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DIPLOMA PROGRAMMES

FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE SERVICES AMONG PREGNANT WOMEN AT THE HOLY FAMILY HOSPITAL, BEREKUM

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2022

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study focused on the factors influencing utilization of antenatal care services under the free maternal care policy (FMCP) at the Holy Family Hospital, Berekum. A cross sectional descriptive study design was used to collect in-depth information for the study. The sample population was obtained using a proportionate stratified sampling technique. A total of 30 students were sampled for the study. The data for the study was collected by administering the questionnaire to the participants. The study found that the majority (90%) of the respondents described the attitude of the staff as friendly. All (100%) the respondents said a midwife was present throughout their ANC visit. A greater percentage of women (86.7%) indicated that all pregnant women in their household attend ANC. Almost all (96.7%) the respondents had good belief about ANC. The study recommended that Patients or women should encourage their male partners to be involved in the ANC attendance of their women/spouse. This is because they have an influence on their women/spouse as to the decision-making on whether to utilise ANC or not. The study concluded that majority of the women chose to attend ANC during pregnancy because of various reasons such as previous satisfaction when facility was used by the women and good staff attitude.

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ABBREVIATION

ANC	Ante Natal Care
FMCP	Free Maternal Care Policy
GHS	Ghana Health Service
SDG	Sustainable Development Goal
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
PNC	Post Natal Care
UN	United Nations
WHO	World Health Organisation

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

In 2020, the global maternal mortality ratio was 152 deaths per 100,000 live births, up from 151 deaths per 100,000 live births in 2019. This trajectory projects 133 deaths per 100,000 live births in 2030, nearly double the SDG target (Goalkeepers, 2021). Women of childbearing age all over the world notwithstanding race, education, marital status or occupation are faced with the agony of pregnancy's likelihood of leading to the loss of the mother (Fernanda, et al., 2017). Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (World Health Organization, 2018). Antenatal care involves a series of care focused on maternal and foetal wellbeing, allowing appropriate actions aimed at facilitating women to survive their pregnancy and delivery in a positive and enhance manner, limiting the uncertainties of delivery and puerperal complications (Fernanda, et al., 2017). Antenatal care is also a period when health-care employees offer series of approaches for women that could be advantageous to their health and that of their unborn child (Fife, 2018).

Good maternal health is key in saving the lives of pregnant women in addition to ensuring survival of newborns and better child health outcomes (Ehiri, 2016). Therefore, there is a need to provide access to the needed health care during pregnancy, and of paramount importance is the antenatal care (ANC). This is the first care given to women during pregnancy from healthcare professionals, and it is of utmost importance since it aids in predicting fetal and maternal complications (World Health Organization, 2018). Antenatal services are more positive in preventing any bad effect when it is sought early in the

pregnancy and continued until childbirth as it plays important roles in detecting and treating most complications of pregnancy and forms a good base line for proper management during labour and after delivery (Carroli, Rooney, & Villar, 2019).

Antenatal care starts on the first visit early in pregnancy followed by monthly visits in the early stages of pregnancy and subsequently to biweekly and weekly visits in the latter stages of the pregnancy (Chamberlain, et al., 2020). During the first ante natal visits, medical and obstetric history is inquired as well as assessment of gestation in order to determine the antenatal care services needed for the presenting pregnant woman (Chamberlain, et al., 2020).

Furthermore, screening for conditions such as HIV and sexually transmitted infections among others are done in order to assess maternal and fetal wellbeing (Carroli, Rooney, & Villar, 2019). During ANC, the pregnant woman and her care providers establish a delivery plan based on her needs, resources and circumstances (Chamberlain, et al., 2020).

Thus, antenatal care constitutes screening for health and socioeconomic conditions likely to cause or increase the possibility of specific side effects of pregnancy outcomes, providing therapeutic interventions known to be effective and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with the emergencies (WHO, 2018). Antenatal care for pregnant women is an important bedrock in the safe motherhood program formulated by the World Health Organization which aims at ensuring women's ability to safely carry pregnancy and deliver healthy infants (WHO, 2018). There is a five percent increase in maternal death among women. Adequate use of antenatal care (ANC) services could lower pregnancy and childbirth complications, and increase the outcomes for mothers and babies (Ehiri, 2016).

Non-utilisation of ANC services poses danger to the health of the mother and the baby and is linked with poor birth outcomes (Chaibva, et al., 2019).

Nonetheless, the year 2000 onwards saw the acceleration of the decline in maternal mortality rising to 5.5% (WHO, 2016). To this end there is international collaboration to reduce maternal mortality significantly (WHO, 2016). The Sustainable Development Goals (SDGs) have heightened optimism as SDG Goal 3 aims at reducing global MMR to less than 70 per 100,000 births. Agus and Horiuchi (2019), identified parity as a factor that influence women's receiving less than the recommended four ANC visits during pregnancy. Lack of knowledge of the western healthcare system and poor language proficiency were the most frequently reported impeding factors (Boerleider, et al., 2020).

Other studies have identified health provider factors to be responsible for challenges that women face in accessing ANC (Agus & Horiuchi, 2019). For instance, Agus and Horiuchi (2019), point out the need to understand women's perceptions of health services that they received. Ensor and Cooper (2018), argue on the other hand that women see labour and delivery as a period of main health dangers that requires biomedical care, and most women desire to give birth in a health facility. Mrisho et al. (2019), note that scarcities of staff, equipment and supplies were common complaints in the community in Tanzania.

Agus and Horiuchi (2019), report that women who were encouraged by their family to get ANC services had higher traditional beliefs score than women who encouraged themselves. These researchers note that traditional beliefs followed by lower income families had the greater influence on preferring TBAs, with the opposite trend for preferring midwives.

Pregnancy can cause serious health problems for both the woman and baby therefore it is important to seek early antenatal care to prevent or manage complication that may arise during pregnancy or childbirth (GDHS, 2019). The situation is no different from the case of Ghana as explained under the problem statement section. This is why the study seek to

investigate the factors influencing the utilization of antenatal care services among pregnant women at Holy Family Hospital, Berekum.

