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Knowledge and Attitude of Pregnant Women Towards Ante-Natal Care Facilities Utilization in Ado-Ekiti Local Government, Ekiti State

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Background to the Study

Every year, nearly half a million women and girls needlessly die as a result of complications during pregnancy, childbirth or the six weeks following delivery. Almost all (99%) of these deaths occur in developing countries (USAID, 2007). Antenatal care is a key strategy for reducing maternal and neonatal health outcomes. The United Nations estimates that 529,000 women die each year from complications during pregnancy and childbirth (WHO, UNICEF, UNFRA, 2007). In Nigeria, it is estimated that approximately 59,000 0f maternal deaths takes place annually as a result of pregnancy, delivery and post delivery complications (UNFPA, 2004) despite the available antenatal health care services. A Nigerian woman is 500 times more likely to die on childbirth than her European counterpart. Mortality ratio is about 800-1,500/100,000 live births with marked variation between geopolitical zones-165 in south west compared with 1,549 in North-east and between urban and rural areas(NDHS,2013).Each year, about 6 million women became pregnant; 5million of these pregnancies result in childbirth (WHO, UNICEF, UNFPA,2007).

According to Viccars (2003), antenatal care refers to the care that is given to an expectant mother from the time that conception is confirmed until the beginning of labour. Adequate utilization of antenatal health care services is associated with improved maternal and neonatal health outcomes. Antenatal care is expected to have impact on the foetus and the infant as well as the mother and this can only be achieved through early booking and regular attendance of antenatal clinic. The trend of maternal mortality in developing countries has been increasing and various international organizations have reported that an important factor related to maternal and infant mortality has been linked to lack of antenatal care (Villa et al, 2001). The Federal Ministry of Health (2005), stated that, some of the dangers of pregnancy and childbirth can be avoided if the pregnant woman attends antenatal regularly. In order to decrease these mortality rates, regular antenatal care has to be instituted or reinforced which can only be achieved through identifying factors causing poor utilization of antenatal care services.

According to Word Health Organization (WHO, 2011), only 60% of women receive antenatal care in Nigeria, and not all of them attend the antenatal clinic regularly. Despite progress in some countries, the global number of maternal deaths per year estimated at 529,000 or one every minute during the year 2000 has not changed significantly according to International Conference on Population and Development (ICPD). Millions more women survive but suffer from illness and disability related to pregnancy and childbirth (Safe Motherhood Initiatives, 2003). It was stressed further that, maternal age, husband attitude, family size, maternal education, and perceived morbidity were major predictors of antenatal care service utilization. Since long ago, however, it is well known that maternal mortality can be significantly reduced in low-income settings by increasing access to skilled birth attendants (SBA), which has close links to antenatal care, emergency obstetric care (EOC) and family planning (FP) services. Poor access and low utilization of such services continue to be important determinants of maternal mortality and morbidity throughout the world (Makonnen, 2013).

A study reported that, with maternal risk held constant, low birth weight, and infant mortality were 1.5-5.5 times higher with late and less frequent antenatal care than with early and frequent care (WHO, UNICEF, UNFPA, 2007). A study carried out on reproductive health issues showed that in 69% of the recorded births, the mothers made 4 or more

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antenatal visits, while 20% made fewer than 4 visit and 6.3 did not attend at all, which is contrary to World Health Organization recommendation of 12 visits (Villar, 2001).

World Health Organization recommends a minimum of four antenatal clinic initiated during the first trimester. With regard to the determinants of antenatal care services utilization, previous study revealed that, antenatal care service utilization is significantly influenced by maternal age. Mothers who are in the age group of 25-29 years were less likely to utilize antenatal care service than women who are 35 years and older. Positive husband attitude towards antenatal care service was significantly related to antenatal care service utilization. Moreover, in another study, the use of antenatal care was found to be related to mother's level of education. Mothers with primary education level were more likely to attend antenatal clinic than women who are unable to read and write (UNFPA, 2011). Previous study also observed that, availability of women's time is important. In developing countries, Women spend more time on their multiple responsibilities for care of children, collecting water or fuel, cooking, cleaning, and trade than on their own health. Hence, family size was a strong determinate of antenatal care service utilization. Mothers who live within a house hood size less than three people were eight times more likely to utilize antenatal care service than those living in a household size greater than five (WHO & UNICEF, 2003).

Antenatal services comprise complete health supervision of the pregnant women in order to maintain, protect and promote health and well being of the mother and the fetus (Ojo, 2004). Focused antenatal care, which is evidence based, client-centered, goal directed care, provided by skilled health providers with emphasis on quality rather than frequency of visits, is an approach to be adopted globally. The approach accepts the view that every pregnant woman is at risk of complication and that all women should therefore; receive the same basic care and monitoring for complications (World Health Organization, 2005).

