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

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DECLARATION

We hereby declare that this submission is our 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 the 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 the utilization of antenatal care services among pregnant adolescents at Holy Family Hospital, Berekum. A descriptive cross-sectional survey was used to collect in-depth information for the study. The respondents were obtained using the convenient sampling method. A total of 50 pregnant adolescents were sampled for the study. The data for the study was collected by administering a questionnaire to the participants.

The study found that majority of the respondents (32%) indicated that they heard about ANC from the hospital, 28% of the respondents also indicated that they heard about ANC from the media, 24% of the respondents indicated that they heard about ANC from their friends, 10% of the respondents indicated that they heard about ANC at community meetings and 6% of the respondents.

The study recommended that women should be empowered by healthcare providers in terms of their education and economic status which are key factors in ANC attendance to prevent the vicious cycle of associated problems, also health services must institute a program call teenagers or adolescent health friendly policies in a setting where services are constrain to guide decisions around them, focus antenatal Clinic seems to be of important aspect that health services should practice and health providers' attitude and the strength of patient-provider relationships are major determinants of adolescent willingness to attend ANC.

The study concluded that majority of the respondents (n=45, 90%) have heard about ANC, majority of the respondents (56%) understood must be attended and most of the respondents (90%) concluded that poor attendance to ANC is a health problem.

ABBREVIATION

WHO	World Health Organization
ANC	Antenatal Clinic
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
ITN	Insecticide Treated Net
HB	Haemoglobin
AIP	Anaemia In Pregnancy
FBC	Full Blood Count
ANV	Antenatal Visit
SPSS	Statistical Package for Social Sciences
IPTp	Intermittent Preventive Treatment for Malaria during Pregnancy
STIs	Sexually Transmitted Infections
LMICs	Low and middle income countries

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Antenatal care (ANC) is an essential tool used to detect risk factors of pregnancy and its outcomes. Follow-ups during pregnancy afford us the opportunity to effectively manage and promote proper maternal and foetal health. Antenatal care involves a series of care geared toward 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 time that gives the opportunity for health workers to present to pregnant women a number of interventions that may be relevant to their health and wellbeing and that of their infant (Fife, 2015). Essential interventions in ANC include early identification and management of obstetric complications such as pre- eclampsia: identification and management of infections such as HIV, syphilis and other sexually transmitted infections (STIs) tetanus toxoid immunization, intermittent preventive treatment for malaria during pregnancy (IPTp).

Antenatal care is also an occasion for service providers to encourage the use of professional attendance at birth and healthy behaviours which include breastfeeding, early antenatal care, and planning for optimal spacing of pregnancy. Many pregnant women persistently miss these opportunities provided by antenatal care, regardless of the fact that over half of pregnant women received at least one prenatal visit (Lincetto, Mothebesoane-anoh, et al., 2018). There is no much variation in the utilization of maternal and child health care according to mother's age. Evidence in five of the 15 countries, shows that women aged 18 or younger were less likely than women

aged 19–23 to use either antenatal care or delivery care, or both (Reynolds & Tucker, 2014). An estimated 16 million women aged 15–19 years deliver each year and a further million become mothers before age 15 years (Nove, et al., 2016). In most countries, these births among adolescents are mostly found among the poorer, less educated women, and early motherhood further compounds by disorganizing school attendance and restraining future livelihood opportunities (Nove, et al., 2016). Adolescents' pregnancies and child-birth episodes are major public health problems worldwide, largely in sub-Saharan Africa (Ebeigbe & Gharoro, 2019). There is a five percent increase in maternal death among females younger than 16 years as compared to females in their twenties (Mlangeni, 2016). Adequate use of antenatal care (ANC) services by adolescents could lower pregnancy and childbirth complications, and increase the outcomes for mothers and babies.

Adolescents' non-utilisation of ANC services poses danger to the health of the mother and the baby and is linked with poor birth outcomes (Chaibva, 2018). The chance that a 15 year old woman will ultimately die from a maternal cause is 1:3700 in developed countries, versus 1:160 in low-income countries (World Health Organization [WHO], 2013). About 800 women died daily as a result pregnancy and child birth related complications in 2013. Almost all of these deaths took place in low-resource settings, and a lot of these deaths could have been prevented. The main causes of these deaths are excessive bleeding, persistent increase in blood pressure, infections, and secondary causes, usually due to association between pre-existing medical disorders and pregnancy (Lenters, et al., 2015). About 500 out of the 800 deaths occurred in sub-Saharan Africa and 190 occurred in Southern Asia, and 6 occurring in advance countries (Lenters, et al., 2017). A woman in an emerging country is 23 times higher at risk of dying from a maternal-related cause during her lifetime as likened to a woman living in an advanced country

(Lenters, et al., 2017). Maternal mortality is a health index that displays very extensive gaps between rich and poor, urban and rural areas, both amidst countries and within them. Improving antenatal care (ANC) attendance is a crucial part of the efforts to enhance the health and wellbeing of those residing in low and middle income countries (LMICs). For adolescent mothers, this is particularly significant given the risk associated with this developmental stage and their increased chance for obstetric complications (Lenters, et al., 2017).

1.1 Problem statement

Antenatal care services are one of the essential services aimed at enhancing maternal health and preventing fetal mortality. Every health facility in Ghana has been equipped to provide antenatal care services therefore making the services available to every pregnant woman. It is therefore extremely important for every pregnant woman to seek antenatal care service most especially adolescent between the ages of 10-19year because they are considered a vulnerable group.

