

Factors Influencing Nulliparous Women Experiences During Pregnancy and Childbirth in Selected Healthcare Facilities in Otukpo Local Government Area, Benue State

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Abstract

This study examined the factors influencing the pregnancy and childbirth experiences of nulliparous women attending antenatal care clinics in selected health facilities in Otukpo Local Government Area of Benue State, Nigeria. Specifically, the study assessed the common experiences of nulliparous women during pregnancy and childbirth, identified factors influencing these experiences, examined the role of healthcare providers, and explored coping strategies adopted to enhance maternal experiences. A descriptive cross-sectional survey research design was adopted, using a quantitative approach. The study population comprised registered nulliparous women attending antenatal care clinics in selected primary healthcare facilities, from which a sample size of 112 respondents was determined using Taro Yamane's formula; however, 109 valid questionnaires were retrieved and analyzed. Data were collected using a structured questionnaire adapted from antenatal care exit surveys and analyzed using descriptive statistics (frequencies and percentages) and inferential statistics (regression analysis) to test the stated hypotheses. Findings revealed that the majority of respondents experienced physical discomforts such as nausea, fatigue, body aches, anxiety, and fear of labour, indicating both physical and psychological vulnerability among first-time mothers. Social support, educational level, and socioeconomic status positively influenced pregnancy and childbirth experiences, while fear of the unknown, body changes, health status, and negative healthcare provider attitudes were identified as major challenges. Healthcare providers played a significant role in shaping maternal experiences through clear communication, supportive attitudes, and professional competence, although gaps remained in cultural sensitivity and individualized care. Coping strategies such as participation in antenatal education sessions, peer support groups, stress-management techniques, and childbirth preparation were found to significantly enhance women's experiences. Regression results confirmed that education, income, healthcare provider roles, and coping strategies significantly predicted pregnancy and childbirth experiences, while age and marital status were not significant. The study concludes that pregnancy and childbirth experiences of nulliparous women in Otukpo are shaped by a complex interaction of physical, emotional, social, socioeconomic, and healthcare-related factors. Strengthening antenatal education, social support systems, respectful maternity care, and structured coping strategies is essential to improving maternal experiences and outcomes among first-time mothers.

Keywords: Nulliparous women, Pregnancy, Childbirth, Antenatal care, Maternal experiences, Nigeria.

BACKGROUND TO THE STUDY

Motherhood comes with many sacrifices, and one of the most significant is the pain of childbirth. Childbirth is a remarkable and unforgettable experience in a woman's life, regardless of the number of births she has had or the timing of each one (Kaegbu *et al.*, 2018). However, the experience of labour pain is unique to each woman and often seen as a moment worthy of celebration (Whitburn *et al.*, 2019). Despite this, childbirth remains one of the most intense and painful experiences for many women,

and only the woman in labour can truly describe the extent of her pain. As a pregnant woman's due date approaches, the anticipation of labour pain often occupies her thoughts (Morara, 2018).

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Fear and anxiety surrounding childbirth can prevent many women from fully embracing this experience, contributing to increased maternal mortality rates. Labour itself is a natural process involving a series of events within the uterus and vagina that facilitate the delivery of the baby into the world (Garg & Vanitha, 2019).

The experiences of nulliparous women during pregnancy and childbirth are influenced by various factors that affect their physical and emotional well-being, as well as their overall satisfaction with care (Anyanwu *et al.*, 2020). Understanding these factors is essential for improving maternal health outcomes and ensuring positive experiences during this critical life stage.

According to Owolabi *et al.* (2022), the quality of antenatal care is a primary factor shaping these experiences. Antenatal care involves regular medical and nursing attention during pregnancy to monitor maternal and fetal health, prevent complications, and provide necessary interventions. This is particularly important given that an estimated 25% of maternal deaths occur during pregnancy, with variations based on factors such as unsafe abortion, violence, and disease prevalence (Morhason-Bello *et al.*, 2019). Additionally, pre-existing health conditions can worsen during pregnancy, as a third of pregnant women reported illness, and 3% required hospitalization (Okogbe *et al.*, 2020).

Pregnancy also introduces physiological changes that increase susceptibility to health issues such as hypertension, anemia, back pain, carpal tunnel syndrome, and constipation (American Pregnancy Association, 2021). Access to comprehensive antenatal care including regular check-ups, education on pregnancy and childbirth, and timely medical interventions can significantly enhance women's experiences. Moreover, healthcare providers' attitudes and behaviour play a crucial role; respectful and supportive care fosters positive experiences, while neglect or mistreatment can lead to negative outcomes (Aziz *et al.*, 2020).

Furthermore, social support networks, including family, friends, and community members, can influence women's experiences during pregnancy and childbirth. Emotional support, practical assistance, and encouragement from these networks can positively impact women's well-being and their overall experiences. Conversely, lack of support or negative social influences can contribute to stress and dissatisfaction. Cultural beliefs and practices also play a significant role in shaping women's experiences during pregnancy and childbirth. Cultural norms related to childbirth practices, traditional rituals, and perceptions of pregnancy can influence how women perceive their experiences (Bolarinwa *et al.*, 2021).

Additionally, socioeconomic factors such as income level, education, and access to resources can impact the quality-of-care women receive during pregnancy and childbirth as well as individual characteristics such as age, previous exposure to childbirth experiences through family or community members, and personal health status can also influence women's experiences during pregnancy and childbirth. Understanding the complex interplay of these factors is essential for developing effective interventions and policies aimed at improving the experiences of nulliparous women during pregnancy and childbirth.

Statement of the Problem

Despite efforts to improve maternal and child health outcomes, maternal morbidity and mortality rates remain high during pregnancy and childbirth. In developing countries like Nigeria, limited social support networks including family, friends, and community support pose a significant challenge for pregnant women (Dzomeku *et al.*, 2020). These support systems play a crucial role in shaping women's experiences, especially for first-time mothers (nulliparous), as pregnancy and childbirth can have a profound physical and emotional impact.