Obionu (2006) postulates some justification for focused antenatal services. These include that all pregnant women are at risk of developing complication, that more attention are given to individuals in the high risk group but the risk approach to antenatal services increase the likehood that a skilled healthcare provider will be present at birth. Essential interventions in antenatal care include identification and management of obstetric complications such as preeclampsia, tetanus toxoid immunization, intermittent preventive treatment for malaria during pregnancy (IPTP), and identification and management of infections including HIV, syphilis and other sexually transmitted infections (STIs). Antenatal care is also an opportunity to promote the use of skilled attendance at birth and healthy behaviours such as breastfeeding, early postnatal care, and planning for optimal pregnancy spacing.

The Problem

Almost 90% of maternal deaths occur in developing countries and over half a million women die each year due to pregnancy and childbirth related causes (Obionu, 2006). Proper antenatal care is one of the important ways in reducing maternal and child morbidity and mortality (Igbokwe, 2008). Unfortunately, many women (90%) in developing countries do not receive such care (Obionu, 2006). Many pregnant women die annually from complications of pregnancy which could be prevented by early booking and regular attendance of antenatal clinics.

About 529,000 women die each year from complications during pregnancy and childbirth. In Nigeria, it is estimated that approximately as 59,000 of maternal deaths take place annually as result of pregnancy, delivery and post delivery complications despite the available antenatal health care service (Viccars, 2003).

A Nigerian woman is 500 times more likely to die in childbirth than her European counterpart. In order to reduce these mortality rates, regular antenatal care has to be instituted or reinforced which can only be achieved through knowledge and attitude of pregnant

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women towards antenatal care services. Based on the above facts and figures, this study found out why the women in Ado-Ekiti local government area of Ekiti State were not receiving proper antenatal care. As well it evaluated the knowledge and attitude of pregnant women towards ante-natal care among pregnant women attending antenatal clinic in Ado-Ekiti LGA.

Objectives

The purposes of this research work were to:

1. Assess the level of knowledge of pregnant women about antenatal care services in the area.
2. Assess the attitudes of pregnant women on antenatal care service in Ado-Ekiti LGA.
3. Determine the factors influencing the utilization of antenatal care services among pregnant women in the area.

Research Design

A descriptive research design was adopted for this study whereby questionnaire was used to obtain information required from the sample population. There after descriptive and inference statistical tools were applied on the data to arrive at meaningful conclusion about the knowledge and attitude and factors of pregnant women attending ante-natal clinic in Ado-Ekiti Local Government Area of Ekiti State.

Research Setting:

Ekiti State is an inland state in the south-western Nigeria, with its capital in Ado Ekiti. It is bounded in the north by Kwara state, in the West by Osun state, in the south by Ondo state and in the east by Kwara state. The state is divided into Sixteen local government areas in which Ado Ekiti is one of them. Ado Ekiti is a town in Ekiti State south western Nigeria, situated 80km (50 mi). As of 2006, the population of the town was 92,719 people. There is 1 General Hospital, 1 Comprehensive Health Centre and 15 Basic Health Centres in Ado-Ekiti Local Government.

Target Population:

This study comprises of pregnant women attending ante-natal clinic in Ado-Ekiti Local Government, Ekiti State.

Method of Data Collection

The questionnaires developed were given to respondents after initially introducing them to the subject and its importance to health development in their community. Also some of them were guided on how to respond to the question especially the illiterate ones among them were assisted in this area. This activity took one (1) week to complete. Some health workers in the health centres were trained on how to implement this data collection activity and indeed supported the researchers in the data collection.

Method of Data Analysis

The data analysis exercise was done with the aid of application of Statistical Package for Social Science (SPSS) version 22.0 where by descriptive (i.e frequency and percentage)

Ethical Considerations

Permission was taken from the Medical Officer of Health (MOH) and the Chief Nursing Officer (CNO) in charge of the health centre to distribute the questionnaires. The respondents' consents were gained with adequate explanation of the reason(s) for conducting the research before the questionnaires were administered. They were assured that all information provided by them will be treated with utmost confidentiality and it would be used strictly for the research purpose.

Findings

This section dealt with the analysis of data collected through the 174 questionnaires administered. The findings were presented in form of tables (showing the frequencies and percentages).