Adolescent pregnancy which is defined as pregnancy in girls aged 10–19 years and represents an important public health issue based on the adverse maternal and child outcomes linked with adolescent pregnancy, and the limitations imposed on their future and that of their children.

(Kingston, et al., 2012). It is estimated that adolescents aged 15–19 years contribute about 11% of births world-wide, and above 90% of these births happen in low- and middle-income countries (WHO, 2010). Adolescent giving birth does not only expose her to risks factor for adverse delivery outcome, but also has a negative effect on the future health status of the mother and infant (Ganchimeg et al., 2014). The main problems associated with adolescent pregnancy are preterm labor, hypertensive disease, anemia, and more severe forms of malaria, obstructed labor in very young girls in some regions, poor maternal nutrition and poor breastfeeding. In many regions HIV infection is an important problem. The infants of adolescent mothers are more prone

to low birth weight and increased neonatal mortality and morbidity. Antenatal care is often inadequate. The most important problem is the increased incidence of preterm labor and delivery, the youngest age groups running the highest risk (Treffers, et al., 2001). Utilization of antenatal care service will help identify most of the risk associated with pregnancy and measures put in place to mitigate any complications arising during labour. Government of Ghana in an attempt to reduce maternal mortality has introduced the free maternal health service system to break financial barriers of access to maternal care services. Despite this, facility-based deliveries continue to be low due partly to poor quality of antenatal care that prevents pregnant women from giving birth in hospitals (Atinga & Baku, 2013). Despite the availability and benefits of antenatal service provide, it is most at time underutilize due to non- compliance to the recommended four visits proposed by WHO. According to the national demographic health survey (2014) about 97 percent of women who delivered in the five years before the survey received antenatal care from a skilled provider at least once for their last birth (Demographic and Health Survey, 2014). Antenatal care coverage is an indicator of access and utilization of care during pregnancy. It measures the proportion of women who receive care at least once during pregnancy within a given year. Antenatal coverage decreased from 98.2% in 2011 to 92.2% in 2012 and further decreased to 90% in 2013 in Ghana (GHS, 2013). The consistent decrease in antenatal care coverage needs to be investigated for necessary measures to be put in place to reverse the trend (Ghana Health Service, 2013).

Researchers have made an attempt to investigate into the decreased in antenatal coverage by assessing the factors influencing antenatal attendance. This was focused on all pregnant women and not much attention was given to pregnant adolescent who are vulnerable and are at risk of dying as a result of pregnancy and labour complications.

Failure of adolescents to use ANC services put them at risk of poor birth outcome and the health of the mother (Chaibva et al., 2019). It is therefore necessary to determine the factors influencing adolescent utilization of antenatal care services.

1.2 General objective

To determine the factors influencing the utilization of antenatal care services among pregnant adolescents who attend ANC sessions at the Holy Family Hospital, Berekum.

1.3 Specific objective

1. To assess the level of adolescent knowledge about antenatal care services among pregnant adolescents who attend ANC sessions at Holy Family Hospital, Berekum.
2. To assess the socio-economic and demographic factors influencing ANC attendance among pregnant adolescents who attend ANC sessions at Holy Family Hospital, Berekum.
3. To determine the quality of care factors influencing antenatal clinic attendance among pregnant adolescents who attend ANC sessions at Holy Family Hospital, Berekum.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains a review of relevant literature related to the research topic. The review is organized along the lines of the specific objectives of the study. The sources of information include books, journals, online articles, and research reports.

2.1 Overview

Antenatal care service is a service every woman must make sure to seek and must be made accessible to all. This is extremely relevant considering the benefits derived from antenatal services. It is a period used to assess the pregnant woman to rule out any complication that may result during pregnancy or delivery protecting the well-being of the mother and the baby. Others using the services are not able to attend the WHO recommended 4 visits during pregnancy. Despite the health benefit of antenatal care services, many women still fail to use the service. This may be due to several factors. For instance, financially challenged women in rural areas are likely not to receive adequate health care. This is most particularly true for area with low numbers of professional health workers, such as sub-Saharan Africa and South Asia. Despite the increase in the level of antenatal care in several part of the world during the last decade, 46% of women in poor countries enjoy skilled care during childbirth (WHO, 2012). In developed countries, almost all women have visited antenatal at least 4 times, and are being handled by a skilled health worker during childbirth and receive postpartum care but only over a third of pregnant women have had the recommended 4 antenatal care visit in developing countries (WHO, 2013). Whereas millions of women are deprived of access to maternal health care including antenatal care that would save their lives during pregnancy and lesson disability during

child birth, tens of thousands of women, who have access to the care turn up late, make lesser medical contacts and a larger number of expectant women do not seek the service for various reasons (Simkhada et al., 2008; Kisuule et al., 2013). It is reported that, 49% of Zimbabwe's pregnant adolescents who attended prenatal clinics commenced doing so after 28 weeks of gestation and 28% never attended prenatal clinics (MOHCW, 2005). Bulawayo's Director of Health Services reported an overall prenatal clinic attendance coverage of 52% in 2005, but 40% of these pregnant women commenced their prenatal clinic attendance after 16 weeks of gestation (Chaibva et al., 2010).