1.1 Problem statement

The proportion of mothers achieving adequate antenatal care (4 to 7 antenatal care visits) increased from 49.3% in 2006 to 49.98% in 2011 to 58.61% in 2017-2018 (Duodo, et al., 2022). In Ghana, the introduction of the Free Maternal Care policy, in 2008, has resulted in a significant improvement in antenatal care (Fife, 2018). The free maternal health policy aims to aid pregnant women in the country to access health care free of charge during pregnancy and six months post-natal (Fife, 2018).

It has been argued that, the introduction of the free maternal care policy was in line with scraping of user-fees in all public health facilities in 1957 after Independence with the aim of providing free universal care (Agyepong & Adjei, 2019).

It is believed that assessing factors influencing utilization of antenatal care services under the free maternal care policy, it will be possible to uncover patient, provider and community factors affecting ANC utilization which can better inform policy and practice. Hence, the need for the present study.

1.2 General objective

To assess the factors influencing utilization of antenatal care services under the free maternal care policy (FMCP) at the Holy Family Hospital, Berekum

1.3 Specific objective

1. To examine patient factors influencing utilisation of antenatal care at the Holy Family Hospital, Berekum
2. To assess provider factors influencing utilisation of antenatal care at the Holy Family Hospital, Berekum

3. To determine community factors influencing utilisation of antenatal care at the Holy Family Hospital, Berekum

1.4 Operational definition of terms

Antenatal care: care during pregnancy.

Utilization: This is the ability to attend ANC four or more times and receiving all the services required by a pregnant woman at the ANC such as immunization, screening etc.

Maternal Mortality Ratio (MMR): defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Maternal Health is one of the most significant public health problems in resource poor settings and reduction in maternal mortality has been identified as essential component of the United Nation's Sustainable Development Goals (SDG) and this has caused people to write about the same topic. This chapter reviews the relevant existing literature about the topic on what has been done and published by other authors to serve as a yardstick to assess the outcome of the study.

2.1 Antenatal care

Antenatal care (ANC) is the care a pregnant woman receives during her pregnancy through a series of consultations with trained health care professionals such as midwives, nurses, and sometimes doctors who specialize in pregnancy and child birth (Lincetto, Mothebesoane-Anoh, Gomez, & Munjanja, 2020). According to WHO (2018), ANC is the routine health control of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases and a complicating obstetric condition without signs and symptoms, and to provide education about lifestyle, pregnancy and delivery. Antenatal services also refers to the interventions to reduce maternal and child mortality. It is a planned program of medical management of pregnant women directed towards making pregnancy and delivery a safe and satisfying experience (MOH Uganda, 2016). The World Health Organization (WHO, 2016), recommends that a pregnant woman visit the hospitals eight times for ANC.

Studies have shown that most of the maternal and neonatal deaths are preventable (Stevens, Beach, & McGregor, 2019). Antenatal service is one of the most important strategies for reducing maternal and neonatal morbidity and mortality directly through detection and

treatment of pregnancy related illness, or indirectly through detection of women at risk of complications of delivery and also ensuring that they deliver in a suitably health facility (Anh, 2017). Other studies have established the association between antenatal service attendance and reduction of premature birth, low birth weight, congenital malformations, congenital infections, neonatal tetanus, pre-eclampsia and anaemia (Orvos et al., 2018). An analytical review of the World Health Statistics (2016) showed that ANC coverage, between 2016 and 2019 was indirectly correlated with maternal mortality ratio (MMR) worldwide (Bustreo, et al., 2019).

This indicates that countries with low ANC coverage are the countries with high MMR (Bustreo, et al., 2019). For instance, ANC coverage in United Arab Emirates was 100% with MMR of 8 per 100,000 and Ukraine had 99% ANC coverage and MMR of 23/100,000. By comparison with countries in Sub-Saharan Africa, Ghana had ANC coverage of 96% and MMR of 380/100,000, Chad had 43% ANC coverage and MMR of 980/100,000, and Nigeria had ANC coverage of 61% and MMR of over 560/100,000. Perhaps the poor maternal health outcome in Sub-Saharan African countries is due to poor ANC utilization (Ayaji, 2018) although according to Hodgins and D'Agostino (2014), ANC coverage may not provide information on the quality of care provided at the antenatal clinic.

About sixteen (16) million adolescent girls, age 15 to 19 and some one million girls under fifteen (15) years give birth yearly mostly in developing countries (WHO 2016).

2.2 Patient Factors Influencing Utilisation of Antenatal Care

Studies show that the use of Maternal Health Care Services in developing countries can be influenced by factors such as the socio-demographic characteristics (SDC) of women; culture; and availability and accessibility of the services (Mrisho, et al., 2019). Boerleider et al. (2020), note that provision of information and care in women's native languages was the

most frequently reported facilitating factor for non-western women's utilization of prenatal care. Most studies show an association between factors such as education, income, ethnicity, religion, culture, age, parity and decision-making influence to utilization of MHCS as well perceived benefits, perceived susceptibility, perceived severity and cues to action (Adukwu, 2018).

This part presents the chosen socio-demographic factors influencing utilisation of ANC. These socio-demographic factors include; women's education, husband's education, parity, birth order and interval, intendedness of pregnancy, age of women at marriage or at pregnancy, marital status, religion, caste and ethnicity, family size, and knowledge of family planning and ANC (Abajobir, Kisely, & Najman, 2019). Simkhada et al. (2018), also found the following factors affecting antenatal care uptake: Education on maternal health, educational level of husband, marital status, cost, availability, household income, occupation of the women, media exposure and having a history of obstetric complications.

Studies found that the use ANC was intensely associated with woman's age at the time she marries at and the time she gets pregnant (Mugo, Dibley, & Agho, 2020). In rural north India and in Nepal, the age at which a woman marries was positively associated with attendance for ANC (Sharma, 2019). Early ANC was patronized by most of the women in their thirties and more often than teenagers and older women. Women who married at the age of 19 or above were frequently going for ANC compared with teenagers (Manda-Taylor, Sealy, & Roberts, 2019). Magadi, Agwanda and Obare (2018), found that teenagers were usually more likely to receive insufficient antenatal care and have nonprofessional deliveries in Sub-Saharan Africa.