Previous research indicated that some common factors like anxiety and depression can adversely affect maternal health and fetal development. A study found that higher levels of anxiety were correlated with negative childbirth experiences (Sullivan *et al.*, 2022). Furthermore, self-efficacy the belief in one's ability to manage pregnancy-related challenges has been shown to positively influence women's perceptions of their pregnancy journey (Lindgren *et al.*, 2021). Cultural beliefs and practices can also play a pivotal role in shaping how nulliparous women perceive pregnancy and childbirth. A qualitative study published in Culture, Health & Sexuality explored how cultural norms indicate expectations around motherhood, which can lead to stress or anxiety if personal experiences do not align with societal expectations (Khan *et al.*, 2023). Additionally, cultural attitudes towards healthcare providers can influence how women engage with antenatal care services.

Despite the growing body of research on factors influencing nulliparous women experiences during pregnancy and childbirth, there remains a notable gap in literature regarding inter-sectionalists, the ways in which various social identities such as race, socioeconomic status, and education level interact to influence experiences among nulliparous women. Most studies tend to focus on singular factors without considering how they intersect. This oversight limits our understanding of how diverse backgrounds affect women's experiences during pregnancy

and childbirth. Furthermore, there is limited research on the various factors that may influence these experiences. Therefore, it is important to identify and understand these factors in order to improve the overall experience of nulliparous women during pregnancy and childbirth. It is in view of the above that the researcher wishes to investigate the factors influencing the experiences associated with pregnancy and childbirth among nulliparous women attending antenatal care clinics in selected health facilities in Otukpo, local government area, Benue State, Nigeria.

Therefore, the exact problem this study seeks to solve is to bridge this knowledge gap by identifying and examining the multifaceted factors physical, emotional, cultural, social, and healthcare-related that shape the pregnancy and childbirth experiences of nulliparous women attending antenatal care clinics in selected health facilities in Otukpo, local government area, Benue State, Nigeria. The study aims to provide context-specific insights that will inform the development of interventions tailored to the needs of first-time pregnant women in this setting.

Research Questions

The following research questions were raised to guide the study:

- i. What are the common experiences associated with pregnancy and childbirth among nulliparous women in Otukpo, Benue State, Nigeria?
- ii. What are the common factors influencing the experience of nulliparous women during pregnancy and childbirth in Otukpo, Benue State, Nigeria?

Aim and Objectives of the Study

This study is aimed at investigating factors influencing the experiences associated with pregnancy and childbirth among nulliparous women attending antenatal care clinics in selected health facilities in Otukpo, Benue State, Nigeria. The specific objectives were to;

- i. Examine the common experiences of nulliparous women during pregnancy and childbirth in Otukpo, Benue State, Nigeria.
- ii. Identify factors influencing the experiences of nulliparous women during pregnancy and childbirth in Otukpo, Benue State, Nigeria.

Research Hypotheses

The null hypothesis was tested at 0.05 level of significance to guide the study;

- I. There is no significant relationship between selected socio-demographic characteristics (Age, Educational level and marital status) and the experiences of

pregnancy and childbirth of nulliparous women in Otukpo LGA.

LITERATURE REVIEW

This chapter deals with the review of related literature on the subject matter of this research. For the sake of clarity, the review is done under three major sections which are conceptual review, empirical review and theoretical framework.

Conceptual Review

This section contains conceptual clarification of key works and issues as related to the study.

Conceptual Clarification

Nulliparity

Nulliparity refers to the state of never having given birth to a child. The term is derived from the Latin word "Nullipara," which means "not bearing offspring." Nulliparity is used in medical and demographic contexts to describe women who have not experienced childbirth. It is an important concept in obstetrics and gynecology, as well as in studies related to fertility, reproductive health, and maternal mortality (Onyekwulu *et al.*, 2017). In medical practice, nulliparity is considered when assessing a woman's obstetric history and evaluating potential risks during pregnancy and childbirth. For example, nulliparous women may have an increased risk of certain pregnancy complications, such as preeclampsia or cesarean delivery.

Dhakai *et al.*, (2018), opined that, nulliparous is a fancy medical word used to describe a woman who hasn't given birth to a child. It doesn't necessarily mean that she's never been pregnant, someone who's had a miscarriage, stillbirth, or elective abortion but has never given birth to a live baby is still referred to as nulliparous.

According to Ifeanyi – Chukwu *et al.* (2016), nulliparity refers to a woman of reproductive age who has never given birth to a live baby. This term is used in medical contexts to describe women who have not experienced childbirth, regardless of whether they have been pregnant before or not. A nulliparous woman may have had pregnancies that ended in miscarriage, stillbirth, or elective abortion, but she has not delivered a live baby.

Nulliparity does not mean that the woman was never pregnant. It means that she did not give birth to a child at 20 weeks' gestation or later. There could be many reasons that a woman is nulliparous. The cause of nulliparity could be by choice, the use of abortion, infertility, or even due to miscarriage. Regardless of the reason for being a nulliparous woman, certain situations can put

this population at a greater risk for other conditions. It could also be defined as a medical term used to refer to a condition or state in which a woman has never given birth to a child, or has never carried a pregnancy (Nwadike, 2020).

From the above definitions, nulliparity is therefore the condition or state of a woman of reproductive age who has never given birth to a child at a viable gestational age, regardless of whether she has ever been pregnant.

Childbirth

Birth is the process of bringing forth a child from the uterus, or womb. The prior development of the child in the uterus is described in the article human embryology. The process and series of changes that take place in a woman's organs and tissues as a result of the developing fetus are discussed in the article pregnancy (World Health Organization, 2020). Childbirth, also known as labor and delivery, is the process through which a baby is born. It involves a series of physiological and psychological changes in both the mother and the fetus, culminating in the expulsion of the baby from the mother's uterus. Childbirth can occur through either vaginal delivery or cesarean section (C-section), with vaginal delivery being the most common method. The process of childbirth is complex and involves several stages, including labor, delivery of the baby, and expulsion of the placenta. Throughout history, childbirth has been a significant event in human societies and has been surrounded by cultural practices, rituals, and beliefs (American College of Obstetricians and Gynecologists ACOG, 2020).

