develop themes during data analysis, the researcher in this study drew on a variety of sources, including field notes, interview replies, and observations conducted within the PHC facilities. These topics served as the foundation for the analysis of the data and the study's conclusions.

3.6.4 Transferability

This metric addresses the extent to which the results of a study can be used in different settings (Adler, 2022). Because the results of this study would be relevant to similar or other settings in and outside of academia regarding the barriers to pregnant women's use of PHC facilities during labour, the researcher made sure to clearly explain the findings to the public through a research report and journal publication.

3.7 PLAN FOR DATA COLLECTION

The process by which the researcher responds to study questions is known as data collecting (Khoa, Hung & Hejsalem-Brahmi, 2023). Individual interview using Semi-structured, interviews guide was used to collect data from post-natal women who had visited the selected health care

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facilities. The researcher designed a semi-structured interview guide for data collection following the objectives of this study. Because majority of residents within the study area speak Xitsonga, this language was used for the interviews with the participants to prevent a language barrier if English was strictly used. A minority residents were excluded based on their native language that is not Xitsonga. Interviews were conducted in a private room. The interviews period was between 30 to 45 minutes. The used interview guide was drafted in English, but translation was made into the commonly used native language in the area, which is Xitsonga, to accommodate participants who preferred using a native language. The participants were alerted that they are free to indicate if a question is unclear to them or they do not feel comfortable responding to the question and explain that the recorder is used to accurately capture the interview. In order to get a thorough response, the researcher probed the participant with questions based on the interview guide. Data was gathered until saturation was achieved. Even though a number of medical facilities were chosen, the researcher relied on the adequate data that was available when data saturation was achieved before visiting every facility.

3.8 PLAN FOR DATA MANAGEMENT AND ANALYSIS

Data analysis, according to Llaudet & Imai (2023), is a method for presenting data that includes classifying, manipulating, summarizing, and interpreting the data in a relevant way. The data analysis methodology used in this study was Tesch's data analysis method as cited in Tshivhase (2025), which consists of the following eight steps:

3.8.1 Obtaining the sense of the data as a whole

To get a sense of the data overall, this phase entails reading through each transcript (Creswell & Creswell, 2018). After using an audio recorder to gather the data, the researcher meticulously went over the transcripts while interacting with the data to comprehend the information.

3.8.2 Selecting one document

According to Creswell & Creswell (2018) as cited in Tshivhase (2025), this step is choosing one document and carefully analyzing it. The researcher made notes of any remarks, insights, or observations while reading the chosen tape. On the document's margin, we recorded any recurring phrases, the researcher's questions, the participants' feelings, and our remarks

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regarding the language employed. As an alternative, notes were used at this stage to record observations the researcher made while reading the material. The fundamental meaning of the current potion of findings was expressed in the points that were noted.

3.8.3 Clustering together of similar topics

In this step, every topic is listed, and related topics are grouped together (Creswell & Creswell, 2018; Tshivhase, 2025). After reading the content and selecting concepts that are likely to be connected in each section of the transcript or transcripts, the researcher groups related expressions into clusters. This was accomplished by the researcher by grouping the themes into columns, most likely into main, unique, and outlying topics.

3.8.4 Abbreviating topics as codes

The clustered and recognized subjects are coded in this stage (Creswell & Creswell, 2018; Tshivhase, 2025). The researcher evaluated the clustered issues in this study. The researcher identified these themes by assigning codes to them. Moving forward, the themes were represented by these codes. The researcher then went over the data again and gave codes that best captured the key points of the conversation. The created codes functioned as stand-ins for the findings' clustered concepts. This was accomplished by the researcher by placing codes next to the relevant textual passages.

3.8.5 Describing the topic

The description of the clustered subjects is provided in this stage (Creswell & Creswell, 2018; Tshivhase, 2025). The researcher in this study provided a thorough explanation of the topic's nature and background. Thus, the researcher further grouped the issues into fewer categories based on these descriptions. This was due to the fact that these descriptions could draw attention to subjects that are similar but were not grouped together in step 3. Additionally, this helped to avoid topic overlap amongst the clusters.

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3.8.6 Abbreviate categories

This stage involves classifying the codes that reflect the various subjects (Creswell & Creswell, 2018; Tshivhase, 2025). In order to organize the various issues provided as codes in this study, the researcher created categories. This occurs following the researcher's confirmation that the subjects are correctly grouped together. To make identifying and navigating the codes easier, the researcher labelled them with alphabets.

3.8.7 Assemble data

This step entails gathering related data and performing initial analysis (Creswell & Creswell, 2018; Tshivhase, 2025). Participants in this study gave identical answers as a result of the researcher's evaluation of the questions. The researcher used these responses to preliminarily interpret the data. This was done so that the researcher acquires a direction towards the barriers in utilization of PHC facilities by pregnant women in the Mopani District.

3.8.8 Recoding

When necessary, the current data was recoded to fit even outlying data segments and to minimize the number of codes into the most distinguishable subjects (Creswell & Creswell, 2018; Tshivhase, 2025). To make sure that all connected codes that might translate to the same interpretations are further and thoroughly grouped, this was done, particularly when linked and probably overlapping codes were observed among the created codes. In other words, until all datasets were well represented, the researchers can, if needed, allocate new themes to clusters.

3.9 ETHICAL CONSIDERATION

According to Nii-Laryeafio and Ogbewe (2023), ethical consideration is the researcher's duty to respect the participants' rights, needs, values, and preferences. This study complied with the University of Venda's regulations and general research ethics. This involved obtaining ethical clearance from the University of Venda to conduct the study, obtaining written approval from the provincial and district DoH, as well as approval from specific PHC facilities, and having the proposal evaluated by the Department of Nursing and the School Higher Degree Committee for quality purposes. Additionally, district offices, site managers, and the provincial department of

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Limpopo were consulted for authorization to gather data. Along with the aforementioned protocols, the researcher adhered to the following ethical guidelines:

3.9.1 Informed consent

According to Nii-Laryeafio and Ogbewe (2023), informed consent is an ethical principle that deals with participant protection from harm and voluntary participation. The researcher informed the participants that the purpose of this study is to describe and investigate the obstacles that pregnant women face when trying to use PHC facilities during labour. Parents, guardians, or adult spouses were permitted to sign consent forms on behalf of post-natal women who were still too young to do so. The researcher went on to say that post-natal women are asked to participate since they had recently given birth and are therefore more exposed to the circumstances. Nonetheless, their involvement will help the Mopani district's PHC facilities provide better maternal services. The participants were told by the researcher that they would be interviewed and that the interviews would last between thirty and forty-five minutes. They were also given the option to specify the language in which they would like the interviews to be performed. As a result, participants were asked to sign informed consent papers before being questioned after indicating that they understood.

3.9.2 Beneficence

Securing the participants' well-being is the focus of this principle (Nii-Laryeafio & Ogbewe, 2023). The subjects were shielded from discomfort and injury by the researcher. The participants were provided with cozy chairs to sit on during the interviews. It wasn't intrusive to use the semi-interview guidance. The researcher steered clear of personal inquiries and instead posed broad ones. The researcher did not ask the question again once the individual expressed discomfort regarding a certain subject. This was carried out in order to preserve the participants' mental health. The individuals were treated with patience by the researcher.

3.9.3 Justice

According to Nii-Laryeafio and Ogbewe (2023), this concept addresses the idea that the participant has the power to choose how they want to be treated. Before the interview started, the

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researcher asked the subject whether they needed anything. The demands of the participants were equally catered to by the researcher.

3.9.4 Right to withdrawal from participation

This principle permits individuals to discontinue involvement at any time without incurring any consequences due to malice (Nii-Laryeafio & Ogbewe, 2023). The study's participants were given the freedom to choose whether or not to continue the interview. Participants might leave the event at any time without incurring any penalties.

3.9.5 Respect for persons

The participants should be treated with respect, according to this principle (Nii-Laryeafio & Ogbewe, 2023). Participants were informed by the researcher that they were in complete control of the information they chose to divulge and that their answers would not be affected in any manner. In order to get a more specific response, follow-up questions were employed when a response was not clear. When participants did not understand any of the questions, they were also invited to ask for clarification. The researcher honoured the participants' desires and made sure they felt comfortable sharing throughout the procedure.

3.9.6 Confidentiality

Anonymity and confidentiality refer to safeguarding study participants' identities (Nii-Laryeafio & Ogbewe, 2023). The researcher made sure that the study's participants' private information was kept private and never shared. By substituting anonymous identifiers for the participants' true names, their identities—including names and contact information—were safeguarded. To protect participant anonymity during audio recordings, the researcher employed PHC facility references and number codes.

3.9.7 Privacy

By having a private section with the participants, privacy was protected in this study. These interviews were carried out by the researcher in a designated room within the chosen PHC facility.