2.2 Knowledge about antenatal care services.

Adznam (2019) conducted a cross-sectional study to determine knowledge and attitude towards ANC attendance among pregnant women in Putrajaya. The study was also conducted to identify the associations between knowledge, attitude, and socio-demographic and antenatal characteristics. A total of 370 pregnant women participated in this study. Socio-demographic information and antenatal characteristics and knowledge and attitude concerning ANC attendance were collected using questionnaires. The knowledge on ANC were assessed. The median for the total knowledge score was 84.2 and the mean score for attitude and were 72.4+6.7. The study concluded that a positive attitude concerning anaemia influences a high level of knowledge.

Mwilike (2018) conducted in Tanzania which was aimed at establishing the association between knowledge of danger signs during pregnancy and subsequent health care seeking behavior, it was found that those who recognized danger signs were more willing to visit health facilities than those who were not knowledgeable about any danger signs of pregnancy. This shows that,

mothers who attend ANC when pregnant also stand a higher chance of utilizing other health services due to the education they will receive at ANC sessions.

Hackett and Lenter (2019) conducted a study in Ghana and Tanzania. This cross-sectional qualitative study involved focus group discussions (FGD) with primiparous adolescents who had accessed ANC while pregnant with their first child. The aim of the study was to understand what these young women valued and understood about their ANC experience, as this would provide insights into what factors enabled them to seek care. Data collection occurred within the context of existing community-based programs implemented by two large international non-governmental organizations (NGOs): Plan International (in Ghana) and World Vision (in Tanzania). Interpreting results through an adapted HBM demonstrates that adolescent health-seeking behaviour can vary widely among individuals and within communities, is shaped by the opinions of family members and peers, and is intrinsically influenced by broader health systems-level factors.

Regnault and Miibot (2017) conducted a descriptive cross-sectional study with the aim of determining factors associated with the utilization of ANC service among pregnant adolescents in the Sunyani municipality. This study employed descriptive cross-sectional survey design. A semi-structured questionnaire consisting of demographic profile of the respondents, their knowledge about ANC services and the level of ANC utilization. Logistic regression analysis techniques and chi-square were used for the categorical variables to examine the associations between the dependent and independent variables. Data analysis was done using the Statistical Package for Social Science software (SPSS) version 22. Majority (87%) in the Sunyani municipality attend ANC once during their pregnancy of which 95.6% had four or more visits and 77.1% initiated their ANC attendance within their first trimester. It was further observed that

97.3% of the them had good knowledge about ANC. Marital status and ANC knowledge were found to be significantly associated with ANC attendance. Husbands were found to be poorly involved in ANC services in the Sunyani municipality. Marital status and ANC knowledge predisposes most mothers to utilize ANC services. Hence, health education activities about ANC services and its importance should be channeled more to areas where ANC utilization is low.

Opong (2016) conducted a descriptive cross-sectional study aiming to reveal the Ghanaian perspective regarding knowledge and perceptions about ANC services, one study conducted in the Bono region of Ghana revealed that, about 14% of pregnant women were having no knowledge about what antenatal care entails while 17% and 69% however had poor and fair to very good knowledge on ANC services respectively.

Anlaaku (2017) conducted a cross-sectional study at the Sunyani Municipal Hospital from May to June 2017. All pregnant women aged 15 years and above who visited the Antenatal Clinic of the hospital during the period were eligible to participate in the study. Thirteen participants were randomly selected on each day of data collection from an average of 60 antenatal attendants using a sampling interval of five. The first participant was randomly selected among the first five who reported for antenatal care on each day. The subsequent fifth was selected until 13 participants were enrolled for the day. Data on socio-demographic characteristics such as age, educational level, number of children, occupation, marital status, source of income, wealth, and where they live were collected directly from the mothers using a questionnaire. The data were collected after the women had received ANC services for the day. For accuracy, some relevant data were extracted from the ANC booklets. A total of 316 pregnant women aged 12- 45 years (mean 28.42 years and SD+ 5.6 years) accessing ANC services at the Sunyani Municipal Hospital participated in the study. One hundred and thirteen (35.7%) of them were aged 25 - 29

years, 163 (51.6%) had basic level education and 69.0% (218/316) were self-employed. Most of the women (57.9%, 183/316) were married. As at the time of the study, 76.4% (120/316) of the women in their third trimester of pregnancy had made four or more ANC visits, whilst the majority of those in their first trimester (83.3%, 15/316) were coming for their second visit. Ninety-four (29.7%) of the women had not delivered before, whilst 137 (43.4%) of them have had more than one delivery, with 31.3% (99) of them carrying their third pregnancy. Out of the 316 participants, 129 (40.8%) were found to have more at the time of their first ANC visit because of their occupation, 48 (37.2%) had moderate knowledge whilst 2 (1.6%) had no knowledge. During their most recent ANC visit, it was revealed that most of them were having knowledge about ANC.

2.3 Socio-economic and demographic factors

Sumera and Savera (2020) conducted a study aimed to determine the association between road network distance from a health care facility and utilization of the ANC among adolescent women of reproductive age in Thatta Pakistan. A community-based case-control study was conducted in district Thatta, Pakistan. Questions related to socio-demographic, access-related factors and utilization of ANC were asked from women. Road network distance was calculated from the women's home to the health care facility providing ANC services. Logistic regression analysis was performed. A total of 380 participants were interviewed in this study. Participants' mean age and parity were 28 years (SD 5.65), and 3.5 (SD 2.6) respectively. The multivariate analysis showed that women living at a shorter distance of less than 5 km were 1.21 times likely to utilize ANC services [Adjusted OR. 1.21; 95% CI (0.49–2.99)]. Moreover, nulliparous women were 4.10 times likely to utilize antenatal care [Adjusted OR. 4.10; 95% CI (1.10–15.26)]. Similarly, women who had knowledge of antenatal care were 6.60 times likely to utilize ANC services

[Adjusted OR. 6.60; 95% CI (3.33–13.05)]. Women having electricity in their households were 3.15 times likely to utilize the ANC services [Adjusted OR. 3.11 95% CI (1.51–6.41)]. Women, living in well-constructed (Pakka) houses were 2.58 times likely to utilize the ANC services [Adjusted O.R: 2.58; 95% CI (1.15–5.82)]. Road network distance has no measurable impact on ANC utilization among married women in Thatta district, Pakistan. Nulliparous women having knowledge of ANC living in well-constructed houses equipped with electricity were found to be utilizers of ANC services. It is recommended that awareness and health education sessions should be arranged for pregnant women in rural Pakistan.