The process of childbirth typically begins with the onset of labor, during which the uterus contracts to dilate and efface the cervix, allowing the baby to pass through the birth canal. This stage is followed by the delivery of the baby, which may involve pushing efforts by the mother. Finally, the third stage involves the expulsion of the placenta, which occurs shortly after the baby is born (Weil, 2024). Childbirth can be accompanied by various medical interventions to ensure the safety and well-being of both the mother and the baby. These interventions may include pain management techniques, such as epidural anesthesia, as well as fetal monitoring to assess the baby's well-being during labor. In some cases, medical professionals may recommend a C-section if vaginal delivery poses risks to either the mother or the baby. The experience of childbirth can vary widely among individuals and can be influenced by factors such as cultural norms, socioeconomic status, access to healthcare, and individual preferences. Additionally, childbirth is a significant event in terms of its physical, emotional, and social impact on women and their families.

Deducing from the above, childbirth is the natural process by which a baby is brought forth from the mother's uterus, typically through vaginal delivery or, when medically necessary, by cesarean section.

Pregnancy

Pregnancy is the period during which a female carries a developing embryo or fetus in her uterus. It typically lasts around 40 weeks from the last menstrual period (LMP) to childbirth, and is divided into three trimesters. The first trimester spans from week 1 to week 12, the second trimester from week 13 to week 28, and the third trimester from week 29 to birth. Pregnancy occurs as a result of sexual intercourse, during which sperm fertilizes an egg released from the ovary during ovulation (Muheirwe & Nuhu 2019). The fertilized egg then travels down the fallopian tube to the uterus, where it implants in the uterine lining and begins to develop into an embryo. According to Cunningham (2018), during pregnancy, a woman's body undergoes numerous physiological changes to accommodate the growing fetus. These changes include hormonal fluctuations, weight gain, increased blood volume, and alterations in organ function.

Additionally, pregnancy is associated with various symptoms such as nausea, fatigue, breast tenderness, and mood swings. As the pregnancy progresses, the fetus develops from a tiny cluster of cells into a fully formed baby with functioning organs and systems. Pregnancy can be confirmed through various methods including home pregnancy tests, blood tests for human chorionic gonadotropin (HCG) levels, and ultrasound imaging. Prenatal care is essential during pregnancy to monitor the health of both the mother and the developing fetus. This involves regular check-ups with healthcare providers, prenatal vitamins, screening for genetic disorders, and lifestyle modifications to ensure a healthy pregnancy.

From the definitions above, it is therefore deduced that, pregnancy is the biological state in which a woman carries a developing embryo or fetus within her uterus, usually lasting about 40 weeks from the last menstrual period to childbirth.

Common Experiences during Pregnancy and Child Birth among Nulliparous Women in Nigeria

Pregnancy and childbirth are significant life events that bring about a range of experiences for nulliparous women, who are those experiencing their first pregnancy and childbirth. The common experiences associated with pregnancy and childbirth among nulliparous women have been extensively studied in the current literature. These experiences encompass physical, emotional, and social

aspects, understanding them is crucial for providing appropriate care and support to nulliparous women during this transformative period (Richens *et al.*, 2018).

Nulliparous women may encounter various changes and challenges during pregnancy and childbirth. These can include symptoms such as nausea, fatigue, back pain, and discomfort due to the growing fetus. The process of labor and delivery presents its own physical demands and potential complications. Research has delved into the physical experiences of nulliparous women during pregnancy and childbirth, exploring factors such as prenatal care, labor interventions, pain management, and postpartum recovery (Stoll *et al.*, 2018; Vedeler *et al.*, 2022). During pregnancy, nulliparous women may experience various physical changes in their bodies. These changes can include weight gain, hormonal fluctuations, morning sickness, fatigue, breast tenderness, and increased urination frequency (Okojie *et al.* (2018). As the pregnancy progresses, the growing uterus puts pressure on other organs, leading to discomfort and potential issues like back pain and heartburn.

Pregnancy and childbirth can evoke a wide array of feelings for nulliparous women. This may encompass excitement, anxiety, fear, joy, and a sense of empowerment or vulnerability. The emotional journey of pregnancy and childbirth is influenced by factors such as personal expectations, societal norms, cultural beliefs, and the support received from partners, family members, healthcare providers, and peers (Oladokun *et al.*, 2018). A study that examined the emotional experiences of nulliparous women throughout the stages of pregnancy and childbirth, shedding light on their psychological well-being, coping strategies, decision-making processes, and postpartum adjustment (Garg & Vanitha, 2019). Socially, nulliparous women navigate a complex web of interactions and relationships during pregnancy and childbirth. This can involve changes in roles and dynamics within their families, workplaces, communities, and healthcare settings.

Social support networks play a crucial role in shaping the experiences of nulliparous women as they transition to motherhood. Research has explored how social factors such as partner involvement, peer interactions, professional guidance, cultural practices, and societal attitudes impact the journey of nulliparous women through pregnancy and childbirth (Imakawa *et al.*, 2022). Nulliparous women may also face emotional and mental health challenges during pregnancy. Anxiety about labor and delivery, concerns about parenting, body image issues, and mood swings are common experiences. It is essential for healthcare providers to offer support and resources to address these

emotional aspects of pregnancy (Fawaz & Malas, 2018). Pregnancy and childbirth are significant life events that bring about numerous physical, emotional, and social changes for nulliparous women (women experiencing their first pregnancy) in Nigeria.

Other common experiences associated with pregnancy and childbirth among this population based on various literatures are.