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Table 1: Socio Demographic Characteristics of the Respondents

Variables	Frequency	Percentage (%)
Ages in years:		
20-30	24	12
31-40	132	66
41 years and above	44	22
Total	**200**	**100**
Marital status:		
Married	182	91
Divorced	18	9
Total	**200**	100
Occupation:		
Civil servant	90	45
Farming	50	25
Trading	45	22.5
House wife	15	7.5
Total	**200**	**100**
Religion:		
Christianity	162	81
Islamic	26	13
Traditional worshiper	12	6
Total	**200**	**100**
Level of education:		
No formal education	14	5.17
Primary	30	14.36
Secondary	36	14.94
Tertiary	120	65.51
Total	**200**	**100**
Ethnicity:		
Yoruba	156	78
Igbo	38	19
Hausa	6	3
Others	-	-
Total	**200**	**100**

Fieldwork, 2018

From table 1, the first part showed the age of respondents. 12% were between the ages of 20-30years, 66% were between 31-40years, 22% were between 41years and above. The second part of the table revealed the marital status of the respondents in which 91% were married, while 9% were divorced. The third part of the table showed the occupational status of the respondents that revealed (45%) of the respondents were civil servants, (25%) were farmers, (22.5%) were traders, while house wife were (7.5%).

The fourth item revealed the religion of the respondents that (81%) were Christians, (13%) were Islamic and (6%) were traditional worshippers.

On the educational level of the respondents, on the fifth part of the table it revealed that (15%) had primary education, (18%) had secondary education, (60%) had tertiary education, while the remaining (7%) had no formal education. The last part of the table showed the ethnicity of the respondents in which (78%) were Yoruba's, (19%) were Igbos, and the remaining (3%) were Hausas.

Table 2: Knowledge and Awareness of Pregnant Women Towards Antenatal Care

Level of	Frequency	Percentage %
Poor	24	12%
Average	44	22%
Good	132	66%
Total	**200**	**100**

Fieldwork, 2018

In determining the knowledge of respondents on antenatal care service, 10 questions were asked and graded. The highest possible mark was ''23'' and the lowest possible mark was ''7''. Those that scored between 7 and 12 marks were said to have poor knowledge, while those that scored from 13 to 18 were grouped as having average knowledge and scorers of 19 to 23 were said to have good knowledge of antenatal care service. In the table above, (22%) of the respondents had average knowledge of antenatal care, (66%) had good knowledge while (12%) of the respondents had poor knowledge of antenatal care.

Table 3: **Attitude on Utilization of Antenatal Care by Pregnant Women**

	Frequency	Percent
Poor attitude	60	30
Good attitude	140	70
Total	**200**	**100**

Fieldwork, 2018

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In determining the attitude of respondents towards antenatal care, 8 questions were asked and scored. The highest possible mark was ‘’23’’ and the lowest possible mark was ‘’7’’. Those that scored between 7 and 15 marks were said to have poor attitude, and those who scored from 16 to 23 were said to have good attitude towards antenatal care.

From table 3 above, (70%) of the respondents had good attitude towards antenatal care, while (30%) of the respondents had poor attitude towards antenatal care.

Table 4: Respondents Source of Information

Source	Frequency	Percentage
Mass media	20	10%
Hospital	110	55%
Religious House	70 -	35%
Others	-	-

Fieldwork, 2018

From table 4 above, 10% said their source of information concerning antenatal care is from mass media, 55% said from hospital, while the remaining 35% source of information is from religious house.

Table 5: Factors Influencing Utilization of Antenatal Care by Pregnant Women

	Level of Agreement				
Factors	**Strongly Agree (%)**	**Agree (%)**	**Disagree (%)**	**Strongly Disagree %)**	**Undecided (%)**
Lack of knowledge on antenatal care	50(25)	50(25)	31(15.5)	30(15)	39(19.5)
Time for antenatal service is not convenient	49 (24.5)	50(25)	31(15.5)	31 (15.5)	39(19.5)
The cost of antenatal service is high	55(27.5)	55(27.5)	30(15)	30(15)	30(15)
Instructors are not readily available and accessible	34 (17)	35(17.5)	55(27.5)	55 (27.5)	21 (10.5)
Attitude of health provider is not encouraging	29 (14.5)	30(15)	55(27.5)	55(27.5)	31 (15.5)

Fieldwork, 2018

From table 5 above, in determining the level of agreement of respondents on factors preventing utilization of antenatal care, 25% each Strongly agreed and agreed, while 19.5% were undecided, 15.5% disagree and 15% Strongly disagree that it was due to lack of knowledge on antenatal care. Using ‘the time for antenatal care is not convenient, 24.5% strongly agreed, 25% Agreed, 15.5% disagreed, 15.5% strongly disagreed, and 19.5% were undecided. On the cost of antenatal care is high, 27% strongly agree, 27.5% agree, 15% disagree, 15% strongly disagree, while 15% of the respondents were Undecided. 17% of the respondents strongly agreed, 17.5% agree that instructors are not readily available and accessible for family planning, while 27.5% disagreed, 27.5% strongly disagreed and 10.5% were undecided. 14.5% of the respondents strongly agree that attitude of health care provider is not encouraging, 15% agreed, while 27.5%, disagreed and strongly disagree respectively. The remaining 15.5% of the respondents were undecided on whether the attitude of health provider was encouraging or not.