Pandey conducted a cross-sectional descriptive study in Central Nepal aiming to rule out the Socio-economic factors influencing ANC attendance among pregnant adolescents women. Using semi-structured questionnaire, interviews were conducted with married women aged between 15-49 years, who had delivered their babies within one year. Systematic random sampling method was used to select the sample. Results were obtained by frequency distribution and cross-tabulation of the variables. More than half of the women were not aware of the consequences of lack of antenatal care. Age, education, income, type of family were strongly associated with the attendance at antenatal care service. The study concluded that Nepal and in other developing countries, maternal mortality and morbidity continue to pose challenges to the health care delivery system.

Gebretsadik & Wubegzier (2019) conducted a study aiming to investigate socio-economic inequalities in the use of ANC services among pregnant adolescent women in Debre Brehan and surrounding areas, North East Ethiopia. A community-based survey was carried out in Debre Brehan and surrounding areas in North East Ethiopia. Two-stage cluster sampling technique was followed to recruit study participants. Data was collected using interviewer-administered

structured questionnaire from a sample of 412 adolescent women who gave birth in the 12 months prior to the study. The socio-economic inequalities were assessed by calculating a relative concentration index. Decomposition analysis was done to explain measured inequalities. Analysis was carried out in RStudio statistical environment using the ‘decomp’ package. The first ANC attendance has slight pro-poor concentration, with a relative concentration index of -0.128, and 95% CI -0.175, -0.082. Socio-Economic Status (SES) of a household, educational level and occupation of a woman and her husband were the most important contributors to the measured inequality in ANC attendance. The study found no SES-based inequality in the attendance of four or more ANC visits between the poor and rich.

Ahorlu and Pfeiffer (2017), conducted a study aiming to focus of the study was to examine how social capital (various kinds of valued relations with significant others), economic capital (command over economic resources, mainly cash and assets). A cross-sectional survey approach was used to interview 820 adolescent girls aged 15–19 years in Accra, Ghana. Out of 820 adolescents interviewed, 128 (16 %) were pregnant or mothers. Adolescents in both groups (62 % never pregnant girls and 68 % pregnant/young mothers) have access to social support, especially from their parents. Parents are taking the place of aunts and grandmothers in providing sexual education to their adolescent girls due to changing social structures where extended families no longer reside together in most cases. More (79 %) pregnant girls and young mothers compared to never pregnant girls (38 %) have access to economic support ($P = <0.001$). Findings showed that adolescent girls, especially those that get pregnant should not be viewed as weak and vulnerable because many of them have developed competencies to cope with pregnancy and childbirth effectively.

2.4 Quality of care factors

Mlilo-ChaibvaIn (2017) conducted a study to identify the factors affecting the utilization of ANC by adolescents in Bulawayo in Malawi indicated that thirty-seven respondents agreed that health workers' attitudes could influence decisions to utilize or not utilize ANC services in Bulawayo but some respondents disagreed.

Phommachanh (2019) conducted a study aiming to gain insight into the perceptions of stakeholders on both supply and demand sides of public ANC services in Laos and evidence for recommendations to improve the quality of ANC services. Semi-structured interviews were conducted with 50 participants from different stakeholder groups; on the demand side, couples with a currently pregnant woman and mothers with children under one year of age and a family member; and on the supply side, health providers, managers, policy makers of the Ministry of Health, and development partners. The interviews were voice recorded and transcribed verbatim for analysis by open and thematic coding, using the MAXQDA software program. All respondents reported that the number of pregnant women who visit ANC services has increased. However, an analysis of the supply side identified issues related to the quality of ANC that need to be improved in the areas of facilities, human resources, privacy and confidentiality, providers' behavior, attitudes, and ineffective communication skills when it comes to providing health education and counseling to pregnant women and their family members.

Bonso (2017) conducted a study aiming assess the quality of ANC services available to teenage pregnant mothers at the Maamobi District Hospital by looking at the areas such as the level of satisfaction on the quality of care provided to teenage mothers, and assessing the knowledge of teenage mothers about Focused Antenatal care. The study was a cross sectional descriptive survey. Data was collected using questionnaires. The study sample included ninety (90) pregnant

teenage mothers. Sample subjects were selected using the systematic random sampling technique. Variables measured were quality of antenatal care (ANC) received by pregnant teenage mothers and their demographic characteristics. Associations between these variables were determined using chi-square tests. These are presented in a tabular form. The results indicated that most pregnant teenage mothers were satisfied with the quality of antenatal care rendered. Overall, delivery of quality ANC at the Maamobi hospital to pregnant teenage mothers was high with satisfied patronization.