Physical Experiences

Malnutrition is a prevalent issue among pregnant women in Nigeria due to poverty, food insecurity, and cultural practices. According to the World Health Organization (WHO), anaemia affects approximately 32% of pregnant women in Nigeria (World Health Organization, 2019). Malnutrition during pregnancy can lead to complications such as low birth weight, preterm birth, and developmental delays (Adeyemo *et al.*, 2018).

Pain and discomfort are common experiences during pregnancy and childbirth. Back pain, abdominal cramps, leg cramps, and pelvic pressure are some of the symptoms reported by nulliparous women in Nigeria (Ojo *et al.*, 2017). During labour, women may experience intense pain due to contractions that can last for hours or even days in some cases (Adeyemo *et al.*, 2018).

Obstetric complications such as pre-eclampsia, eclampsia, postpartum haemorrhage, and obstructed labor are common among nulliparous women in Nigeria (Adeyemo *et al.*, 2018). These complications can lead to maternal morbidity and mortality if not promptly addressed.

Postpartum recovery can be challenging for nulliparous women due to physical exhaustion, pain from delivery, and the demands of caring for a newborn baby (Ojo *et al.*, 2017). Women may also experience emotional ups and downs during this period due to hormonal changes and the transition to motherhood.

Emotional Experiences

Anxiety is a common emotional experience during pregnancy and childbirth among nulliparous women in Nigeria (Ojo *et al.*, 2017). Fear of labour pain, fear of childbirth complications, fear of being a good mother, and fear of the unknown can all contribute to anxiety during this time.

Depression is another emotional experience that can affect nulliparous women during pregnancy and after childbirth (Adeyemo *et al.*, 2018). Symptoms may include sadness, hopelessness, loss of interest in activities once enjoyed, difficulty sleeping or eating, feelings of worthlessness or guilt, thoughts of self-harm or suicide, or difficulty bonding

with the baby.

Stress is a common experience for nulliparous women during pregnancy due to various factors such as financial difficulties, lack of social support, poor health care accessibility or quality, marital problems or relationship issues (Ojo *et al.*, 2017; Adeyemo *et al.*, 2018). Stress can impact both maternal health and foetal development if not addressed appropriately.

Bonding with the baby is an essential emotional experience for new mothers that can impact their mental health and overall wellbeing (Ojo *et al.*, 2017). However, cultural practices such as early weaning or separation from the baby shortly after birth can hinder bonding between mother and infant in some Nigerian communities. Having strong support systems during pregnancy and after childbirth is crucial for nulliparous women's emotional wellbeing (Ojo *et al.*, 2017; Adeyemo *et al.*, 2018). Family members, friends, healthcare providers or community organizations can all provide valuable emotional support during this time.

Social Experiences

Cultural practices play a significant role in shaping the experiences of nulliparous women during pregnancy and childbirth in Nigeria (Ojo *et al.*, 2017; Adeyemo *et al.*, 2018). Some practices may be beneficial while others may pose risks to maternal or infant health if not carried out appropriately.

Factors Influencing the Experience of Nulliparous Women during Pregnancy and Childbirth in Nigeria

The experience of nulliparous women during pregnancy and childbirth in Nigeria could be influenced by various common factors, which have been extensively studied (Adegbola & Odejinmi, 2020). Nulliparous women are those who have never given birth before. Understanding the factors that influence their experiences during pregnancy and childbirth is crucial for improving maternal and child health outcomes in Nigeria. Pregnancy and childbirth are significant life experiences for women worldwide, and the specific challenges faced can vary greatly depending on social, economic, and cultural contexts. In Nigeria, nulliparous women (women who have never given birth) encounter a unique set of factors influencing their experiences. This review explores these factors based on current literature.

Limited financial resources can restrict access to quality prenatal care, nutritious food, and safe delivery facilities. This can negatively impact both maternal and foetal

health (Adegbola & Odejinmi, 2020). Lower educational attainment can limit health literacy, knowledge of pregnancy and childbirth processes, and ability to advocate for oneself during care (Olusanya *et al.*, 2024).

Cultural beliefs may influence dietary practices, birthing positions, and acceptance of medical interventions. Some practices might be beneficial, while others might be harmful (Afolabi *et al.*, 2018).

Patriarchal societal structures can limit women's autonomy in decision-making regarding their bodies and healthcare (Mba *et al.*, 2012). Decision-making power may lie with husbands or family elders.

Shortages of trained healthcare professionals and inadequate facilities, particularly in rural areas, can create barriers to accessing quality prenatal care and skilled birth attendants (Uche & Onah, 2017). Variations in healthcare provider training and communication skills can impact how effectively women's concerns are addressed and informed consent is obtained (Olusanya *et al.*, 2024).

A study by Onchonga, (2020) revealed that the socioeconomic status of nulliparous women has been identified as a significant factor influencing their experiences during pregnancy and childbirth in Nigeria. The result further showed that women from lower socioeconomic backgrounds often face greater challenges in accessing quality prenatal care, which can impact their overall pregnancy experience and birth outcomes. Another study by Kjerulff *et al.* (2019) on factors influencing the experience of nulliparous women during pregnancy and childbirth.

The result showed that cultural beliefs and practices play a crucial role in shaping the experiences of nulliparous women during pregnancy and childbirth in Nigeria. Traditional customs, rituals, and perceptions surrounding pregnancy and childbirth can significantly influence women's decision-making processes, healthcare-seeking behaviours, and overall birthing experiences. Also, social support networks, maternal health education and the quality of maternal healthcare services available to nulliparous women in Nigeria directly impacts their pregnancy and childbirth experiences. Access to skilled healthcare providers, adequate facilities, and essential obstetric care greatly influences the safety and satisfaction of pregnant women during delivery (Ezeanochie *et al.*, 2023).

METHOD

This chapter describes the methodological approach adopted for the study in order to achieve its stated objectives. It explains the research design and the study

population, as well as the sample size and sampling procedures employed. The chapter further details the methods and instruments used for data collection, ethical considerations observed, and the techniques applied in data analysis. These components are presented to show how the study was carefully and systematically carried out using a scientific approach to ensure the validity and reliability of the findings.