Discussion of Findings

This research was designed to determine the knowledge and attitude of pregnant women on antenatal care among pregnant women attending antenatal clinic in Ado-Ekiti Local Government, Ekiti State. This discussion was based on the analysis and findings of the result obtained through the questionnaire. From the data collected, it was observed in table 1 that pregnant women between ages 31-40 (66%) years carried the largest population of the

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respondents because they fell mostly within the age of childbearing, followed by women between ages 40 years and above, then pregnant women between ages 36-45 years, the least age was 20-30 years which was 12%. Majority of the respondents 81% were Christians, 13% were Muslims while 6% were traditional worshipers. 45% were civil servants, 22.5% were traders, 7.5% were house wives, and 25% were farmers. The findings also showed that 91% of the respondents were married while 9% were divorced. The study also revealed that 7% of the respondents had no formal education, 15% of the respondents had primary school education, 18% had secondary education while 60% had tertiary institutions certificate, and this indicated that the level of education had impact on the acceptance and practice of antenatal care service. These findings corroborated with that of Manju, 2008) which say's education has a positive role in influencing the service of antenatal care.

In determining the knowledge of antenatal care of the respondents, (12%) had poor knowledge, (22%) had fair knowledge of antenatal care, and (66%) had good knowledge. This is consistent with the findings of (Abouzahr, Coaker and Wardlaw, 2003) from a research conducted on factors influencing utilization of antenatal care among pregnant women in Chilonga Northern Province Zambia where it was stated that about 38.2% of the respondents had limited knowledge on antenatal care and also with Ajayi (2005) study on knowledge, attitude and practice of antenatal care in a population with high utilization of antenatal care whose findings revealed that there was relatively high level of awareness and thus high use of antenatal care among African population. Many (66.7%) have good knowledge but employed the method incorrectly.

Table 3 revealed that majority (70%) of the respondents had good attitude towards antenatal care, while some 30% had poor attitude towards antenatal care. This finding agreed with Ajayi (2005) study whose findings revealed that most of their respondents 67.9% were in support of antenatal care. This means that if the identified factors are removed antenatal care will receive full embrace more than what it was.

Problem of low utilization of antenatal care is worldwide. Antenatal utilization for pregnant women in Zambia was 30%, ANC being 1% and that review of records at Chilonga Hospital showed that the proportion of women accepting antenatal care was lower 4%. as confirmed by Abouzahr, Coaker and Wardlaw (2003) in their research on factors influencing utilization of antenatal care among pregnant women. This study also revealed that moderately above average (59%) of the respondents had used better though and accept antenatal care sometimes in their lifetime, while just a little below average 40.7% did not accept it.

In determining of the respondents source of information concerning antenatal care 10% had their source of information concerning antenatal care from mass media, 55% had theirs from hospital, while the remaining 35% source of information from religious house.

From table 5, time for antenatal care was not convenient, high level of commitment, the cost of antenatal service was high as well as the attitude of health care provider was not encouraging were identified as factors preventing these women from utilizing antenatal care adequately. Wilson in his research on the acceptance of antenatal care conducted in Dunkirk, Maryland found out that respondents were asked how generally supportive their husbands were regarding antenatal care .

Conclusion

The result of this study showed that pregnant women in this study have good knowledge of antenatal care, and they also have good attitude but there some factors influencing the low utilization of antenatal care.

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Implications of The Study

Every year, nearly half a million women and girls needlessly die as a result of complications during pregnancies, childbirth or the six weeks because adequate utilization of antenatal health care services is associated with improved maternal and neonatal health outcomes. Therefore, the medical and health workers should intensify health educate mothers on the needs and importance of early booking and regular attendance of antenatal clinic. This could also be done through mass media, billboards e.t.c. All the women of child-bearing ages should be involved.

Recommendations

Based on the findings of this study, the following recommendations were made in order to reduce the factors influencing the utilization of antenatal care among pregnant women.

1. Every woman of marriageable age should be educated on utilization of antenatal care
2. Recognized myths about antenatal care should be corrected through medical publicity and teachings
3. There is a need to have more educators on antenatal care who are well grounded therefore, government and non-governmental organizations should make it a point of duty in training personnel who can train and teach others.
4. Health worker should make use of interpersonal communication skills when dealing with clients.
5. Health workers should be courteous and respect the personality of clients
6. The hospitals and maternity centre should be well-equipped to meet the require standard

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