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Only the researcher and each participant participated in the interview. In a secure location, like a locker, the researcher stored the participants' answers (Nii-Laryeafio & Ogbewe, 2023).

3.10 DELIMITATION AND LIMITATIONS OF STUDY

Features that impact a study's interpretation or result are known as limitations (Coker, 2022). Individual engagement was crucial to the outcome of this study, and any lack of participation would have led to a deficiency. However, in order to boost interest and successfully recruit those willing to share their perspectives on the obstacles pregnant women in Mopani District, Limpopo Province, face when using PHC facilities during labour, the researcher made sure to fully and clearly explain the study to potential participants. In order to avoid delays in finishing the study while attempting to reach all pregnant women at the district's chosen PHC facilities, the researcher chose post-natal women she met during visits to PHC facilities.

3.11 PLAN FOR DISSEMINATION AND IMPLEMENTATION OF RESULTS

The researcher wrote a dissertation on the findings of the study. The researcher will share the outcomes of the study to health care facilities in Mopani District; especially the ones that were selected for the study. The researcher also has an ambition to publish the thesis on this research. This will enable the study findings to be accessible to a larger and broader audience. This research dissertation will be available at the University of Venda’s library.

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CHAPTER 4

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

The findings of the study are discussed in this chapter to meet the purpose of this study, namely, to determine barriers to the utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province. The findings are discussed in terms of the demographic characteristics of participants, followed by the themes and sub-themes derived from the data analysis.

4.1.1 Participants' demographic characteristics

The demographic data that the participants provided during the interview is provided in this section. The researcher managed to interview 21 participants. All participants are between the ages of 18 to 45; pseudonyms were used to represent participant names. Majority of them managed to go tertiary level (09). Some of them completed grade 12 (08) while some dropped out of school in grade 11 (3). The demographic details of the study participants are shown in Table 4.1 below.

Table 4.1: Participant demographic characteristics

PSEUDONYM	AGE	GENDER	LEVEL OF EDUCATION	PHC FACILITY
Participant 1	33	Female	Grade 12	A
Participant 2	27	Female	Electrical engineering	A
Participant 3	31	Female	Grade 12	A
Participant 4	18	Female	Grade 11	A
Participant 5	22	Female	In class college	A

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Participant 6	20	Female	Grade 12	A
Participant 7	33	Female	Grade 12	B
Participant 8	32	Female	Diploma HR	B
Participant 9	37	Female	Certificate of business management	B
Participant 10	38	Female	Computer literacy	C
Participant 11	35	Female	Security	C
Participant 12	27	Female	Information technology	C
Participant 13	22	Female	Grade 12	C
Participant 14	20	Female	Grade 12	C
Participant 15	19	Female	Grade 11	D
Participant 16	39	Female	Grade 11	D
Participant 17	36	Female	Grade 12	D
Participant 18	20	Female	Business management	D
Participant 19	21	Female	HR	E
Participant 20	27	Female	Grade 12	E
Participant 21	19	Female	Grade 11	E

4.2 THEMES AND SUB-THEMES

The themes and sub-themes are herein discussed and supported by direct quotations with participant numbering for each quotation indicated after the verbatim quotation. Themes discussed herein are four, which illustrate the barriers to utilizing PHC facilities by pregnant

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women during labour in the Mopani District, Limpopo Province. Table 4.2 presents a summary of the derived themes and sub themes.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
1. Patient-related barriers to giving birth in the clinics	**1.1.** Potential childbirth risk **1.2.** Stress related to potential hospital transfer
2. Service-related barriers to giving birth in clinics	**2.1.** Inconvenient service delivery hours **2.2.** Patient care concerns **2.3.** Service delivery concerns
3. Resource-related barriers to giving birth in clinics	**3.1.** Insufficient competent human resources **3.2.** Inadequate physical resources
4. Participants' views on addressing barriers to giving birth in clinics	**4.1.** Investing in human resources **4.2.** Investing in physical resources

4.2.1 Patient-related barriers of giving birth in the clinics

Theme 1 is discussed with two sub-themes. Participants revealed potential childbirth risks that may occur at the clinics as one of the sub-themes. The second sub-theme addressed stress related to potential hospital transfer.

4.2.2 Sub-theme 1.1 Potential childbirth risk

Potential childbirth risk was expressed by the participants as one of the patient related barriers of giving birth in the clinics. This was confirmed by the following quotes:

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"With lack of emergency assistance, it's too risky to trust giving childbirth at the clinic knowing that if my condition ends up uncontrollable while the doctor is not around, it is too risky. So going to the hospital gives me hope as the doctors are always available, even at night". P5 from PHC facility A.

"I'm concerned about the risks and complications during childbirth because without proper monitoring and support throughout pregnancy is not good for all, which makes me to choose a hospital for childbirth…I worry about having my baby at the clinic unless they make improvements on how they take care of us during pregnancy." P12 from PHC facility D

"It's hard to get all the care I need at the clinic. I'm concerned that the care might not always be good or the same all the time while I'm pregnant, and that could make having my baby not as safe as it should be. Having consistent and quality care throughout my pregnancy is really important because it helps both me and my baby stay healthy and safe when it's time to give birth". P14 from PHC facility D

"Being young and pregnant already feels overwhelming, and knowing there's not adequate medical support would just add to the stress. I want to make sure both me and my baby are in good hands, so I'd prefer to go to a hospital where there are doctors and proper facilities to handle any complications that might come up during childbirth. It's about safety and peace of mind for me and my baby" P21 from PHC facility C.

The participants' interviews ascertained that there was a shortage of medical support means in clinics, which resulted in pregnant women having perceived risk such as potential labour related complications during childbirth. One participant expressed that her worry about inadequate medical support at local clinics perpetuates the overwhelming nature of pregnancy at a young age. Consequently, participants stated that they prefer bypassing clinics and consulting at the hospital where there was sufficient medical support. The said medical support includes doctors and proper facilities suitable for managing complications. According to the participants, doctors are available even at night in the hospital, which gives them confidence in the safety against complications at the hospital.

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4.2.2.1 Sub-theme 1.2 Stress related to potential hospital transfer

Stress related to potential transfer from rural clinic to hospital was discovered by the study as one of the barriers as quoted below:

> *"According to my experience, I went to the clinic when I was in labour pains. Arriving, I was then told I am 3 cm dilated and then an ambulance was called to transfer me to the hospital because the nurse was alone at work, and she couldn't manage to help me. I was stress about what will happen if my baby end up coming out while I'm still waiting for an ambulance. That ends up making me choose a hospital during labour pain".* P3 from PHC facility D

> *"I only found that the local clinic is in a dark place due to load shedding, so I decided to go straight to the hospital because the nurse will not be able to work without electricity, it was not going to be possible for a nurse to use an electric machine during load shedding how can she work at the childbirth ward while there is no electricity at night…It made me worry about how the nurse could even work there without proper lighting and power. I just couldn't risk it, so I decided to go straight to the hospital where I knew they'd have everything needed for a safe birth, including proper lighting and working machines. It was a tough decision, but I knew it was the right one for me and my baby's well-being*". P18 from PHC facility A.

> *"Being young and pregnant already feels overwhelming, and knowing there's not adequate medical support would just add to the stress. I want to make sure both me and my baby are in good hands, so I'd prefer to go to a hospital where there are doctors and proper facilities to handle any complications that might come up during childbirth. It's about safety and peace of mind for me and my baby"* P21 from PHC facility C

According to the participants, being transferred to the hospital was a likely to occur during clinic visit for labour related consultations, which made them self-refer to the hospital to avoid going through their local PHC facilities. This was also expressed to happen for time saving reasons due to long travelling distance to the hospital from pregnant women's locality, in that it would not be time efficient to wait to be up referred to the hospital by the clinic during complication related emergencies. These women also do this to avoid being attended to more than once, i.e. at the PHC facility and hospital, which was deemed as time wasting. As such, these women preferred to visit the hospital directly and prior to formal referrals by local clinics. The interview responses further expressed that it is more preferable to be attended to at the hospital than the clinic, given

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the shortage of necessary resources to deal with complications. Based on the participants' responses, it is even riskier for younger women to give birth at the clinic due to age associated risks of pregnancy, which according to the participants, may require care at the hospital, with sufficient assistive equipment and personnel to manage such complications.

4.2.3 Theme 2 Service-related barriers to giving birth in clinics

Theme 2 is discussed under three sub-themes, namely, inconvenient service delivery hours, patient care concerns and service delivery concerns.