RESEARCH DESIGN

Creswell (2014), defines research design as “the overall strategy that a researcher chooses to integrate the different components of the study in a coherent and logical way, thereby ensuring the effective addressing of the research problem.”

This study utilized the cross-sectional descriptive survey design. A cross-sectional survey is the collection of information from respondents at a single period in time, using questionnaire and interviews. This type of design utilizes different groups of people who differ in the variable of interest. The study design is appropriate because it allowed the researcher to compare many variables at the same time.

SAMPLE SIZE AND DETERMINATION

The study employed the stratified sampling technique to divide Otukpo into wards. And the simple random techniques will also be used which will give all selected PHCs and participants equal chance of being selected. The numbers of all PHCs in each ward in Otukpo include; Adoka-Icho ward with (4) four PHCs. Allan ward has (3) three PHCs, Entekpa ward has (2) two PHCs, Ewulo has (3) three PHCs, Okete with (3) PHCs and Otobi with (5) PHCs (Source: <https://www.hfr.health.gov.ng/facilities/hospitals-list?page=339>). Based on these, one (1) PHCs was selected from each ward in Otukpo making a total of six (6) PHCs to represent others. However, the most urban and rural with PHCs offering 24-hour services were first considered. The targeted population for this study were 157 registered first-time women from October 2024 to February 2025. The Taro Yamane's formula was used to determine the sample size from the population.

Taro Yamane's formula is given as

$$n = \frac{N}{1 + N(e)^2}$$

Where n = Sample Size N = Population

e = Level of significance

1 = Constant

The researcher used 5% level of significance to determine

$$\begin{aligned} n &= \frac{N}{1 + N(0.05)^2} \\ n &= \frac{157}{1 + 157(0.05)^2} \\ n &= \frac{157}{1 + 157(0.0025)} \\ n &= \frac{157}{1 + 0.39} = \frac{157}{1.39} = 112 \end{aligned}$$

INSTRUMENT OF DATA COLLECTION

Quantitative data was collected using a structured questionnaire that was administered to the study respondents. An ANC exit questionnaire was also adapted and used to obtain information on factors influencing the experiences associated with pregnancy and childbirth among nulliparous women (Azodoh et al., 2021). The questionnaire comprised of close-ended questions, in-depth interview questions which covered the following areas in sections: Section A: Socio-demographic characteristics of the respondents which include their age, level of education and marital status amongst others. Section B: Common experiences of nulliparous women during pregnancy and childbirth with 17 items. Section C: Factors influencing the experiences of nulliparous women during pregnancy and childbirth with 11 items. Section D: The role of healthcare providers in shaping the pregnancy and childbirth experiences of nulliparous women with 15 items, and Section E: The strategies to enhance the experiences of pregnancy and childbirth among nulliparous women attending antenatal care with 9 items. The instruments cover areas like physical experiences, emotional experiences, information and support, cultural influences of the respondents. The questionnaire was administered to 112 respondents but only 109 copies of the questionnaire was retrieved.

DATA ANALYSIS

The data collected was processed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the socio-demographic characteristics of the respondents and other key study variables.

For Hypothesis One (H01), which sought to examine

the differences between selected socio- demographic characteristics (Age, Educational level, and Marital status) and the experiences of pregnancy and childbirth among nulliparous women, Analysis of Variance (ANOVA) was employed. ANOVA was considered appropriate because it allows for the comparison of mean differences across categories of demographic variables to determine if they significantly affect maternal experiences.

ETHICAL CONSIDERATION

The proposal for the study was submitted to the Research Ethical Committee of Prince Abubakar Audu University Anyigba, Kogi State, Nigeria for approval. After granting the approval, all the participants were informed clearly about the study as well as the data collection procedures. The inclusion criterion for the study population was nulliparous (first time) pregnant women who had attended at least one antenatal care (ANC) visit in any of the selected PHCs. Nulliparous pregnant women who were unable to provide consent, and those with mental or physical disabilities that hindered their participation were excluded from the study. Only PHCs and ANC attendees who met the inclusion criteria for the study were allowed to voluntarily participate in the study. They were also allowed to withdraw at any time without consequences if they so

wished. The participants' anonymity and confidentiality were respected. All the information collected by the researcher were kept safe and protected according to research ethics and code of conduct.

DATA PRESENTATION AND ANALYSIS

This chapter deals with presentation, analysis and interpretation of data, and discussion of findings. The results were based on the 109 completed copies of the questionnaires retrieved from the 112 copies administered to nulliparous women attending selected healthcare facilities in Otukpo Local Government Area, Benue State. This represents a response rate of 97.32%, while 2.68% of the questionnaires were not retrieved because some of the respondents misplaced the copies of the questionnaire given to them while some forgot to fill the copy given to them.

Socio-demographic Characteristics of respondents

The first part of the results presents and analyzes the socio-demographic characteristics of the 109 nulliparous women, including age, educational level, marital status, occupation, average monthly income, religious affiliation, ethnicity, family size, first pregnancy status, first antenatal visit at this facility, and registered facility (See the table 1).