Studies found that the level of education of the woman was the greatest predictor of ANC visits thus women who had good education were likely to obtain the suggested number of ANC visits (Ehiri, 2016). Early ANC visits are more likely to be patronized by educated

women than women with little or no education (Agus & Horiuchi, 2019). On the other side, there was no association of education of the woman and utilization of ANC services in Pakistan (Nisar & White, 2019). Women's education occurred as a vital factor in a qualitative study, which lead to an appreciation of the importance of ANC (Mulatu, Cherie, & Negesa, 2019).

Studies showed that religion played a substantial role in ANC utilization (Deo, et al., 2020). In India, women who were in the Islamic religion were much more likely to seek routine ANC than other religions (Chamberlain, et al., 2020). Bustreo, et al. (2019), found significant variation in the acceptance of ANC by religion. Muslim women, Orthodox and Protestant religions were more likely to use ANC in Ethiopia (Mulatu, et al., 2019). On the other hand, religion was not a statistically significant predictor of ANC utilisation in India (Navaneetham & Dharmalingam, 2020).

Tsegay et al. (2019) discovered the occurrence of maternal health care utilisation and its elements among rural women aged 15-49 years in Tigray, Ethiopia. These researchers found that factors associated with ANC utilisation were among others, marital status, proximity of health facility to the village, while use of institutional delivery was mainly associated with parity, education, having received ANC advice, a history of difficult/prolonged labour, and husbands' occupation.

A woman's occupational background could facilitate her decision to utilise ANC (Fotso, Ezeh, & Essendi, 2019). Thus, Fotso et al. (2019), mentioned the need increase the female education to change the ideas of the importance of skilled maternal health care and also to improve households' funds.

Studies indicated strong associations between parity and ANC use. While higher parity was generally a barrier to satisfactory use of ANC (Sharma, 2019), Found that in Ethiopia high

parity women have a tendency to use the service more often than primiparous women (Boerleider, et al., 2020).

2.3 Provider Factors Influencing Utilisation of Antenatal Care

Although the World Health Organization (WHO, 2018), report, showed that the major causes of newborn deaths include bleeding, hypertension, anaemia, unsafe abortions, infections and obstructed labour; and the fact that these are the easily and most identifiable of maternal deaths, there are several other reasons associated with maternal deaths. Such other reasons could include the attitude of health care providers towards clients at the facilities. This could result in low utilisation of facility based services. For instance, Tsegay et al. (2019), conclude that there was a relatively acceptable utilisation of ANC services but extremely low institutional delivery in Ethiopia, noting that classical socio-demographic factors were associated with both ANC and institutional delivery attendance. These analysts recommended that ANC advice could contribute to increasing institutional delivery use.

Kyomuhendo (2020), reports that in Uganda, the last resort considered was the use of primary health units and the referral hospital, including when complications occur, This researcher found that lack of skilled staff at primary health care level, complaints of abuse, neglect and poor treatment in hospital and poorly understood reasons for procedures, plus the views of the health workers that women were ignorant, that the women were reluctant to deliver in health facilities and seek care for complications.

Magadi et al. (2018), found that use of ANC was associated with waiting time for the services. The time facility is opened for the ANC service was vital for urban slum-dwelling women in Bangladesh whereas long waiting times were obstructions to use ANC.

Findings show that health centres readiness to respond to obstetric emergencies was generally, insufficient in terms of skilled attendants, equipment, supplies and drugs, and

motivated staff (GHS, 2014). Studies showed that use of ANC was associated with the availability of the healthcare service (Magadi et al., 2018). Women who resided closer to a village health worker/nurse were more likely to get adequate and early ANC visits than women without a village health worker (Agus & Horiuchi, 2019).

Studies in Hadiya zone in Southern Ethiopia found that ANC use was influenced by accessibility of the services, mainly where they live, distance and transport to the healthcare facilities (Lire, 2017). Town and countryside status did not appear as statistically significant after holding constant regional status and other variables in Turkey (Celik & Hotchkiss, 2019). Distance was significantly associated with ANC use (Magadi, et al., 2018). Healthcare facilities that were located far from the women's residential address was associated with fewer antenatal visits, and lower interest in ANC (Magadi, et al., 2018).

Financial barrier is one of the most important limits when it comes to seeking the seeking of a skilled care during delivery in Ghana (Agyepong & Adjei, 2019). Problems such as under-funding of exemptions from user fees in general have also been found, which have meant that exemptions are available in theory, but not always in practice if the provider is not reimbursed for lost income (Abajobir, et al., 2019). Women with high economic status were more likely to obtain acceptable and early ANC than those with low economic status (Magadi et al., 2018).

Limited economic power may be an impediment in seeking ANC services among pregnant adolescents, since most of them might be school going and financially dependent on parents, spouses or boyfriends and might be unable to afford ANC fees and the basic requirements for delivery in a hospital (Chaibva et al., 2019). High antenatal fees charged for antenatal care services are high and as such these adolescent girls cannot afford and therefore settle for

cheaper services of traditional birth attendants (TBAs) which are also normally paid in kind (Ikamari, 2017).

2.4 Community Factors Influencing Utilisation of Antenatal Care

Some women assessed ANC very late because they were uncertain about the pregnancy (Oxenford, et al., 2019). In Zimbabwe both women who lived in the cities and villages were knowledgeable on the benefits of ANC for their health and that of their unborn child (Manda-Taylor, et al., 2019). Kyomuhendo (2020), suggests that there should be proper interventions to address the barriers between rural mothers and the formal health care system, which is inclusive of community education on all aspects of vital obstetric care and sensitization of service providers to the condition of rural mothers. Accordingly, a study found that women who have knowledge on family planning were more likely to attend ANC visits in Nepal (Sharma, 2019).