4.2.3.1 Inconvenient service delivery hours

Inconvenient service delivery hours were discovered as one of the barriers to giving birth in PHC facilities as quoted below:

> *"Due to poor service such because of short working hours, reducing time for emergencies, we found that is not possible to get help during the night, which means we have to go to hospital where else is far away from our place, it end up being not free to get a free service"*. P1
>
> *"During the night we found that the clinic is not working".* P2 from PHC facility E
>
> *"Maybe it because they don't work during the night, they only work office hours only. Usually we end up not getting help at the clinic since childbirth pains can occur at night or after working hours".* P7 from PHC facility B
>
> *"During the night we find that the clinic is not working, and it's far from our homes. So, when we need help urgently, we have no choice but to go to the hospital, which is quite a distance away from our place so we have no choice but to hire a transport to the hospital for childbirth".* P13 from CHC facility D

Participants expressed that during some hours, PHC facilities were not open to provide services to pregnant women. This is believed to be related to the Healthcare providers' working hours' system in which PHC facilities only operate during the day, which inconveniences pregnant women who might seek help during the night. As a result, many pregnant women hesitate to visit clinics and instead opt for hospitals to avoid these challenges and disappointments. Participants

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highlighted that those local clinics limited operating hours, particularly their closure in the evenings, posed a significant issue. Consequently, most pregnant women choose to bypass clinics altogether and go directly to hospitals. However, hospitals are often located far from their homes, leading to longer travel distances and increased transportation costs.

4.2.3.2 Patient care concerns

The participants expressed concerns about the patient care at the PHC facilities, as outlined below:

> *"When I gave birth at a rural clinic, I didn't have access to the pain relief I needed, and it made my childbirth much harder. That's why I'm hesitant to choose a clinic for my own childbirth"* P8 from PHC facility A.
>
> *"People who are supposed to help us during childbirth are not very good at their job. For instance, imagine being in a lot of pain, but the people who are supposed to take care of you don't seem to understand or know what to do. It seems like they are not skilled or trained well enough to deal with the emergency. We always get transferred to hospital even when we are in too much pain"*. P4 from PHC facility D
>
> *"Additionally, concerns about the quality and consistency of care provided at clinics can also be a barrier. As a women I am hesitant to give birth in a clinic as I perceive that the level of care may not meet my expectations because I have had negative experiences in the past".* P15 from PHC facility D

Care providers are believed to be less skilled in managing pregnant women, as they would appear to have no clue in executing childbirth activities during the birth process, as well as refer pregnant women to hospitals when it does not appear necessary to do so. Participants said that, while in pain, some pregnant women would be referred to hospital instead of being managed right at the clinic. Participants also expressed worry with how emergencies are handled at the clinics, in that the Healthcare provider to patient attention is poor, and necessary medication such as pain relievers are withheld from the pregnant women. Participants further shared concerns regarding privacy at the clinic. It was expressed by one participant that there is a noticeable lack of privacy by the care providers in the clinics. For instance, the labour room in the clinics is accessible to other staff members in the clinic who are not part of the labour procedures, which leaves pregnant

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women feeling uncomfortable and less respected, as they believe pregnancy should be treated as private and of personal value. Based on the participants, negative past experiences and the lack of consistent care at the PHC facilities also causes the bypass of services, leaving pregnant women feeling reluctant to use the clinics.

4.2.3.3 Service delivery concerns

Service delivery concerns were discovered through the interviews as some of the barriers to PHC services use by pregnant women as expressed below:

> *"During my pregnancy, I was doing regular check-ups so that they can monitor the baby to ensure the health of myself and the baby. However, rural clinics have limited health care providers, leading to challenges in going to the clinic every day for check-ups because I won't get full treatment at the end*" P12 from PHC facility D
>
> *"It's hard to get all the care I need at the clinic. I'm concerned that the care might not always be good or the same all the time while I'm pregnant, and that could make having my baby not as safe as it should be. Having consistent and quality care throughout my pregnancy is really important because it helps both me and my baby stay healthy and safe when it's time to give birth".* P14 from PHC facility D

Participant interviews revealed that some women have less confidence in local clinics pertaining to pregnancy health, as they claim to experience poor service during pregnancy clinic checkups. One of the concerns raised are such as limited health care personnel in the clinics to assist pregnant women, which affects the ANC service. Such experiences led women to distrust clinics for childbirth, prompting them to bypass clinic services and seek hospital care instead. Participants also expressed concerns about inconsistencies in the quality of care received at clinics during pregnancy, making them hesitant to rely on these facilities for labour and delivery.

4.2.4 Theme 3. Resource-related barriers to giving birth in clinics

Theme 3 covers two sub-themes, namely, insufficient competent human resources and inadequate physical resources at the clinics.

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4.2.4.1 Insufficient competent human resources

As discussed below, insufficient competent human resources were discovered by participants as one of the resource-related barriers to giving birth in clinics.

> *"…due to a serious shortage of staff at the clinic, am afraid of it during childbirth. Some nurses were facing workload during my check-up, so how can they manage to assist me during childbirth, so I better go to the hospital"* P14 from PHC facility D

> *"Hospitals have well-trained staff, or medical expertise to handle complications during childbirth, leading women to seek care in hospitals where they feel safer*" P15 from PHC facility C

> *"Honestly, I wouldn't feel comfortable giving birth at a clinic if they don't have a doctor or the necessary assistance available for childbirth and delivery"*. P21 from PHC facility C

Participants expressed a preference for hospital consultations, citing a lack of competent staff at clinics as a major concern. One participant recalled feeling anxious about her baby's safety when she had to wait longer for an ambulance because the only nurse on duty was unable to assist her alone. Another participant noted that during ANC check-ups, clinic nurses appeared overwhelmed with work, raising doubts about their ability to handle childbirth effectively. Similarly, others felt that delivering at a clinic was too risky due to the occasional absence of medical practitioners, particularly during emergencies. As a result, pregnant women preferred hospitals over clinics for childbirth.

4.2.4.2 Inadequate physical resources

Inadequate physical resources were revealed by the interviews of the study as another resource-related barrier to giving birth in clinics. This is supported by the following quotes:

> *"Our clinic doesn't have machines that can be used during childbirth which makes us to always give birth at the hospital, I gave birth to my firstborn at our rural clinic, they didn't have enough equipment to help me so that I give birth, they compromise and use the equipment that they have and help me but still, they end up transferring to hospital…I'm not sure if my condition during childbirth will end up needing the equipment that are not there at the clinic and so I decided to bypass and go to hospital where there are machines and doctors who have more experience in using those machines".* P6 from PHC facility D

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"I worry about the limited facilities at rural clinics. They do not have everything needed during childbirth, like pain relief options or equipment for monitoring the baby's health". P8 from PHC facility A.

"In my view, it depends on the severity of the condition because most clinical facilities do not have enough resources for critical pregnancies". P1 from PHC facility C.

"I only found that the local clinic is in a dark place due to load shedding, so I decided to go straight to the hospital because the nurse will not be able to work without electricity, it was not going to be possible for a nurse to use an electric machine during load shedding how can she work at the childbirth ward while there is no electricity at night…It made me worry about how the nurse could even work there without proper lighting and power. I just couldn't risk it, so I decided to go straight to the hospital where I knew they'd have everything needed for a safe birth, including proper lighting and working machines. It was a tough decision, but I knew it was the right one for me and my baby's well-being". P18 from PHC facility A.

Participants highlighted that local clinics lack adequate equipment to support essential medical procedures related to pregnancy, often resulting in referrals to hospitals for further care. Key resources identified as necessary include pain relief options and machines to monitor the health of newborns. Another major challenge faced by these clinics is electricity outages due to loadshedding, which leads to poor lighting and disrupted operation of medical equipment. Consequently, pregnant women prefer to bypass clinics and go directly to hospitals to ensure a safer and healthier delivery.

4.2.5 Theme 4 Participants' views on addressing barriers to giving birth in clinics

The sub-themes that emerged from this theme include investing in human resources and investing in physical resources.

4.2.5.1 Investing in human resources

Participants' interviews expressed investing in human resources as one of the recommended ways to address barriers to giving birth in clinics, as discussed below:

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"The government should employ more nurses so that the working hours can be 24/7, to accommodate emergencies and people who cannot travel to hospitals (most especially during the night) due to lack of transportation and distance"- P1

"Our clinic must always have the doctor and enough nurses to handle the situation during the emergency time". P3

"To improve the situation, rural clinics should work on better communication and providing more training for clinic staff in emergency obstetric care could help address immediate concerns during childbirth. P9

"I think the best way is to provide machines and train our nurse how to us those machines. P5

According to the participants, government should create employment opportunities for clinics to ensure that clinics operate for 24hours, even at night. By so doing, the participants stated that pregnant women who could not afford to travel to hospitals on their own should be assisted from near their homes, and emergencies would be well accommodated within that travelling radius. Another participant suggested that each clinic should house nurses and at least one doctor to ensure proper handling of pregnant women during emergencies.

Participants, regarding this subject, suggested that existing staff member should be trained to be able to provide appropriate childbirth services in the clinics, as well as others such as emergency obstetric care activities. Pain management was another skill that the participants suggested to be taught to clinic staff members in order to improve the care they provide. The participants also suggested that in the provision of machinery, investment in training clinic nurses should be made for the use of the same machinery.