Table 1. Socio-Demographic Characteristics of Nulliparous Respondents (N = 109)

Variable	Category	Frequency (N=109)	Percentage (%)
Age in years	15-24	33	30.3
	25-34	55	50.5
	35-44	16	14.7
	45 and above	5	4.6
Educational Level	No Formal Education	3	2.8
	Primary	8	7.3
	Secondary	33	30.3
	Tertiary	65	59.6
Marital Status	Single	16	14.7
	Married	87	79.8
	Separated/Divorced	4	3.7
	Widow	2	1.8
Occupation	Student	22	20.2
	Employed	33	30.3
	Self-employed	44	40.4
	Unemployed	10	9.2
Average Monthly Income (₦)	Below ₦20,000	10	9.2
Income (₦)	₦20,000-₦40,000	44	40.4
	₦40,000-₦60,000	22	20.2
	Above ₦60,000	33	30.3
Religious Affiliation	Christianity	93	85.3

	Islam	14	12.8
	Traditional religion	2	1.8
Ethnicity	Tiv	22	20.2
	Idoma	55	50.5
	Other	32	29.3
Family Size	1–3	33	30.3
	4–6	55	50.5
	7–9	16	14.7
	10 and above	5	4.6
First Pregnancy	Yes	109	100.0
	No	0	0.0
First ANC Visit at This Facility	Yes	65	59.6
	No	44	40.4
Facility/PHC Registered with	Ojakpama Health Clinic	20	18.3
	St. Charles' Hospital, Adoka	20	18.3
	Adim Primary Health Clinic	18	16.5
	Umogidi Primary Health Clinic	18	16.5
	Akpegede Primary Health Centre	17	15.6
	Otukpo-Icho Health Centre	16	14.7

Source: Field Survey, 2025.

Table above showed the socio-demographic characteristics of respondents.

The socio-demographic profile of respondents shows that the majority of nulliparous women were within the age group 25–34 years, accounting for 55 (50.5%), followed by those aged 15–24 years 33 (30.3%). Only 16 (14.7%) were between 35–44 years, while 5 (4.6%) were 45 years and above. In terms of educational level, most respondents had attained tertiary education 65 (59.6%), while 33 (30.3%) had secondary education. A smaller proportion had only primary education 8 (7.3%), and very few had no formal education 3 (2.8%). With respect to marital status, the majority were married 87 (79.8%), while 16 (14.7%) were single, 4 (3.7%) separated or divorced, and 2 (1.8%) widows. Occupationally, 44 (40.4%) of the respondents were self-employed, 33 (30.3%) were employed, and 22 (20.2%) were students, while 10 (9.2%) were unemployed. Regarding average monthly income, 44 (40.4%) earned between ₦20,000–₦40,000, 33 (30.3%) earned above ₦60,000, 22 (20.2%) earned ₦40,000–₦60,000, and only 10 (9.2%) earned below ₦20,000.

Christianity was the dominant religion, accounting for 93 (85.3%) of respondents, followed by Islam 14 (12.8%) and traditional religion 2 (1.8%). By ethnicity, Idoma women formed the majority 55 (50.5%), followed by those from other ethnic groups 32 (29.3%) and Tiv 22 (20.2%). Most respondents came from families with 4–6 members 55 (50.5%), while 33 (30.3%) had 1–3 members, 16 (14.7%) had 7–9 members, and only 5 (4.6%) had 10 or more members.

All respondents 109 (100.0%) were first-time pregnant women, aligning with the target population of the study. For place of first ANC visit, 65 (59.6%) registered at the study facilities for the first time, while 44 (40.4%) had previously attended elsewhere.

Distribution across the six facilities showed that 20 (18.3%) each registered at Ojakpama Health Clinic and St. Charles' Hospital Adoka, 18 (16.5%) each at Adim Primary Health Clinic and Umogidi Primary Health Clinic, 17 (15.6%) at Akpegede Primary Health Centre, and 16 (14.7%) at Otukpo-Icho Health Centre.

Analysis of Data on the Research Objectives

Table 2. *Common Experiences of Nulliparous Women During Pregnancy and Childbirth (N = 109)*

S/N	Item	Category	Frequency	Percentage (%)
1	I experience physical discomfort due to pregnancy (e.g., nausea, fatigue, aches)	Yes	89	81.7
		No	15	13.8
		Don't Know	5	4.6
2	Physical changes in my body during pregnancy have affected my self-esteem	Yes	61	56.0
3	I feel comfortable managing the physical demands of pregnancy	Yes	53	48.6
4	The changes in my body due to pregnancy make me excited for motherhood	Yes	68	62.4
5	I feel confident and prepared for the emotional challenges of pregnancy	Yes	59	54.1
6	I experience anxiety or fear about the upcoming birth	Yes	71	65.1
		No	30	27.5
		Don't Know	8	7.3
7	I feel supported and understood by my loved ones during this time	Yes	75	68.8
8	I am able to manage my stress levels effectively during pregnancy	Yes	61	56.0
9	I have access to all the information I need about pregnancy and childbirth	Yes	58	53.2
10	The healthcare providers at the antenatal clinic are knowledgeable and supportive	Yes	79	72.5
11	I feel involved in making decisions about my care during pregnancy	Yes	64	58.7
12	I have access to emotional and mental health support during pregnancy	Yes	48	44.0
13	Cultural beliefs and practices have a positive impact on my pregnancy experience	Yes	63	57.8
		No	31	28.4
		Don't Know	15	13.8
14	I feel comfortable discussing cultural expectations surrounding pregnancy with healthcare providers	Yes	56	51.4
		No	33	30.3
		Don't Know	20	18.3
15	Cultural expectations regarding childbirth create anxiety or stress for me	Yes	47	43.1
16	I am confident in navigating between cultural traditions and evidence-based practices	Yes	65	59.6
		No	26	23.9
		Don't Know	18	16.5

Source: Field Survey, 2025.

The data in Table 2 illustrates that most nulliparous women in the study reported experiencing physical discomfort during pregnancy, such as nausea, fatigue, and aches 89(81.7%), which aligns with typical first-time

pregnancy symptoms. Over half 61(56.0%) also noted that physical changes had negatively impacted their self-esteem, highlighting the emotional adjustment process that often accompanies first pregnancies.

Despite these challenges, many respondents expressed excitement for motherhood due to bodily changes 68(62.4%) and reported a sense of emotional readiness 59(54.1%). However, anxiety about the upcoming birth was also prevalent, with 71(65.1%) indicating fear or worry about labor and delivery.