Stevens et al.. (2019), conclude that facility based delivery is a complex issue that is influenced by characteristics of the pregnant woman herself, her immediate social circle, the community in which she lives, the facility that is closest to her, and context of the country in which she lives. In Zimbabwe, women were afraid of their blood being used for witchcraft and sorcery if they had to be taken care of by a bad health attendant, and they also were not in favour of their HIV status being recorded in their health book particularly when it was HIV positive (Chaibva, et al., 2019). Studies revealed that, it was so shameful to be seen pregnant and this lead to the fact that pregnant women could not wear tight dresses when attending ANC (Ohaka, 2019). Women's perceptions of the risk factors associated with adverse obstetric outcomes were significantly related to the probability of seeking ANC. Women who had prior foetal loss or neonatal death were more likely to receive ANC (Sandall, et al., 2019). Anastasi et al. (2019), and Tesfaye et al. (2017), highlighted that the complications

experienced during earlier pregnancies had a positive effect on early and adequate attendance for ANC.

It is anticipated that the husbands have some influence on their spouses' decision to utilise ANC - as a result, studies have suggested the need to involved husbands/men in issues relating to ANC and its utilisation (Bustreo, et al., 2019). For instance, Magadi, et al. (2018), recommend that the following to be addressed to be able to enhance the plans laid in achieving the MDG targets which are to improve coverage of health facilities, raise awareness for both pregnant women and their partners on what to look out for as signs of danger during pregnancy & delivery and also to strengthen counseling on facility delivery and individual birth preparedness.

Certain traditions and cultures in the country maintain that women must wait for approvals from male relatives before seeking help or health care (GHS, 2014). Tsegay et al. (2017), found that factors associated with ANC utilisation were among others, husband's occupation, while use of institutional delivery was mainly associated with husbands' occupation, among others in Ethiopia

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter describes the research design and methodology. This includes the study area, study population, sample and sampling technique, data collection, analysis and ethical considerations.

3.1 Study area

The study will be conducted at Holy Family Hospital, Berekum. The Holy Family Hospital Berekum is situated in the Bono Region of Ghana. Holy Family Hospital (HFH), Berekum is a Catholic Diocesan Hospital which serves as the Municipal Hospital. It was established in 1948 by the Medical Mission Sisters (MMS) and became a Diocesan Hospital in 1978. Holy Family Hospital (HFH), Berekum, since 1969 has been networked with the Ministry of Health (MoH). The major catchment area of the facility is Berekum Municipality. The hospital provides the following services; The Hospital provides a 24hour specialist and general services on both out-patient and in-patient basis. The hospital has a total of 11 units/wards. The Hospital offers the following health care services Out Patient, In patient, Pharmacy, Laboratory, Dental, Eye Care, ENT, Adolescent Reproductive, Child welfare, HPT/DM clinic, Antenatal, Post Natal, Ultrasound among others.

3.2 The study population

The study population will consist of pregnant women who will be attending antenatal care at Holy Family Hospital, Berekum. According to the ANC register, the total number of pregnant women who have attended ANC from August 2022 to September 2022 is one-hundred and ninety-nine.

3.3 Study design

The study will adopt a cross sectional descriptive study. Cross-sectional studies are carried out at one time point or over a short period and they are usually conducted to estimate the prevalence of the outcome of interest for a given population, commonly for the purposes of public health planning. The study used this design because there was the need to gather data on the situation over the period of conducting the study.

3.4 Sampling technique and size

Purposive sampling will be used in the selection of pregnant adolescent girls attending antenatal clinic to participate in the study. The Slovin;s formula was used to calculate the sample size for the study. It is written as

$n = N / (1+ Ne^2)$

Where:

n = Number of samples,

N = Total population and

e = Error tolerance (level)

Confidence level = 95% giving us an Alpha level of 0.05

$n = 199 \div (1 + 199 \times 0.05^2)$

n = 132.9

Therefore, the sample size for the study is 133 pregnant women. However, only 30 respondents will be used to conduct the study due to financial constraints.

3.5 Data collection methods and instruments

The research team will develop a questionnaire which will be used for the data collection on the factors influencing utilization of antenatal care among pregnant women. Participants will be encouraged to ask questions for clarifications and answers will be provided for such questions.

3.6 Data analysis technique

Data will be entered and analyzed using the Microsoft excel version 2016 and results will be presented in the form of frequencies and percentages.

3.7 Ethical consideration

An introductory letter will be issued from the school to the hospital administration seeking for permission to conduct the study at Holy Family Hospital, Berekum. The research team believed that maintaining the confidentiality and anonymity of the participants is crucial to this study. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and were assured of confidentiality of all information that was obtained. Furthermore, the identities of the participants were not disclosed, and only aggregate data was reported. Moreover, participants were fairly selected, no form of harm and discomfort was done. The research team ensured no form of research misconduct transpired throughout the period of the study.

3.8 Limitations of the Study

Time constraints; the time for the study will be quite short and will not allow for the use of larger sample size.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Demographic Profile of Respondents

Table 4. 1: Respondents age

Variable	Categories	Frequency (n)	Percentage (%)
Age	15-20	9	30
	21-25	7	23.3
	26-30	3	10
	31-35	6	20
	36-40	2	6.7
	41-45	3	10

From table 4.1, most (30%) of the respondents were aged 15-20 years followed by 21-25 years (23.3%), 31-35 years (20%), 26-30 years (10%), 41-45 years (10%) and 36-40 years (6.7%).

Table 4. 2: Respondents marital status

Variable	Categories	Frequency (n)	Percentage (%)
Marital status	Married	8	26.7
	Cohabiting	13	43.3
	Separated/Divorced	9	30

Table 4.2 depicts that most (43.3%) of the respondents were cohabiting followed by those who were separated/divorced (30%) and married couples (26.7%).

Table 4. 3: Respondents residence

Variable	Categories	Frequency (n)	Percentage (%)
Who do you live with?	Spouse	15	50
	Friend	3	10
	Other	12	40

From table 4.3, half (50%) of the respondents lived with their spouse followed by other places of residence (40%) such as parents house (33.3%), grand mother (3.3%) and sisters (3.3%) residence.

Table 4. 4: Respondents educational level

Variable	Categories	Frequency (n)	Percentage (%)
Level of education	Tertiary and above	5	16.7
	Secondary	9	30
	JHS	14	46.7
	Primary	2	6.7
	None	0	0

As shown in table 4.4, most (46.7%) of the respondents had educational level of Junior High followed by Secondary (30%), Tertiary and above (16.7%) and Primary (6.7%).