4.2.5.2 Investing in physical resources

Investing in existing human resources was suggested by participants as another recommended way to remedy barriers to giving birth in clinics.

"Think the best way is to provide machines and train our nurse how to us those machines. P5

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> *"To improve the situation, rural clinics need more resources and better-trained staff. Medical equipment and emergency care would make clinics safer and more reliable for childbirth*. P6
>
> *"Also, making sure there are better medicines for pain and giving information and help for natural childbirth would give women more choices and control over pain relief.* P14

The provision of physical resources such as machinery and other medical equipment were also suggested by participants as ways through which the barriers could be remedied. The participants further suggested that the availability of these resources would help make childbirth at clinics safer to administer. Participants recommended improvements in the provision of medicines, particularly for pain management, emphasising the need for greater choice and control over labour pain relief.

4.3 CHAPTER SUMMARY

The findings from the interviews were discussed in this chapter, including the demographic information of the participants. The thematic analysis conducted on the collected data led to themes and sub-themes. Interpretation was made on the findings using quoted statements of the participants from the interviews. The ascertained barriers of giving birth at the clinics were illustrated in this chapter as per analysis and interpretation using the researcher's reflection, and the literature. The next chapter presents the recommendations and limitations of this study.

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CHAPTER 5

DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

This chapter discussed the findings on the barriers preventing pregnant women in Mopani District, Limpopo Province, from utilizing PHC facilities during labour. The discussion is structured around the themes and sub-themes identified in Chapter 4. The three themes and six sub-themes were derived from the interviews. Three of the themes focused on the barriers to the utilization of PHC facilities by pregnant women during labour in the Mopani district, Limpopo Province. The first emerged theme was patient-related barriers to giving birth in the clinics; this theme had potential childbirth risk and stress related to potential hospital transfer.as sub-themes. The second theme was service-related barriers to giving birth in clinics with inconvenient service delivery hours; and patient-care concerns as sub-themes. The third theme was resource-related barriers to giving birth in clinics with insufficient competent human resources; and inadequate physical resources as sub-themes.

5.2 PATIENT-RELATED BARRIERS TO GIVING BIRTH IN CLINICS

5.2.1 Potential childbirth risk

The findings indicated that pregnant women avoided utilizing PHC facilities during labour because they fear the complications that may arise. The participants indicated that the lack of health care personnel (midwives and doctors) made them feel unsafe in the PHC facilities. The pregnant women feared complications like heavy bleeding and high blood pressure, which could not be handled well at these PHC facilities. Fear of using PHC facilities was a common concern among pregnant women. While some had no negative experiences themselves, hearing about others' experiences instilled fear, prompting them to avoid these facilities. The association of PHC facilities with complications further reinforced this perception, leading many to opt against using them during labour. These sentiments were similar to those expressed by pregnant women in Nigeria reported in a study by Udenigwe, Okonofua, Ntoimo, et al. (2022). The pregnant women were reported to not return to PHC facilities because of fear of complications. Studies have shown that inadequate staffing and resources in PHC facilities lead to increased maternal and neonatal risks (Vinothini & Saravanabavan, 2023). The perception of risk is significant, as it directly

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influences the decisions of pregnant women to seek care at facilities, they perceive to be safer and better equipped to handle emergencies (Vinothini & Saravanabavan, 2023).

5.2.2 Stress related to potential hospital transfer

The findings discovered stress pertaining to the possibility of being transferred to the hospital to be common. According Jamsahar, Ahmadi, Khoobi, et al., (2025), that lack of adequate resources in PHCs results in the referral of pregnant women to hospitals. The findings of this study indicate that the possibility of being transferred from a rural clinic to a hospital was a significant source of stress for pregnant women. Many anticipated being referred to a hospital due to the PHC facility's limited capacity to assist them. As a result, they preferred to go directly to the hospital rather than first seeking care at a PHC facility, expecting a referral anyway. This stress arose from various factors, including the unavailability of emergency medical services (EMS), long distances to hospitals, and high transportation costs. As a result, seeking care at PHC facilities becomes more expensive for pregnant women since they often end up being transferred to hospitals. Consequently, they choose to use their limited funds to go directly to the hospital instead.

This reality is the case in some countries. A Nigerian study by Freeland, et al. (2023) discovered the rural Edo state in Nigeria experiences pregnant women’s bypassing of PHCs, with major reasons including lack of money to pay for their payable maternal health services at the PHC facilities, as well as difficulty with transportation affordance. The findings also discovered that it is physically intense for a pregnant woman to be moved from one facility to the next. So, these women avoid that by directly going to the hospital. There is a lot of stress associated with utilizing PHC facilities during labour. For pregnant women that have experience with the transfers from PHC facilities to hospitals, they would rather avoid the PHC facility because they anticipate a transfer which triggers bad experiences from the past. Research indicates that the lack of timely EMS and the need for transfers can cause significant anxiety and health risks for pregnant women (Johnson & Brown, 2018). The stress associated with potential transfers can deter women from initially seeking care at PHC facilities, opting instead for direct hospital visits despite the longer travel distances and higher costs involved (Jamsahar, et al., 2025).

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5.3 SERVICE-RELATED BARRIERS TO GIVING BIRTH IN CLINICS

5.3.1 Inconvenient service delivery hours

This study discovered inconvenient service delivery to be a cause of services bypassing at PHC by pregnant women. It was established that most of the clinics in the Mopani District do not operate for 24 hours, seven days a week, but only during weekdays, working hours. This implies the closure of clinics at the end of these periods. Therefore, this closure of the clinics reduces their utilization by pregnant women during labour. Labour is unpredictable, as it can occur at any time, day or night. This uncertainty regarding the onset of labour leads pregnant women to prefer hospitals, which provide continuous, 24-hour care. To avoid the risk of being stranded without immediate medical assistance, many women choose hospitals as a proactive measure to ensure they are fully prepared for labour. Studies have found that non-24-hour service availability in PHC clinics significantly reduces their utilization for emergency obstetric care (Amat-Lefort & Barnes (2024).

The limited hours of operation at PHC facilities often result in pregnant women having to seek care at distant hospitals (Dlangalala, T., Musekiwa, A., Mckelly, … Mashamba-Thompson, 2024). A study by Aluko et al., (2020) also reported that the closure of PHC facilities resulted in the dissatisfaction of pregnant women use of these facilities. While the WHO recommends having a health care facility within a 5 km radius of reach to remedy the travelling of long distances to PHC facilities services and medication (Dlangalala, et al., 2024), the ‘inconvenient service delivery hours’ problem compromises this recommendation. When pregnant women spend extended hours at the clinics, the time that is meant to be saved by this recommendation is significantly affected, as pregnant women spend more time trying to access health care services.

5.3.2 Patient care concerns

The findings gathered in this study indicated that pregnant women have concerns about the nature of care provided by health care professionals stationed at PHC facilities. Shortcomings that have been highlighted by pregnant women in this case included lack of pain relief medication, and lack of skilled health care personnel. The pregnant women described the health care professionals as those that are not skilled or are clueless about what to do in their jobs. This was based on incidents where when pregnant women visit the PHC facilities, there would be little or no assistance that they receive when labour was induced. As a result, doubts develop toward

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health care service at PHC facilities. These doubts reduce the utilization of PHC facilities by pregnant women during labour. Pregnant women have a perception that giving birth at a PHC facility is harder than at the hospital because of their past experiences with the PHC service. A common instance is if being denied pain relief medication when in labour pains. These limitations that are associated with PHC facilities lead to the reduced utilization of these facilities during birth by pregnant women. Based on this perception by pregnant women that there is poor quality patient care in PHC facilities, most of these pregnant women preferred going to the hospital directly.

The quality of patient care, particularly in terms of managing labour pain and handling complications, plays a crucial role in the decision-making process of pregnant women (Martinez et al., 2021). Additionally, the other factors that affect the utilization of pregnant women is the feedback that they share amongst each other. On such feedback, there was a concern about privacy ad comfortability in PHC facilities. The pregnant women illustrated that there was a lack of privacy when giving birth at PHC facility, this is because other staff members keep moving I ad out of the delivery room while a woman is giving birth. There is a certain level of discomfort that results to the exposure of the pregnant women during labour because giving birth is regarded as a private ad personal experience. This is to say the women in labour would prefer to interact with the midwives assisting with the birth and everyone else can be outside of the delivery room as a way of respecting the women in labour. These findings are consistent with those of a study by Mapumulo, Haskins, Luthuli, et al. (2021) where the pregnant women reported that there was lack of privacy and confidentiality in PHC facilities which discouraged pregnant women to use PHC facilities.