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter talks about the study area, study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

3.1 Study area

The study was conducted at the Holy Family Hospital, Berekum. The hospital is a Christian Health Association of Ghana (CHAG) facility under the National Catholic Health Service (Catholic Diocese of Sunyani). The facility is located on the Biadan road, and 36.8km from Sunyani which serves as a Municipal Hospital. Due to the strategic location of the hospital, patients from other parts of Ghana and neighboring countries like La Cote D'Ivoire visit the hospital. The hospital has a bed capacity of about 200 beds and provides services such as; inpatient (Paediatric, Males, Females, and Surgical) wards, outpatient, Reproductive and Child Health Clinic, Maternity and Labour and Emergency, Psychiatric unit, Eye clinic: Ear, Nose and Throat clinic, Dental clinic and Theater. The Post-Natal services are part of the Reproductive and child health department where care is provided for babies and mothers on five (5) working clinic days per week.

3.2 The study population

The target population for the study is all pregnant women in the Berekum Municipality and the accessible population is adolescent pregnant women visiting the Antenatal Clinic of the Holy Family Hospital, Berekum.

3.3 Study design

A descriptive cross-sectional survey was used in this study. This design was employed because pregnant women have unique or different characteristics that need to be studied at a point in time. The design also paved way for data collection to be done at the same time from people who are similar on other characteristics but different on key factors of interest such as age, income source, income levels, or geographic location. A descriptive study was employed to describe objectively the nature of the utilization of ANC sessions among pregnant adolescent women.

3.4 Sampling technique and size

A total of fifty (50) adolescent pregnant women were selected for the study. The respondents were obtained using the convenient sampling method. This method was used because it is inexpensive and respondents are easy to reach. Fifty (50) adolescent pregnant women who visited the ANC within a week from 9:00am to 1:00pm were selected.

3.5 Data collection methods and instruments

Data collection was done through the use of structured questionnaires consisting of both closed-ended and open-ended questions for easy expression of views and ideas. This was chosen as the method of data collection because it is relatively cheaper, avoided embarrassment on the part of the respondents, and the complete anonymity of respondents. Questionnaires were shared with pregnant women who attended ANC sessions. We explained to them how the questionnaires

were to be filled. Each pregnant woman used a maximum of 20 minutes to complete the questionnaire.

3.6 Data analysis techniques

The data obtained from the study were checked for accuracy, utility, and completeness. Data were analyzed using Microsoft Excel 2013 and results were presented in tables and figures.

3.7 Ethical consideration

An introductory letter was sent to the Management of the Holy Family Hospital, Berekum for approval to conduct the study. Participants were informed of the benefits, risks, purpose, and procedure of the study and their right to withdraw from the study at any point without penalty. All participants agreed voluntarily to be part of the study. Respondents were assured of anonymity and confidentiality by not providing any form of identification on the questionnaire. However, identification codes were used to represent the respondent according to their chronologic entry into the study.

3.8 Limitations of the study

The study was limited by the convenience sampling method that was used to select participants since not every participant had an equal and independent chance of being selected. Also, it was difficult to generalize our findings since a small sample size and one facility were used.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

Introduction

This chapter presents a detailed analysis of the data gathered from the field. The results are presented in tables and figures. The analysis data was done according to the specific objectives of the study. The results are categorized into the demographic characteristics of the respondents, the level of adolescent knowledge about antenatal care, the socio-economic and demographic factors influencing ANC attendance among pregnant adolescents and the quality of care factors influencing antenatal clinic attendance among pregnant adolescents who attend ANC sessions at Holy Family Hospital, Berekum.

4.1 Demographic Characteristics of the Respondents

Table 1: Age Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Age	10-13	1	2
	14-17	14	28
	17-20	35	70

From table one, the results of the study revealed that the age range for respondents was from 10-19 which was further grouped into 10-13, 14-17 and 17-20. It could deduced from the Table 1 above that 2% of the respondents falls between the ages of 10-13 years while 28% and 70% represents the ages between 14-17 and 17-20 respectively.

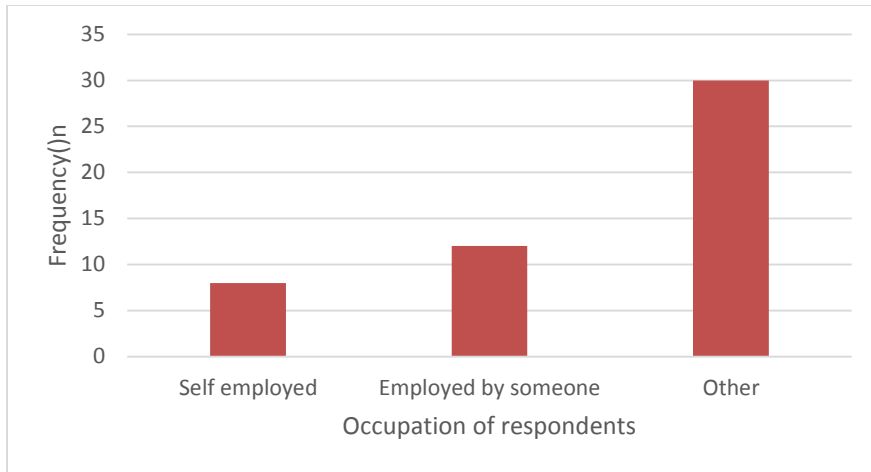


Figure 1: Respondents Occupational status

From figure 1, majority of the respondents (60%) indicated other (unemployed) as their occupational status, 22% indicated that they employed by someone and 16% indicated that they are doing their own work