Table 4. 5: Respondents occupation

Variable	Categories	Frequency (n)	Percentage (%)
Occupation	Students	8	26.7
	Governments	5	16.7
	Trader	9	30
	Not working	8	26.7

As shown in table 4.5, most (30%) of the respondents were traders followed by students and not working (26.7%) and governments (16.7%).

Table 4. 6: Respondents religion

Variable	Categories	Frequency (n)	Percentage (%)
Religion	Christianity	24	80
	Islam	6	20
	Other	0	0

Table 4.6 illustrates that majority (80%) of the respondents were Christians and few (20%) belonged to the Islamic religion.

Table 4. 7: Respondents on whether they enjoyed the overall service at the hospital

Variable	Categories	Frequency (n)	Percentage (%)
Have you enjoyed the overall services at the hospital for ANC?	Yes	28	93.3
	No	2	6.7
	Don't know	0	0

Table 4.7 illustrates that majority (93.3%) of the respondents indicated they enjoyed the overall services rendered to them at the hospital.

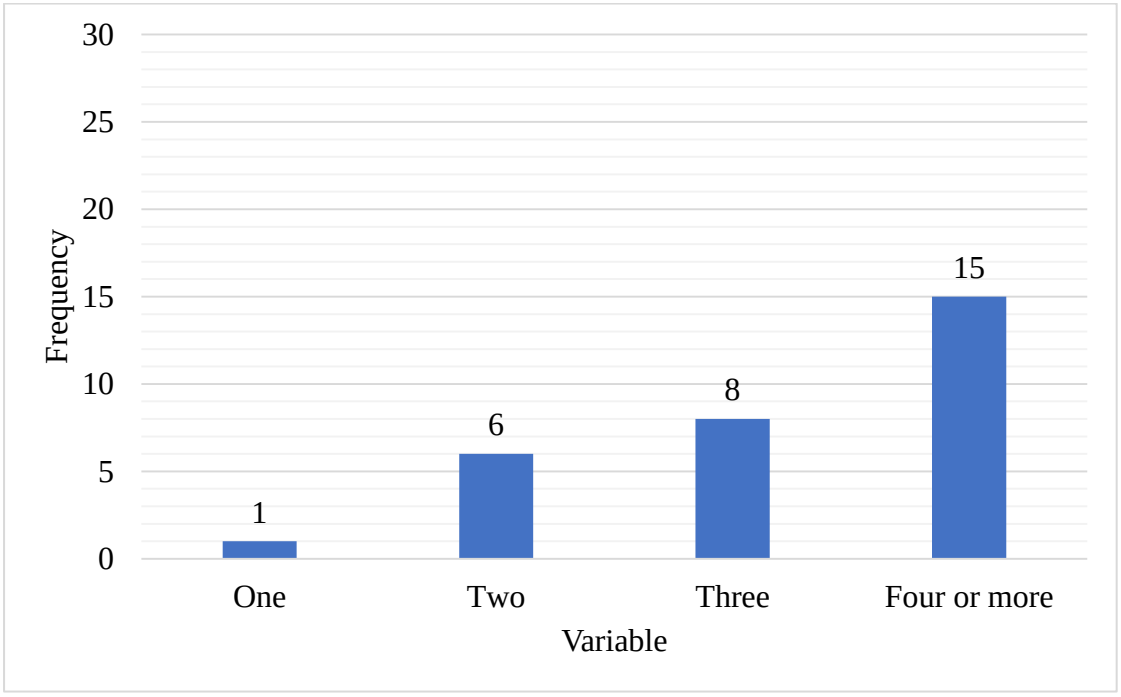

Figure 4. 1: Respondents number of ANC visits

Figure 4.1 shows that half (50%) of the respondents had four or more ANC visits followed by three visits (26.7%), two visits (20%) and one visit (3.3%).

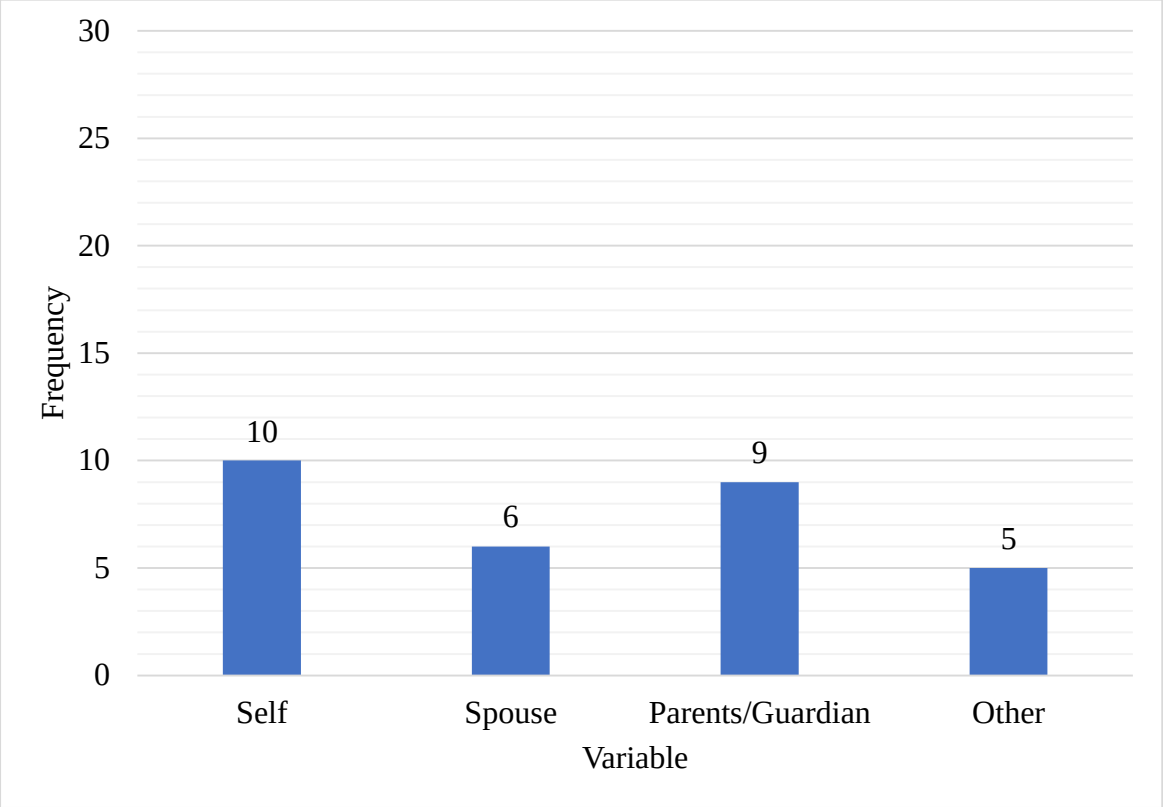

Figure 4. 2: Respondents source of income

Figure 4.2 depicts that over thirty (33.3%) of the respondents had self-generated source of income followed by parents/guardians (30%), spouse (20%) and other (16.7%).