5.3.3 Service delivery concerns

Service delivery concerns were expressed by the study as one of the common problem pregnant women encounter at PHCs, resulting in services bypassing in PHC clinics. The experiences of pregnant women pre labour affect the utilization of PHC facilities by pregnant women during labour. Based on the findings, the standard of ANC at PHC facilities was seen as inadequate by pregnant women. Long waiting times was expressed as problem and a shortage of health care professionals experienced by pregnant women during the ANC sessions contributed to the reluctance of pregnant women to use these services. Literature indicates that improving ANC

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quality and reducing waiting times can enhance trust and utilization of PHC services (Williams & Smith, 2020). Effective and efficient ANC services are essential for building trust in the health care system and ensuring that pregnant women feel safe and supported during labour (Mapumulo, et al., 2021).

It is essential to note that pregnant women do not suddenly decide not to utilize PHC facilities; however, it is a build-up of factors and experiences that drive them to a conclusion of not utilizing these PHC facilities. These findings are supported by Mapumulo, et al. (2021) who reported that attitudes of pregnant women towards PHC facilities are shaped by their knowledge and previous encounters with health care services that they have received in these facilities. The pregnant women feel that if they cannot be taken care of during check-ups, how can they now be taken care of in labour? PHC facilities need significant improvements to gain the trust of pregnant women. Many women expressed deep respect for the labour process and perceived PHC facilities as more susceptible to complications. As a result, they were unwilling to risk their own lives and those of their unborn babies by seeking care at these facilities. These findings are congruent with those of study conducted on the Ghanian health care by Park et al. (2022), which indicated health care facilities in the patients' local community that are perceived to offer poor or unsuitable care are frequently bypassed, with most patients flocking towards more distant private or tertiary-level hospital facilities with confidence that they would be provided with services of better quality care.

5.4 RESOURCE-RELATED BARRIERS TO GIVING BIRTH IN CLINICS

5.4.1 Insufficient competent human resources

A critical barrier was the shortage of skilled health care workers at PHC facilities. The pregnant women realised that at a PHC facility they might have to relying on a single nurse during labour. This shortage of human resources in PHC facilities couples with the lack of medical practitioners for emergencies increased the anxiety of the pregnant women and their preference for hospital births. The findings in this study highlighted that observation of pregnant women on the workload of health care workers and their shortage thereof reduces trust on PHC facilities. These findings are consistent with those of Yoseph, Teklesilasie, Guillen-Grima, et al., (2024) where it was reported that a shortage of competent health care workers in PHC settings is a significant barrier to effective maternal care. Pregnant women in this study feared not receiving adequate patient care in PHC during labour because these facilities do not have adequate staff. The scene of having one health worker assisting them in ANC sessions and not having a doctor in the PHC

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facilities reduced their confidence of utilizing PHC during labour. Yoseph, et al., (2024) further report that lack of adequately trained staff not only increases the risk of complications but also diminishes the confide nce of pregnant women in the services provided by PHC facilities (Yoseph, et al., 2024).

5.4.2 Inadequate physical resources

The lack of essential medical equipment and infrastructure at PHC facilities also deterred women. The pregnant women indicated that the absence of foetal monitoring devices, pain relief options, and backup systems during power outages (e.g., load shedding) were significant issues. There is a serious mistrust of PHC facilities by pregnant women. Their experiences and observations when they get assisted in PHC results in reduced confidence in these facilities. Pregnant women do not want to put themselves at risk by utilizing PHC during labour so they would rather go to the hospital. The pregnant women have also seen cases where there are complications in the PHC facilities that were a result of having inadequate equipment and they do not want to find themselves in a helpless situation during labour.

A study by Bezu, et al. (2021) supports the findings of this study as they reported that that inadequate physical resources in PHC facilities lead to higher rates of hospital births and maternal complications. The findings in this study indicate that there is lack of attention given to PHC facilities in terms of providing them with adequate equipment. There are situations where there is no electricity in PHC facilities due to load shedding; it is ten evident that a midwife cannot assist a pregnant woman in labour without electricity. Therefore, the inadequacy of equipment reduces safe and effective childbirth at PHC facilities. These findings are further supported by Bezu, et al. (2021) who alluded that the availability of essential medical equipment and infrastructure is crucial for ensuring safe and effective childbirth at PHC facilities.

5.5 VIEWS ON ADDRESSING BARRIERS TO GIVING BIRTH IN CLINICS

5.5.1 Investing in human resources

The findings of this study discovered the need to invest in human resources as one of the recommendable ways to address barriers to giving birth in PHC clinics. Various studies show the efforts made to ensure this intent. Various programmes have been implemented in South Africa

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to ensure the revitalisation of the PHC through standardising systems and methods including improved infrastructure, staffing, records, treatment protocols and governance in the running of the PHC system to ensure provision of quality health care services (Bezu, et al., 2021). This recommendation emphasized the need to employ more staff, including nurses and doctors, to ensure clinics operate 24 hours, enhancing emergency response during nighttime hours. Additionally, investing in the training of existing staff was suggested to improve competency in health care service delivery. According to Bweupe (2021), PHC clinics establishment is accompanied by a the concept of 24 hours operation, which commends that these facilities should provide PHC services even during nights, especially such as maternity, accident and emergency services.

5.5.2 Investing in physical resources

This study established investing in physical resources as a recommended way of dealing the barriers of PHC facilities' utilization. Recommended resources included the purchase of necessary machinery, as well as training end using staff members for the use, such as nurses. These resources are regarded as medical equipment that are expected to clinic more reliable in terms of quality services and safety. Pain management assistance for pregnant women during labour is one of the expected benefits from the said equipment. Machines in this case would also be information bots that are expected to share relevant information with pregnant women regarding their health and management choices (Bweupe, 2021).

Little is known and available in the literature about this phenomenon. A study by Freeland, et al., 2023) expressed that problems with service delivery in clinics are exacerbated by shortage of medical equipment such as blood pressure and blood sugar level monitoring machines, which contributes to long patient waiting times. On the same note, Freeland, et al. (2023) study reported that millions of South African communities, especially those who are rural based, are deprived of deserved health care services due to various factors, including those inherited from the apartheid regime, such as a disorganised, incompetent and inefficient health care structure, non-modernised and mismanaged resources, meagre and unequal dispersal of services.

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5.6 CHAPTER SUMMARY

This chapter of the study discussed the findings of the study, deliberating on subject themes discovered by the study which included patient-related barriers to giving birth in clinics, service-related barriers to giving birth in PHC facilities, resource-related barriers to giving birth in clinics and views on addressing barriers to giving birth in clinics, these were exhaustively discussed by sub-themes that developed The discussion was supported by relevant literature from other related research studies

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CHAPTER 6

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

6.1 INTRODUCTION

Building on the previous chapter which analysed the study's findings in relation to existing literature, this chapter explores recommendations for the research problem, discusses the study's limitations that may have influenced the results, and presents concluding remarks based on the findings. The purpose of this study was to determine the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

6.2 ACHIEVEMENT OF OBJECTIVES

This study's objectives were outlined in Chapter 1 and the results of the study managed to address the set study's objectives. The objective of the study was to determine the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province. This objective was achieved, as barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province were described by post-natal women who visited PHC facilities three to six days after delivery. Recommendations to address these barriers to were also provided through the exploration of this study objective.

6.3 SUMMARY

A qualitative research approach following an exploratory design was used in this study to determine the barriers to utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province. The inclusion criteria of the study population were post-natal women who visited selected PHC facilities for post-natal care services three to six days after delivery, in Greater Giyani Local Municipality. Analysis was done following the six steps of the Tesch's approach of data analysis as cited in Tshivhase (2025). The description of the chapters in this study is provided in Table 4.1.

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Table 6.1: A brief presentation of the findings of the study

Chapter	Description
1	The study introduced the background of the study in Chapter 1. The chapter discussed the problem statement, objective and question, and the Theory of planned behaviour which was used to conceptualise the study. The purpose of the study was to determine the barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province. The reviewed literature relevant to the study was described in support the background of the study.
2	Chapter 2 encompasses a detailed description of reviewed literature in relation to barriers to utilization of primary health care facilities by pregnant women during labour.
3	In Chapter 3, a detailed research methodology of the study was outlined. The methods, designs, settings, ethical considerations and measures to ensure trustworthiness were discussed in relation to the study. A qualitative approach, following an exploratory design was used in this study. Non-probability, purposive sampling was used to select five PHC facilities, as well as convenient sampling to select 30 participants. Data was collected by means of face-to-face semi-structured Interviews which involved the use of audio recording and transcription of dialogues.

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4	Chapter 4 involved the presentation and discussion of the results of the study, concluding with achieved objectives outlined in Chapter 1. The demographic data of participants were discussed and the results were presented in form of themes and the sub-themes, reflecting the barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province. The results were presented through the 4 themes: • Patient-related barriers to giving birth in the clinics • Service-related barriers to giving birth in clinics • Resource-related barriers to giving birth in clinics • Participants' views on how to address barriers to giving birth in clinics The described themes were in accordance with the findings of the study as expressed by the interviewed participants.
5	This chapter focused on the discussion of the findings of the study, which were discussed using existing literature related to this study's subject.
6	This chapter outlined and deliberated the summary, limitations, recommendations and conclusion of the study.