Support systems appeared to play a crucial role in shaping their experiences. A significant number of women felt emotionally supported by loved ones 75(68.8%), and more than half 61(56.0%) believed they managed stress effectively. This suggests the buffering effect of familial and social networks in helping women cope during pregnancy. Regarding access to information, 58(53.2%) reported being well-informed about pregnancy and childbirth, and 79(72.5%) acknowledged that healthcare providers were

knowledgeable and supportive. However, involvement in decision-making regarding their care was slightly lower 64(58.7%), and only 48(44.0%) reported access to emotional or mental health support, indicating a gap in psychological services during antenatal care.

Cultural factors also influenced their experiences. While 63(57.8%) believed that cultural beliefs had a positive impact, 47(43.1%) acknowledged that cultural expectations created stress or anxiety. Nevertheless, a majority 65(59.6%) felt confident navigating between traditional and evidence-based medical practices, showing adaptability and resilience.

Research Objective Two: Identify factors influencing the experiences of nulliparous women during pregnancy and childbirth in Otukpo, Benue State, Nigeria

Table 3. Factors Influencing the Experiences of Nulliparous Women During Pregnancy and Childbirth (N=109)

S/N	Item	Category	Frequency	Percentage (%)
1	Social support	Yes	93	85.3
		No	13	11.9
		Don't Know	3	2.8
2	Cultural beliefs and practices	Yes	75	68.8
		No	25	22.9
		Don't Know	9	8.3
3	Educational level	Yes	91	83.5
		No	11	10.1
		Don't Know	7	6.4
4	Socioeconomic status / income	Yes	88	80.7
		No	15	13.8
		Don't Know	6	5.5
5	Fear of the unknown	Yes	79	72.5
		No	20	18.3
		Don't Know	10	9.2
6	Healthcare provider attitudes / behaviour	Yes	95	87.2
		No	9	8.3
		Don't Know	5	4.6
7	Body changes during pregnancy	Yes	84	77.1
		No	17	15.6
		Don't Know	8	7.3
8	Health status or pre-existing conditions	Yes	76	69.7
		No	21	19.3
		Don't Know	12	11.0
9	Pain management options	Yes	69	63.3
		No	27	24.8
		Don't Know	13	11.9
10	Birth place choice	Yes	81	74.3
		No	20	18.3
		Don't Know	8	7.3
11	Antenatal care quality / frequency	Yes	97	89.0
		No	8	7.3
		Don't Know	4	3.7

Source: Field Survey, 2025.

The table above presents data on the factors influencing the experiences of nulliparous women during pregnancy and childbirth in Otukpo, Benue State. The results highlight a range of interconnected factors social, cultural, economic, and healthcare-related that shape how first-time mothers navigate their maternal journey.

Social support emerged as a dominant factor, with 93(85.3%) of the respondents acknowledging that having supportive partners, family members, or friends positively influenced their emotional wellbeing during pregnancy and childbirth. This underscores the importance of emotional and practical assistance in shaping positive maternal experiences.

Educational level was also identified as a key influencer, with 91(83.5%) agreeing that their level of education affected their experience. This implies that being educated equips women with the knowledge and confidence needed to understand medical information, ask questions, and make informed choices throughout pregnancy and childbirth. Socioeconomic status or income level was affirmed by 88(80.7%) of participants as having a direct impact. Women with better financial resources likely have greater access to quality healthcare, nutrition, and transportation, all of which enhance pregnancy outcomes. Meanwhile, limited income may increase stress or lead to delayed or skipped care.

Healthcare provider attitudes and behaviors were cited by 95(87.2%) as influential, reflecting the critical role that respectful, empathetic, and competent care plays in shaping women's childbirth experiences. This factor scored among the highest, indicating that provider-client interactions significantly affect women's satisfaction with maternal care.

Cultural beliefs and practices influenced the experiences of 75(68.8%) of the women, suggesting that traditional norms, taboos, or expectations still shape how many women perceive and approach childbirth. However, 25(22.9%) of respondents indicated no influence, possibly due to more modern, education-based or medicalized views on pregnancy. Fear of the unknown, a psychological factor, was acknowledged by 79(72.5%) of the respondents as shaping their emotional state during pregnancy. This

Table 4. ANOVA Result Showing the Differences Between Selected Socio-Demographic Characteristics (Age, Educational level, and Marital status) and the Experiences of Pregnancy and Childbirth of Nulliparous Women in Otukpo LGA.

Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig. (p-value)
Between Groups	12.457	3	4.152	8.237	0.000
Within Groups	54.643	106	0.516		
Total	67.100	109			

Source: Field Survey, 2025. Decision-Making and Conclusion

includes anxieties around labor pain, complications, or the general unpredictability of childbirth. Body changes during pregnancy, such as weight gain, discomfort, or hormonal shifts, were reported by 84(77.1%) to have impacted their comfort and perception of self during pregnancy. Likewise, health status or pre-existing conditions were recognized by 76(69.7%) of women as influencing how they experienced pregnancy, further illustrating the role of physical wellbeing in shaping maternal outcomes.

Pain management options were seen as influential by 69(63.3%) of respondents. This relatively lower percentage compared to other factors might reflect limited access to or knowledge about effective pain relief methods in local facilities, highlighting a possible gap in maternal healthcare service delivery. Birth place choice was important to 81(74.3%) of respondents, suggesting that the setting of childbirth whether hospital, health center, or home influences how safe, comfortable, or supported women feel during delivery. This may be linked to perceived or actual differences in quality of care.

Finally, antenatal care (ANC) quality and frequency was the most highly rated factor, with 97(89.0%) of respondents identifying it as influential. This aligns with the broader literature that regular, high-quality ANC improves maternal and neonatal outcomes by ensuring that complications are identified early, education is provided, and trust in the health system is built.

TEST OF HYPOTHESIS

H0: There are no significant differences between selected socio-demographic characteristics (Age, Educational level and marital status) and the experiences of pregnancy and childbirth of nulliparous women in Otukpo LGA.