4.2 Provider Factors Influencing Utilization of Antenatal Care

Table 4. 8: Respondents on provider factors influencing utilization of antenatal care

Variable	Categories	Frequency (n)	Percentage (%)
How would you describe the attitude of the staff?	Friendly	27	90
	Unfriendly	1	3.3
	Indifferent	2	6.7
How would you assess the time you have to spend at the health facility?	Short	13	43.3
	Reasonably long	16	53.3
	Too long	1	3.3
Was there a midwife present throughout your ANC visit?	Yes	30	100
	No	0	0
How far do you live from Holy Family Hospital?	Close	9	30
	Far	14	46.7
	Very far	7	23.3
Did you do all your lab and imaging tests at HFH?	Yes	30	100
	No	0	0
Did you get all your medication at HFH?	Yes	26	86.7
	No	4	13.3
Did you get enough time to discuss all your Health issues?	Yes	30	100
	No	0	0

Table 4.8 illustrates analysis of provider factors influencing utilization of antenatal care, majority (90%) of the respondents described the attitude of the staff as friendly, Over half (53.3%) of them said the time spent at the health facility was reasonably long followed by 43.3% of them who indicated it was short and only (3.3%) noted it was long, all (100%) the respondents said a midwife was present throughout their ANC visit, nearly half (46.7%) of

the respondents said they live far from the hospital followed by just (30%) of them who live close and only (23.3%) of them indicated they live very far from the hospital, all (100%) the respondents indicated they did all their laboratory and imaging tests at Holy Family Hospital, majority (86.%) of the respondents said they got all their medications at Holy Family Hospital, all (100%) the respondents cited they got enough time to discuss all their health issues.

4.3 Community Factors Influencing Utilisation of Antenatal Care

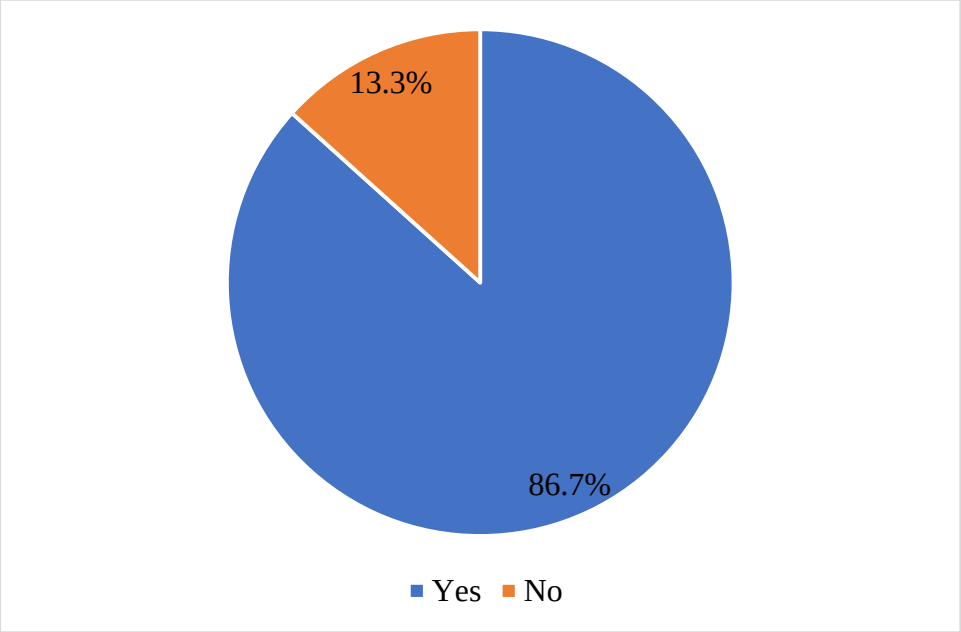

Figure 4. 3: Respondents on pregnant women in their household attending ANC

From figure 4.3, A greater percentage of women (86.7%) indicated that all pregnant women in their household attend ANC. Only (13.3%) of the respondents said pregnant women in their household do not attend ANC.

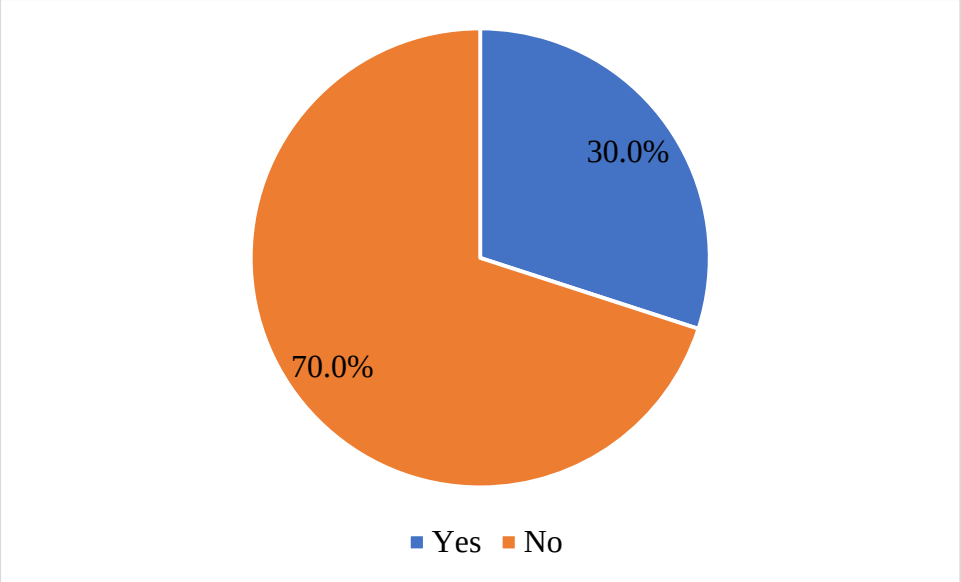

Figure 4. 4: Respondents on whether they were reluctant to go for ANC

As shown in figure 4.4, majority (70%) of the respondents said they were not reluctant to go for ANC whiles only (30%) said they were reluctant to go for ANC.