6.4 LIMITATIONS OF THE STUDY

The study was conducted in the three hospitals of Mopani District. The selected PHC facilities included Hlaniki clinic, Kremetat clinic, Giyani CHC, Mapayeni clinic and Kheyi clinic. Thus, the study findings may not be ideally applied to other similar facilities not included in this study. Data were collected from the post-natal women who visited selected PHC facilities for post-natal care services three to six days after delivery. The interviews were conducted with participants who gave consent for participation and for the audio recording of the interviews. While all the selected participants were keen to participate, some of them were worried about spending extended time at the facilities due to the interviews which depended on their consultation time. This led to some of the researched questions not to be exhaustively answered with the participants' intent to save time. The study used non-probability convenience sampling was used to select 30 post-natal women who visited selected PHC facilities for post-natal care services, who had different views from each other. Women who recently gave birth may experience symptoms such as bodily pain and post-natal stress which may have reasonably affected how they related and responded the

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interview questions.

6.5 RECOMMENDATIONS

As per the findings, it is important to improve the standard of services in the health care facilities through investing in human and physical resources through the employment of nurses and doctors, as well as the purchasing of medical equipment such as machinery. The competence of the health care professionals serving at these facilities may be improved through regular training of these professionals.

6.5.1 Recommendations for investing in human resources through the employment and training of competent health care service providers

The results of this study revealed the shortage of competent staff members at PHC facilities to be a barrier to utilization of PHC facilities by pregnant women during labour in PHC facilities in Mopani District, Limpopo Province. The findings recommended nurses and doctors specifically, who would be employed and be able to work at the PHC facilities for twenty-four hours. If this recommendation is accomplished, pregnant women may be confident enough to utilize the PHC facilities for pregnancy related services.

6.5.2 Recommendation for invest in physical resources through the procurement of medical equipment

This study results revealed a shortage of physical resources such as medical machinery and pain-relieving medication to assist pregnant women during pregnancy to allow for a reduced pain and digitally support delivery which would imply a safe, effective and comfortable delivery for these women. The study further recommended the health care service providers to be trained to use these recommended resources. Accomplishing this recommendation may help suffice the WHOs recommendation to have a health care facility within a 5 km radius of reach for community members (Dlangalala, et al., 2024), as pregnant women would be freely consult to these PHC facilities and not bypass to hospitals, as these facilities would be well equipped with resources.

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6.5.3 Recommendations for policy makers

The researcher further recommends policy makers to refer to the findings of this study, health care professionals in PHC facilities and pregnant women to gather evidence-based information to use to develop effective policies meant to enhance PHC facilities in dealing with barriers to utilization of PHC facilities by pregnant women during labour in PHC facilities in Mopani District.

6.5.4 Recommendations for future research

While this study explored barriers to utilization of PHC facilities by pregnant women during labour in PHC facilities in Mopani District, Limpopo Province, it is recommended for more research be conducted on subjects related to this topic using different settings and approaches to generate more knowledge on the phenomenon.

6.6 CONCLUSION

In the Mopani District of Limpopo Province, several barriers hinder pregnant women from using PHC facilities during labour. These obstacles stem from their personal experiences at PHC facilities, either during childbirth or antenatal care sessions. Additionally, word-of-mouth and shared feedback among pregnant women contribute to these challenges. Some women choose to avoid PHC facilities entirely based on negative experiences recounted by others, leading to a significant decline in trust in these healthcare centres. The long waiting times, shortage of staff and equipment has reduced the confidence of pregnant women in utilizing PHC facilities during labour. Therefore, pregnant women have concluded that PHC facilities do not have the capacity to have effective childbirth. The PHC facilities were also reported to not open 24 hours a day, seven days a week has also been highlighted as a barrier. So pregnant women directly visited the hospital because they knew that the PHC facility would be closed. There were several referrals at the PHC facilities, so to save time and money and for the fear of being referred while close to giving birth; pregnant women in the Mopani District directly bypassed to the hospital.

Therefore, the barriers of utilizing PHC facilities in the Mopani District and as a result pregnant women experiences at the PHC facilities which were deemed unsafe and ineffective. However, the pregnant women alluded that there should be improvements in PHC facilities such as quality patient care and having adequate resources to effectively utilize the PHC facilities during labour. It is therefore recommended that PHC facilities be improved to meet the standard that allows

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effective provision of the care needed by pregnant women during labour. Pregnant women in the Mopani District were familiar with PHC facilities but often choose to bypass them in favour of hospitals, despite PHC facilities being more accessible and closer to their homes. Therefore, addressing these barriers through better service delivery, adequate resources, and comprehensive care may increase the utilization of PHC facilities and improve health outcomes for mothers and babies in the region. To enhance the utilization of PHC facilities for childbirth, it is essential to address these identified barriers comprehensively and ensure that pregnant women feel confident and supported in the care provided at these facilities.

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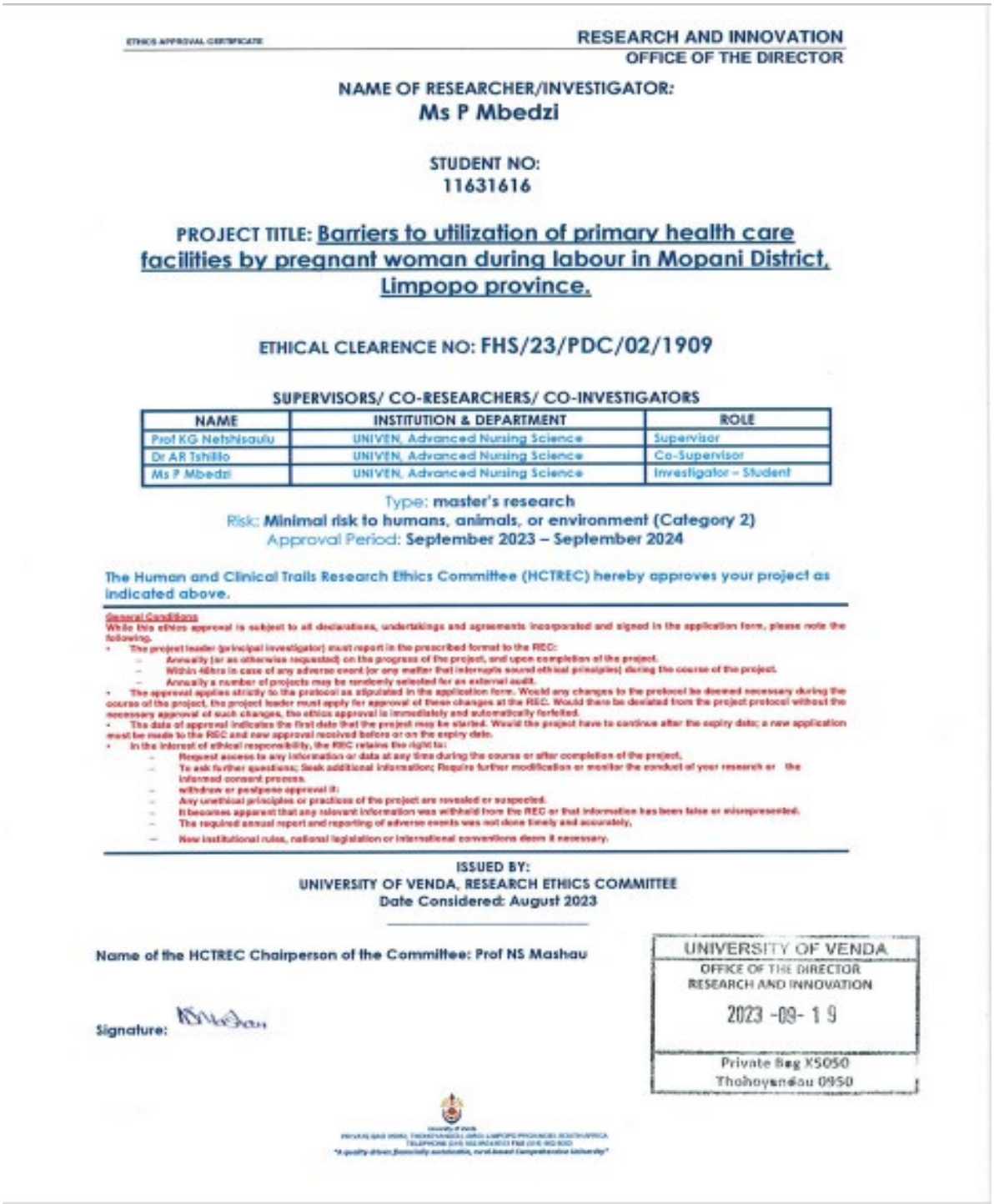
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APPENDISES