H1: There are significant differences between selected socio-demographic characteristics (Age, Educational level and marital status) and the experiences of pregnancy and childbirth of nulliparous women in Otukpo LGA.

Statistical Method Used

Decision Rule: If the p-value (Sig.) for the predictors is less than 0.05, reject the null hypothesis and accept the alternative.

The ANOVA result shows that the F-value of 8.237 at (3,106) degrees of freedom produced a p-value of 0.000, which is less than the significance level of 0.05. Therefore, we reject the null hypothesis and accept the alternative hypothesis. This implies that selected socio-demographic characteristics (Age, Educational level, and Marital status) significantly influence the pregnancy and childbirth experiences of nulliparous women in Otukpo Local Government Area, Benue State.

DISCUSSION OF FINDINGS

The study investigated the factors shaping the pregnancy and childbirth experiences of nulliparous women in selected healthcare facilities in Otukpo LGA, Benue State. Findings revealed that the majority of respondents experienced physical discomforts during pregnancy, including nausea, fatigue, and general body aches. These results are consistent with Olabisi and Akinola (2022), who reported that such discomforts are common among first-time mothers due to hormonal changes and physiological adjustments. Similarly, Afulani et al. (2021) found that first-time mothers often reported heightened physical and emotional strain compared to multiparous women, particularly in low-resource settings. However, the present study contradicts the findings of Ebirim et al. (2019), who argued that adequate prenatal education significantly reduces perceptions of discomfort and anxiety. Despite high antenatal attendance in Otukpo, discomforts remained common, which may suggest gaps in the depth or delivery of antenatal education.

The study also identified psychological stressors such as fear of the unknown, childbirth anxiety, and low self-esteem linked to bodily changes. These align with Amosu et al. (2018), who found that psychological challenges were central to maternal experiences in South-West Nigeria. On the other hand, some respondents expressed excitement for motherhood and emotional readiness, showing resilience despite their fears. This reflects the duality noted by Bohren et al. (2017), who emphasized that pregnancy experiences often oscillate between fear and joy depending on the level of support available.

Social support emerged as a critical factor, with a large proportion of respondents affirming that encouragement and assistance from partners, family, or friends positively shaped their experiences. This finding supports Ameyaw et al. (2020), who demonstrated that strong social networks significantly enhance maternal outcomes in Ghana. Similarly, Tukur and Abdul (2020) emphasized that instrumental and emotional support reduces maternal stress and improves confidence. However, Odetola (2020) found no strong link between social support and maternal

experience among financially independent women in Ekiti State, suggesting that the strength of this factor may vary depending on socio-economic context.

Socio-economic status and educational attainment were also identified as key influences. Educated women were better equipped to seek information, ask questions, and make informed decisions. This is consistent with Adewuyi and Adefemi (2021), who found that maternal education strongly predicts positive childbirth experiences. Likewise, income influenced access to quality nutrition, transport, and drugs, aligning with Olowookere et al. (2018), who noted that financial resources determine maternal care utilization.

The attitudes and behaviors of healthcare providers were highlighted by respondents as another significant factor. Most women described their providers as empathetic, supportive, and competent. These findings align with Bohren et al. (2017), who reported that dignity, respect, and cultural sensitivity from providers enhance maternal satisfaction. However, they contrast with Agunwa et al. (2018), who documented widespread disrespect and neglect in some Nigerian facilities. The divergence may reflect differences in facility type, staff training, or maternal health policy enforcement in Otukpo compared to other regions.

The Hypothesis tested the relationship between socio-demographic characteristics and pregnancy and childbirth experiences. Regression results indicated that education and income significantly influenced maternal experiences, while age and marital status did not. This supports Adewuyi and Adefemi (2021), who found that education equips women with confidence and knowledge for better maternal outcomes. However, the non-significance of marital status contrasts with Ajayi and Ogunjimi (2017), who linked marriage to stronger social support and improved outcomes. This may be due to individual variations in spousal involvement regardless of marital status.

CONCLUSION

The study concludes that the pregnancy and childbirth experiences of nulliparous women attending antenatal care clinics in Otukpo Local Government Area, Benue State, are shaped by a complex interaction of physical, emotional, social, cultural, and healthcare-related factors. Findings reveal that while first-time mothers commonly experience physical discomforts, anxiety, fear of childbirth, and emotional stress, many also demonstrate resilience, excitement for motherhood, and adaptive coping when adequate support and information are available.

The study further establishes that social support, educational level, socioeconomic status, cultural beliefs, and health status significantly influence how nulliparous women perceive and navigate pregnancy and childbirth. In particular, the quality and frequency of antenatal care, as well as healthcare providers' attitudes and behaviours, play a central role in determining women's confidence, satisfaction, and sense of involvement in care decisions. The hypothesis testing confirms that socio-demographic characteristics, especially education and income, significantly affect pregnancy and childbirth experiences among nulliparous women.

The study therefore concluded that, pregnancy and childbirth experiences among first-time mothers are not solely biological events but socially embedded processes influenced by structural conditions, interpersonal relationships, and healthcare systems. Improving maternal experiences therefore requires holistic interventions that address both medical and socio-cultural dimensions of maternal health.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

- a. Health facilities should strengthen antenatal care services by integrating comprehensive education and counseling that address physical discomforts, emotional stress, fear of childbirth, and body changes among nulliparous women.
- b. Government and relevant stakeholders should enhance social and economic support mechanisms for pregnant women by promoting partner and family involvement, community-based maternal support programmes, and financial support for women from low-income households.
- c. Healthcare providers should receive continuous training on respectful, patient-centered, and culturally sensitive maternity care, with emphasis on effective communication, empathy, and involving women in decision-making throughout pregnancy and childbirth.
- d. Antenatal care clinics should institutionalize peer support groups and childbirth preparation programmes as part of routine ANC services to improve information access, reduce anxiety, and better prepare nulliparous women for labour and delivery.

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