Table 4. 9: Respondents reasons for been reluctant to attend ANC

Variable	Categories	Frequency (n)	Percentage (%)
Reasons for been reluctant to attend ANC	Attitude of midwives	4	44.4
	Wanted to wait for a while	1	11.1
	Family related issue	1	11.1
	Stress and tiredness	1	11.1
	Stigma	2	22.2

As shown in table 4.9, out of the 9 respondents who indicated they were reluctant to attend ANC, nearly half (44.4%) of them said it was as a result of the poor attitude of midwives at the ANC followed by stigma (22.2%).

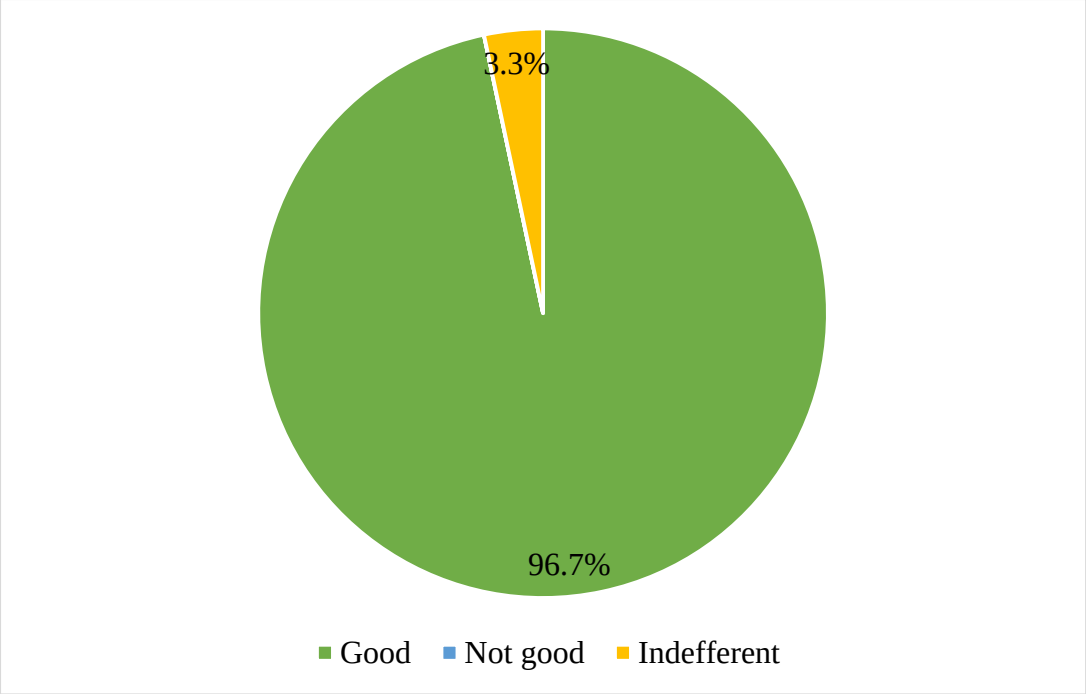

Figure 4. 5: Respondents belief on ANC

The results in figure 4.5 show that almost all (96.7%) the respondents had good belief about ANC.

Table 4. 10: Respondents reasons for belief in ANC

Variable	Categories	Frequency (n)	Percentage (%)
Reasons for belief in ANC	Good for mother's health	9	31.0
	Reduces complications	7	24.1
	Skilled staff	4	13.8
	To acquire knowledge on pregnancy	3	10.3
	Good for baby's health	5	17.2
	Due to the free maternal policy	1	3.4

As shown in table 4.10, respondents reason for having good belief in ANC was due to the following reasons ANC is good for the mother's health (31.0%), ANC reduces complication (24.1%), ANC is good for baby's health (17.2%), there are skilled staff at the ANC (13.8%), they acquire knowledge on pregnancy at the ANC (10.3%) and free maternal policy (3.4%).

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter focuses on shedding more light on the findings obtained from the data analysis gathered from the questionnaires and how they relate to prevailing literature in the field of study.

5.1 Discussion

5.1.1 Patients factors that influence the utilisation of ANC

Marital status was significantly associated as one of the patient or personal factors that influenced women to utilize the ANC service. Comparing marital status and number of ANC visits revealed that ANC visit was high among the married women and those cohabiting than those who were separated or divorced. This establishes the fact documented in other studies, which found that ANC utilization amongst women in South Sudan was strongly associated with women who were married during pregnancy (Mugo, et al., 2020).

Religion had a role to play as the mothers who were Christians also utilized the ANC services more compared with Muslim mothers. This confirms studies in Eastern Nepal which disclosed that religion played a significant role in ANC utilization (Deo et al., 2020). On the other side, this study also contradicts the evidence in a systematic review, which revealing that Muslims in the developing countries were much more likely to seek routine ANC than other religions (Agus & Horiuchi, 2019).

The study revealed that most of the women had some level of education. This suggests that mothers were pre-informed on the use of ANC services during pregnancy, which could be associated with the mother's level of exposure and access to information on antenatal care services that are given at the facility.