APPENDIX A: ETHICAL CLEARANCE CERTIFICATE



ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms P Mbedzi

STUDENT NO:
11631616

PROJECT TITLE: **Barriers to utilization of primary health care facilities by pregnant woman during labour in Mopani District, Limpopo province.**

ETHICAL CLEARENCE NO: **FHS/23/PDC/02/1909**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof KG Netshisaulu	UNIVEN, Advanced Nursing Science	Supervisor
Dr AR Tshillo	UNIVEN, Advanced Nursing Science	Co-Supervisor
Ms P Mbedzi	UNIVEN, Advanced Nursing Science	Investigator – Student

Type: **master's research**
Risk: **Minimal risk to humans, animals, or environment (Category 2)**
Approval Period: **September 2023 – September 2024**

The Human and Clinical Trails Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project.
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately.
  - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2023

Name of the HCTREC Chairperson of the Committee: Prof NS Mashau

Signature:

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2023 -09- 19
Private Bag X5050
Thohoyandou 0950

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APPENDIX B: LIMPOPO PROVINCE PERMISSION REQUEST LETTER

University Road

Thohoyandou Limpopo

0950

02 August 2023

District Manager

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request for your permission to conduct a research study in PHC facilities of Limpopo Province, in Vhembe District. The title of the study: **Barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province**.

The purpose of this study is to determine barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province. This study plans to have 30 post-natal women who will visit 5 selected PHC facilities for post-natal care services three to six days after delivery, as participants. Data collection will be through interviews that are estimated to take a period of approximately 20 minutes with each participant.

The study will be conducted to fulfill the requirement for the degree, Masters of Nursing of the Faculty of Health Sciences in the University of Venda.

Student researcher: **Mbedzi Phathutshedzo (11631616)**

Supervisor **Netshisaulu KG**

Co-Supervisor:

Institution: **University of Venda**

Correspondence: **Phathumbedzi50@gmail.com / 076 318 1799**

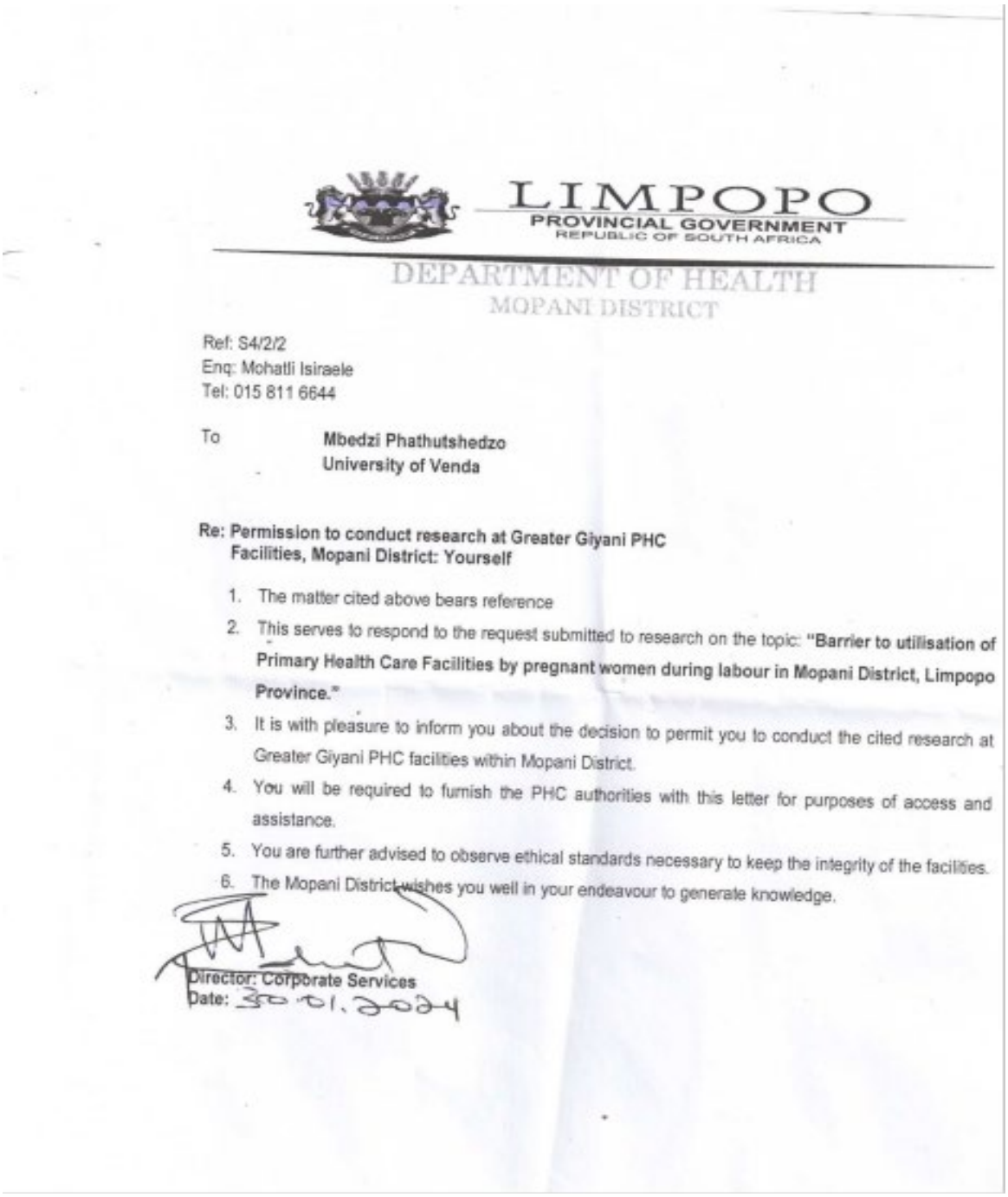
Your written permission will be warmly welcomed and appreciated.

Yours Faithfully

Mbedzi Phathutshedzo

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APPENDIX C: LIMPOPO PROVINCE PERMISSION GRANT LETTER



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MOPANI DISTRICT

Ref: S4/2/2
Enq: Mohatli Isiraele
Tel: 015 811 6644

To Mbedzi Phathutshedzo
University of Venda

Re: Permission to conduct research at Greater Giyani PHC Facilities, Mopani District: Yourself

1. The matter cited above bears reference
2. This serves to respond to the request submitted to research on the topic: **"Barrier to utilisation of Primary Health Care Facilities by pregnant women during labour in Mopani District, Limpopo Province."**
3. It is with pleasure to inform you about the decision to permit you to conduct the cited research at Greater Giyani PHC facilities within Mopani District.
4. You will be required to furnish the PHC authorities with this letter for purposes of access and assistance.
5. You are further advised to observe ethical standards necessary to keep the integrity of the facilities.
6. The Mopani District wishes you well in your endeavour to generate knowledge.

Director: Corporate Services
Date: 30.01.2024

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APPENDIX C: MOPANI DISTRICT PERMISSION REQUEST LETTER

University Road
Thohoyandou Limpopo
0950

02 August 2023

District Manager

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request for your permission to conduct a research study in PHC facilities in Vhembe district. The title of the study: **Barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province**.

The purpose of this study is to determine barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province.

This study plans to have 30 post-natal women who will visit 5 selected PHC facilities for post-natal care services three to six days after delivery, as participants. Data collection will be through interviews that are estimated to take a period of approximately 20 minutes with each participant.

The study will be conducted to fulfill the requirement for the degrees Masters of Nursing of the Faculty of Health Sciences in the University of Venda.

Student researchers: **Mbedzi Phathutshedzo (11631616)**

Supervisor **Netshisaulu KG**

Co-Supervisor:

Institution: **University of Venda**

Correspondence: **Phathumbedzi50@gmail.com / 076 318 1799**

Your written permission will be warmly welcomed and appreciated.

Yours Faithfully

Mbedzi Phathutshedzo

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APPENDIX D: MOPANI DISTRICT PERMISSION GRANT LETTER

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2023-11-006
Enquires : Mr Legodi P
Tel : 015-293 6028
Email : naledzani.ramalivhana@dhsd.limpopo.gov.za

Mbedzi P

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

BARRIERS TO UTILIZATION OF PRIMARY HEALTH CARE FACILITIES BY PREGNANT WOMEN DURING LABOUR IN MOPANI DISTRICT, LIMPOPO PROVINCE

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the offices of District Executive Managers a week before the study is conducted.
   b. This permission is **ONLY** for Selected PHC Facilities in Mopani district.
   c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   f. The approval is only valid for a 1-year period.
   g. If the proposal has been amended, a new approval should be sought from the Department of Health
   h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

4/12/2023

Head of Department **Date**

pp

Private Bag X9302, Polokwane

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APPENDIX E: INFORMATION SHEET

Letter of Information

Title of the Research Study:

Barriers to utilization of primary health care facilities by pregnant women during labour in Mopani District, Limpopo Province

Principal Investigator/s/ researcher:

Mbedzi Phathutshedzo, Honours in Nursing

Co-Investigator/s/supervisor/s: Netshisaulu KG,

Brief Introduction and Purpose of the Study:

This study will determine barriers to the utilization of PHC facilities by pregnant women during labour in Mopani District, Limpopo Province.