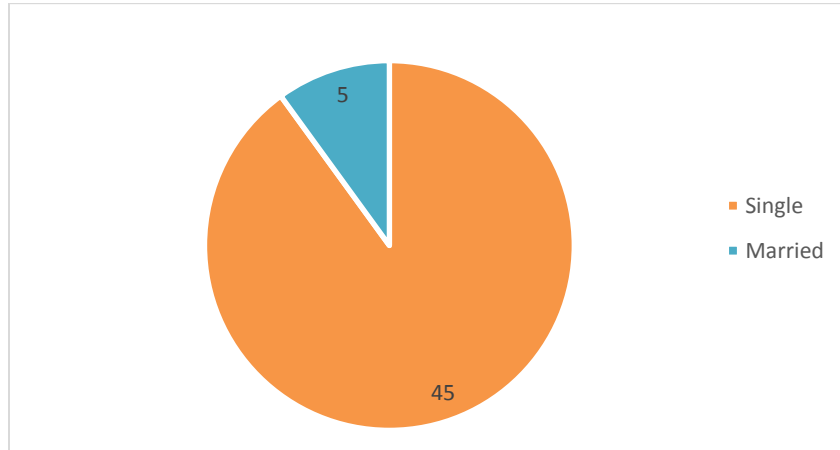


Figure 2: Respondents marital status

From figure two, only 10% of the respondents are married while the remaining 90% of the respondents are single.

Table 2: Educational Background of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Educational background	None	2	4
	Primary	12	24
	J.H.S.	18	36
	S.H.S	17	34
	Tertiary	1	2

Few of the respondents (4%) never had any form of formal education, 24% of the respondents had primary education, most of the respondents (36%) had Junior High School education, 34% of the respondents had Senior High School education and 2% of the respondents had tertiary education

Table 3: Religions of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Religion	Christianity	40	80
	Islamic	10	20
	Traditional	0	0
	Others	0	0

From table 3, most of the respondents (80%) are Christians, 20% of the respondents are Muslims and none of them were Traditionalists.

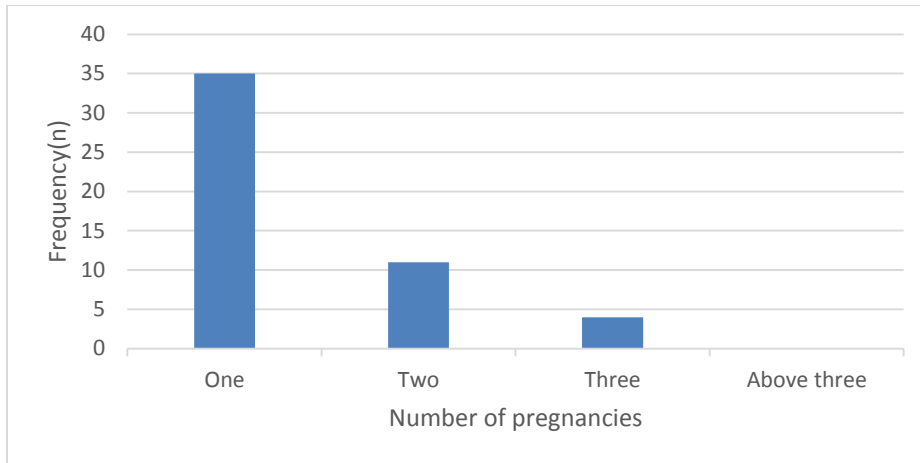


Figure 3: Respondents number of pregnancies.

From figure 1, most of the respondents (70%) had gotten pregnancy once, 22% of the respondents had gotten pregnant twice, 8% of the respondents had gotten pregnant three times and none of the respondents had gotten pregnant more than three times.

4.2 Knowledge about antenatal care.

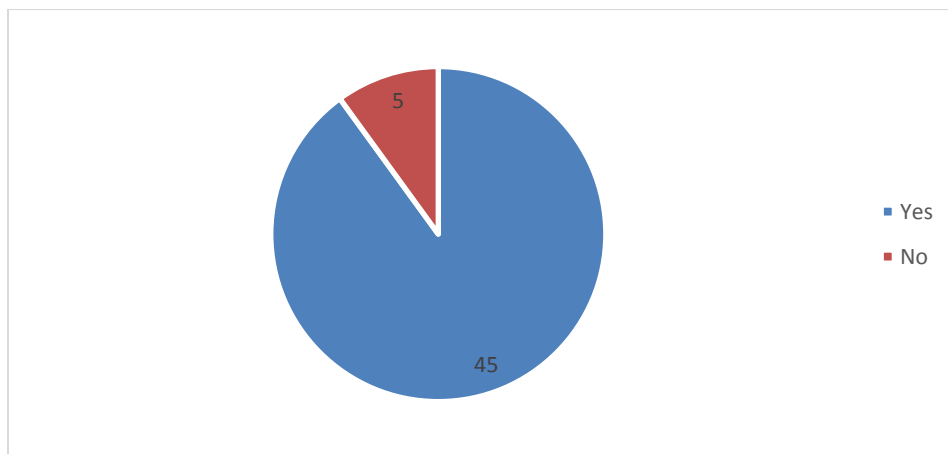


Figure 4: Respondents knowledge about ANC.

From figure four, most of the respondents (90%) have heard about Antenatal Clinic and 10% have not heard about Antenatal Clinic.