5.1.2 Health Provider factors that influence the utilisation of ANC

The report from the World Health Organisation (WHO, 2018), talks about the major causes of newborn deaths, including bleeding, hypertension, anaemia, unsafe abortions, infections and obstructed labour; and the fact that these are the easily and most identifiable of maternal deaths. The report further stated that there are several other factors associated with maternal deaths with other reasons which could include the attitude of health care providers towards clients at the facilities. This could results in low utilisation of facility based services. Contrary to this study, majority of the respondents described the attitude of the staff as friendly and hence did not reduce utilization of ANC services by these women.

Over half of them said the time spent at the health facility was reasonably long. This finding contradicts the findings recorded in studies conducted in Kenya, which revealed that the use of ANC was associated with waiting time for the services (Magadi et al., 2018).

Nearly half of the respondents said they live far from the hospital. However, distance did not affect the utilization of ANC services by these women. This finding therefore, contradicts the studies that found that ANC use was influenced by accessibility of the services, mainly, distance and transport to the healthcare facilities (Lire, 2017).

5.1.3 Community factors that influence the utilisation of ANC

Almost all the women attending ANC at the Holy Family Hospital, Berekum had a positive belief in the use of ANC. This strongly opposes to the qualitative studies conducted in South Africa among pregnant women, which suggested that most women saw little direct benefit from ANC and did not visit early if they had not experienced problems in previous pregnancies (Mulatu et al., 2019). This finding rather shows a significant relationship with another study, which declared that either urban nor were rural women sure about the benefits

of ANC for their health or their unborn child in Zimbabwe (Manda-Taylor, Sealy, & Roberts, 2019).

The belief in ANC visits was associated with factors such as; to monitor the wellbeing of the unborn baby, to acquire knowledge of pregnancy and to reduce complications during delivery. This corresponds with literature which stated that women's perceptions of the risk factors associated with adverse obstetric outcomes were significantly related to the probability of seeking ANC (Sandall et al., 2019).

5.2 Conclusion

The conclusion of the study on the above objective was that majority of the women chose to attend ANC during pregnancy because of various reasons such as previous satisfaction when facility was used by the women and good staff attitude. The study concludes that almost all the women attending ANC at Holy Family Hospital, Berekum had a positive belief in the use of ANC. That is to argue that the belief in ANC visits was associated with factors such as; to monitor the wellbeing of the unborn baby, to acquire knowledge of pregnancy and to reduce complications during delivery

5.3 Recommendation

The following recommendations were made for consideration by stakeholders in the healthcare environment who are involved in providing family planning services, among others:

1. Patients or women should encourage their male partners to be involved in the ANC attendance of their women/spouse. This is because they have an influence on their women/spouse as to the decision-making on whether to utilise ANC or not.

2. Emphasis should be put on health education of women about the benefits of ANC while health workers also continue to create a friendly environment for pregnant women through improved patient's health and good work relationship.

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APPENDICES

QUESTIONNAIRE

Dear Respondent,

This questionnaire is designed to collect data on the topic: ‘‘Factors Influencing Utilization of Antenatal Care Services Among Pregnant Women at the Holy Family Hospital, Berekum’’

You are kindly requested to answer the questions below by indicating a tick [√] or writing the appropriate answered when needed.

Confidentially will be observed therefore your name will not be disclosed in this research. Please answer the questions as frank and possible.

SECTION A: PATIENT FACTORS INFLUENCING UTILISATION (SOCIO-DEMOGRAPHIC CHARACTERISTICS)

1. Age of respondent in years

   a. 15-20 [] b. 21-25 [] c. 26-30 [] d. 31-35 [] e. 36-40 [] f. 41-45 []

2. Marital Status

   a. Married [] b. Cohabiting [] c. Separated/Divorced []

3. Who do you live with?

   a. Spouse [] b. Friend [] c. Other (specify)…….

4. Educational level

   a. Tertiary and above [] b. Secondary [] c. JHS [] d. Primary [] e. None []

5. Occupation

   a. Student [] b. Government employee [] c. Trader [] d. Not working []

6. Religion

   a. Christianity [] b. Islam [] c. Other (specify)…….

7. How many antenatal visits have you had [confirm from book]?

   a. One [] b. Two [] c. Three [] d. Four or more []

8. Have you enjoyed the overall services at the hospital for ANC?

   a. Yes [] b. No [] c. Don't know []

9. Source of income

   a. Self [] b. Spouse [] c. Parents/Guardian [] d. Other (specify)……

SECTION B: PROVIDER FACTORS INFLUENCING UTILISATION OF ANTENATAL CARE

10. How would you describe the attitude of the staff?

    a. Friendly [] b. Unfriendly [] c. Indifferent []

11. How would you assess the time you have to spend at the health facility?

    a. Short [] b. Reasonably long [] c. Too long []

12. Was there a midwife present throughout your ANC visit?

    a. Yes [] b. No []

13. How far do you live from Holy Family Hospital?

    a. Close [] b. Far [] c. Very far []

14. Did you do all your lab and imaging tests at Holy Family Hospital?

    a. Yes [] b. No []

15. Did you get all your medication at Holy Family Hospital?

    a. Yes [] b. No []

16. Did you get enough time to discuss all your Health issues with the doctor/midwife?

    a. Yes [] b. No []

SECTION C: COMMUNITY FACTORS INFLUENCING UTILISATION OF ANTENATAL CARE

17. Do all pregnant women in your household attend ANC?

    a. Yes [] b. No []

18. Were you reluctant at a point in time to go for ANC?

    a. Yes [] b. No []

19. if yes, please explain?

    ……..……

    ……

20. What is your belief on ANC visits?

    a. Good [] b. Not good [] c. Indifferent []

21. Any reason for the answer above

    ……

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Fax: 0352222474

Our Ref. HFNMTC/GC/011/090622

Your Ref. .....

Date September 6, 2022

The Administrator
Holy Family Hospital
Berekum

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under-listed names of final-year students of the College:

1. **Tutuah – Brobbey Elizabeth**
2. **Yeli Susana**
3. **Danquah Augustina**

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence the data collection on **"Factors influencing utilization of Antenatal care services among pregnant women at the Holy Family Hospital, Berekum".**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

.....
Dorcas Osei
Supervisor

For: Principal

Website: nmtcberekum.edu.gh **E-mail.** nmtcberekum@yahoo.com, nmtcberekum@gmail.com