Outline of the Procedures:

If you decide to participate in this research study, you will be requested to sign a consent form as a way to agree to participate in this study. 30 pregnant women will be selected at the selected facilities in Mopani District. This study will take place at the selected PHC facilities. One-to-one interviews will be used to collect data from participants. The interviews will be administered in other native languages to accommodate non-English speakers.

Risks or Discomforts to the Participant: This survey study will not cause you any discomfort.

Benefits:

There will be no direct benefit to you for participation in this study but the information from the study will help in preventing and further bypassing of PHC facilities.

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Reason/s why the Participant May Be Withdrawn from the Study:

You will be stopped from participating if you become ill or fail to comply with the rules of participation, and you will also be allowed to stop participating whenever they wish to. Stopping your participation because of illness, failing to comply with rules of participation or other reasons will not lead to your punishment or harm.

Remuneration

You will not receive any payment such as money or anything else for participating in this study.

Costs of the Study

You will not be asked to pay for any cost for this study, but the researcher will be responsible for every cost of the study.

Confidentiality

The researcher will treat your information with privacy by appointing code names or numbers to you instead of using your real names on the survey questionnaire. The collected information will be kept in a safe place and it will only be shared by the order of the law for reasons to protect you or someone else.

Research-related Injury

This survey study will not cause you any discomfort.

Persons to contact in the event of any problems or queries:

Please contact the researcher on 076 318 1799, my supervisor on 0159628341 or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za.

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APPENDIX F: INFORMED CONSENT

Informed Consent

Consent

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher (*name of researcher*), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:

I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.

In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.

I may, at any stage, without prejudice, withdraw my consent and participation in the study.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I, ……..	**……**	**…….**	**……**

(*Name of researcher*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

…….. Date**……** Signature**……**

Full Name of Witness (If applicable)

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…… Date…… Signature……..

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

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APPENDIX G: INDEPENDENT CODER CERTIFICATE

Dr Annatjie van der Wath (M Cur, PhD) annavdw@mweb.co.za

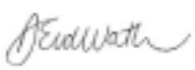
CODING CERTIFICATE

Qualitative Data Analysis

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: 30 individual interview transcripts for the study titled:

Barriers to utilization of primary health care facilities by pregnant women during labor in Mopani District, Limpopo province

I declare that the candidate, Mbedzi P, and I have reached consensus on the major themes and categories as reflected in the findings during a consensus discussion.



Annatjie van der Wath (M Cur, PhD) annavdw@mweb.co.za

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APPENDIX H: SAMPLE OF A PARTICIPANTS' INTERVIEWs TRANSCRIPT

Interviewer: What are the barriers that cause women not to give birth in clinics when they're in childbirth according to you?

Participant: during the night we found that the clinic is not working, and it's far from our homes. So, when we need help urgently, we have no choice but to go to the hospital, which is quite a distance away from our place so we have no choice but to hire a transport to hospital for child birth

Interviewer: Personally, would you consider giving birth at a clinic, and why?

Participant: No, due to poor service such as working hours. Most of the emergency time, we found that it's not possible to get help during the night. It means we have to go to the hospital, which is far from our place, and it ends up not being free to get a free service. We used to hire transport for self-referrals to hospital.

Interviewer: How can we better the situation to avoid such?

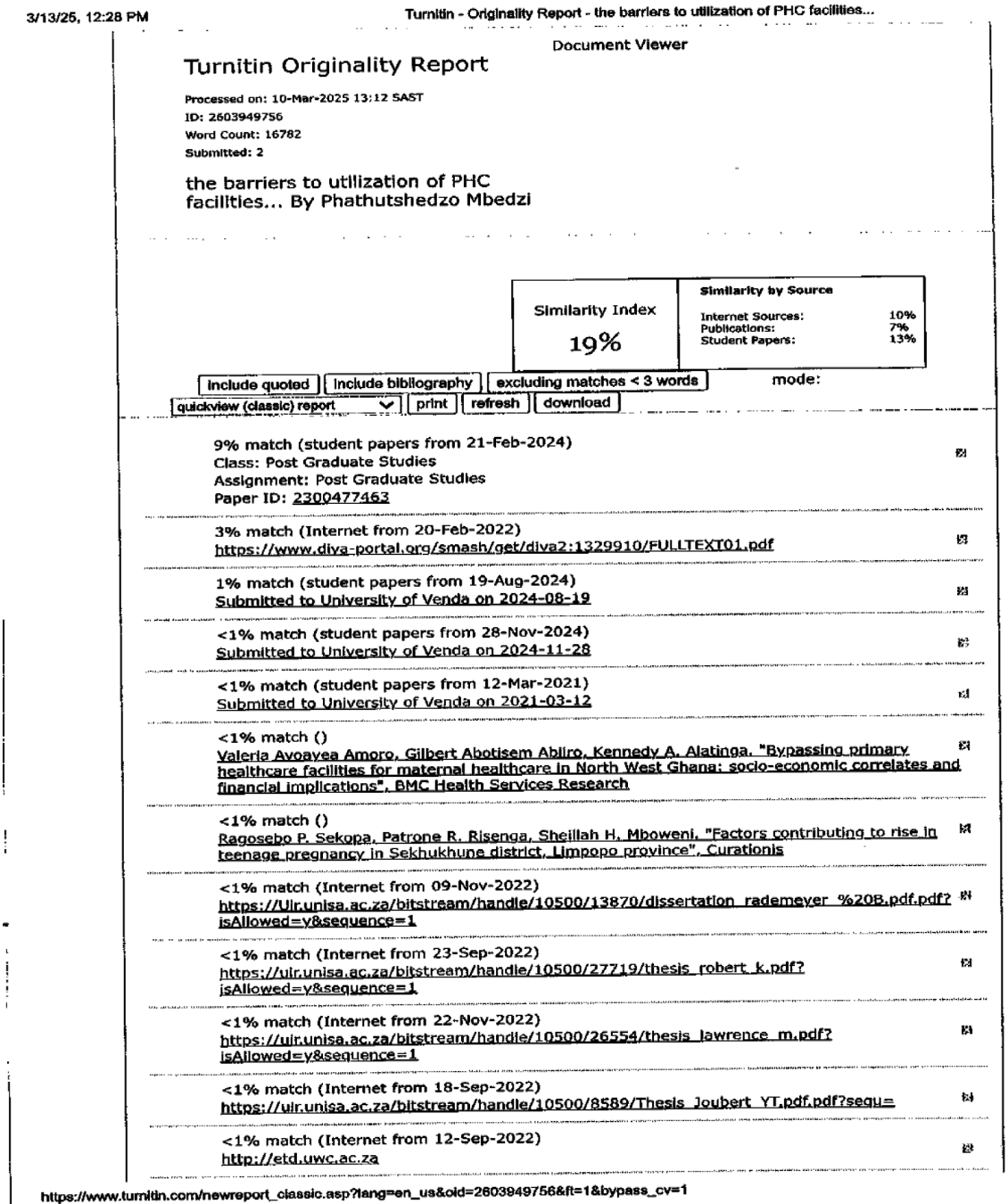
Participant: The government should employ more nurses so that the working hours can be 24/7, to accommodate emergencies and people who cannot travel to hospitals (most especially during the night) due to lack of transportation and distance.

Interviewer: May you please explain why you ended up giving birth at a hospital rather than at your nearest clinic?

Participant: since our clinic doesn't t work at night the only choice I have was to go to the hospital so that I can get help

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APPENDIX I: TURNITIN REPORT



3/13/25, 12:28 PM Turnitin - Originality Report - the barriers to utilization of PHC facilities...

Document Viewer

Turnitin Originality Report

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the barriers to utilization of PHC facilities... By Phathutshedzo Mbedzi

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APPENDIX J: LANGUAGE EDITING CERTIFICATE

RMT Data Analysis and Editing Services

: 073 1939 173 : Bakalirudzani@gmail.com

Address: 240 cnr Marija & Pafuri Ave, Sinoville , Pretoria, 0182, South Africa

This is to certify that this thesis

in fulfilment of the requirements for the degree

Master in Nursing

at the University of Venda

P Mbedzi

Student number: 11631616

has been edited by

Rudzani Octovia Bakali

The English text and the thesis structure has been

Includes the following:

Dedication, Declaration, Acknowledgement, Abstract

Chapter 1 – Chapter 6

Date: *20 February 2025*

RMT Data Analysis and Editing Services

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