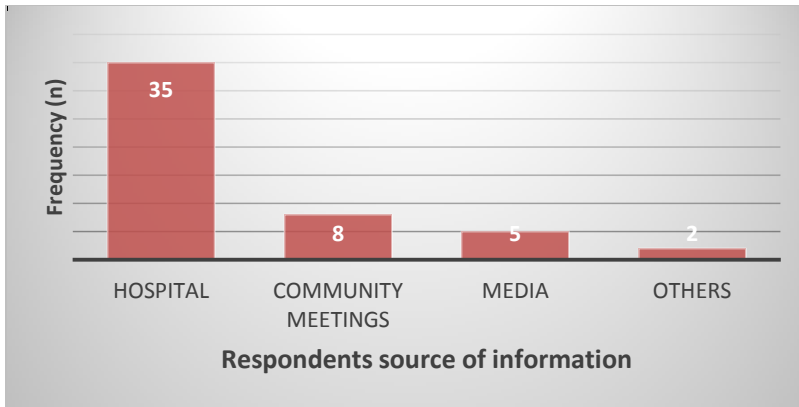


Figure 5: Respondents source of information.



Figure 6: Respondents knowledge on how ANC is helpful.

From figure six, most of the respondents (96%) indicated antenatal care is helpful, 4% indicated they doesn't know and none of the respondents indicated no.

4.3 Perception on socio economic and demographic factors

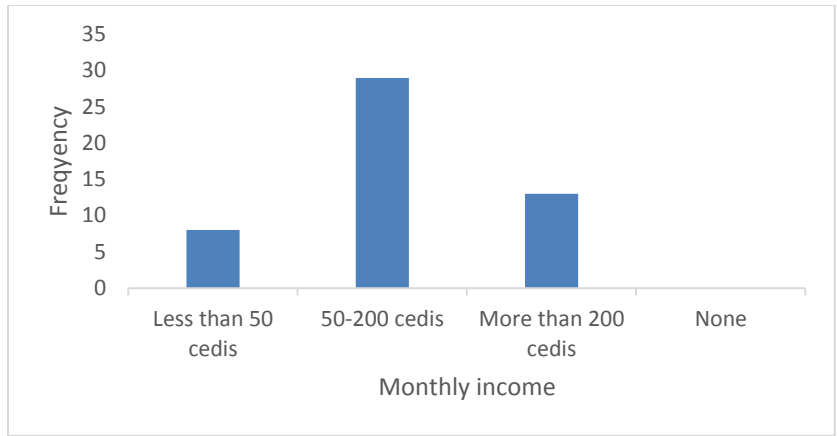


Figure 7: Respondents monthly income

From figure seven, about 58% of the respondents indicated that they earn 50 to 200 cedi’s a month, 26% of the respondent indicated they earn more than 200cedis and 16% of the respondents also indicated less than 50cedis a month.

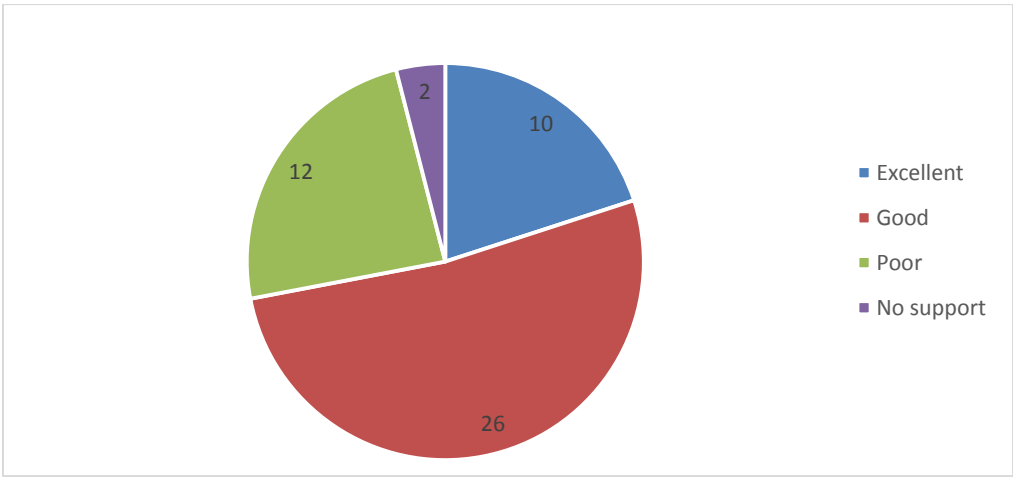
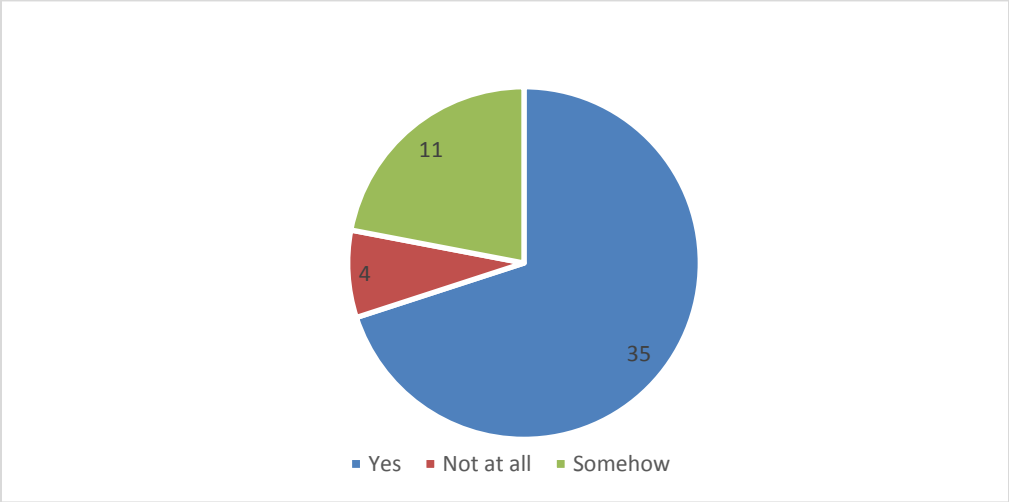


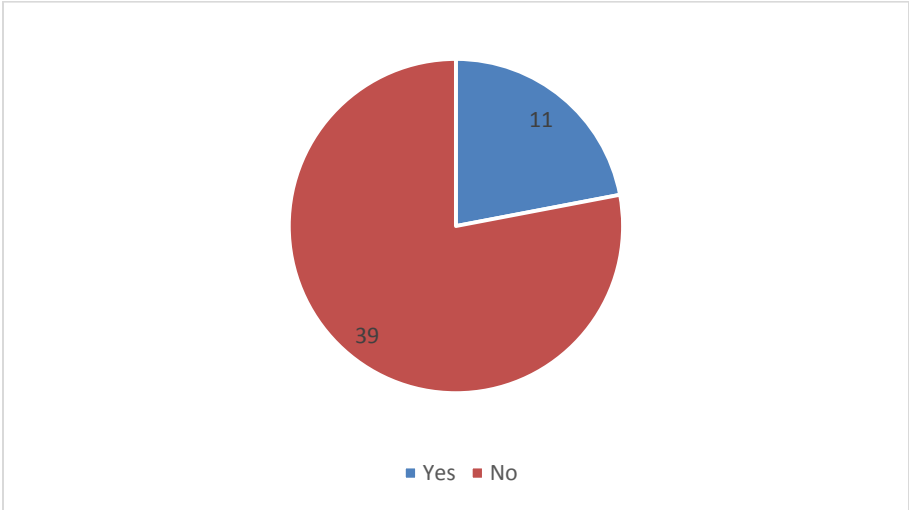
Figure 8: Support respondents gain from family

From figure eight, 20% of the respondents revealed the support they gain is excellent, majority of the respondent (52%) indicated good as the support they gain, 26% of the respondents also

indicated that the support they gain is poor and 4% of the respondents indicated they don't gain any support.



From figure nine, about 70% of the respondents indicated 'yes' they feel intimidated, 22% of the respondents also indicated that they don't feel intimidated at all and 8% of the respondents revealed they feel intimidated somehow.



From figure ten, 78% of the respondents indicated that they were satisfied with the services at the ANC and 22% of the respondents also indicated they were not satisfied with the services at the ANC.

Table 4: Respondent’s perception about the quality of care rendered

Variable	Categories	Frequency (n)	Percentage (%)
Staff courtesy	Excellent	7	14
	Good	10	20
	Fair	35	70
	Poor	3	6

From table four, about 60% of the respondents indicated that the courtesy of the staff were fair, 20% of the respondents also indicated that the courtesy of the staff were good, moreover 14% also indicated excellent as the courtesy of the staff and 6% indicated poor.

4.4 Perception about the quality of care rendered

Table 5: Respondent’s perception about the quality of care rendered

Variable	Very satisfied	Satisfied	Dissatisfied
Privacy arrangement.	38	7	5
Amount of information provided.	15	30	5

The comfort of examination room.	10	10	30
The amount time spent at the facility.	13	17	20
The quality of care you received.	7	15	28

The above table seeks to analyze the **perception about the quality of care rendered** among respondents. Out of the 50 respondents, 76% indicated that they were very satisfied with the privacy arrangement, 14% indicated that they were satisfied and 5% indicated that they were dissatisfied.

Thirty percent (30%) indicated that they were very satisfied with the amount of information provided, 60% indicated that they were satisfied and 10% indicated that they were dissatisfied.

On the comfort of the examination room, 20% indicated that they were very satisfied, 20% indicated that they were satisfied and 60% indicated that they were dissatisfied.

Concerning the amount of time spent at the facility, 26% indicated that they were very satisfied, 34% indicated that they were satisfied and 40% indicated that they were dissatisfied.

To find out the quality of care received, 14% indicated that they were very satisfied with the privacy arrangement, 30% indicated that they were satisfied and 56% indicated that they were dissatisfied.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analyzed data with findings from other literature, conclusions, and recommendations.

5.1 Discussions

5.1.1 Knowledge about Antenatal Clinic among pregnant women

Respondents were asked whether they have heard about ANC. An important finding from the data gathered indicated that the majority (n=45, 90%) of the respondents have heard about ANC. Similarly, (Mlangeni, 2016) reported that the median for the total knowledge score was 84.2 and the mean score for attitude and practice were 72.4+6.7 and 69.9+13.1, respectively. Again this finding contradicts a study conducted by Margwe 2018), where there was an ups and low knowledge and unfavorable attitude associated with ANC.

The majority of the respondents (32%) indicated that they heard about ANC from the hospital, 28% of the respondents also indicated that they heard about ANC from the media, 24% of the respondents indicated that they heard about ANC from their friends, 10% of the respondents indicated that they heard about ANC at community meetings and 6% of the respondents. This finding contradicts a study conducted by Appiah (2020) in which about 13.5% of the pregnant women had high knowledge about ANC, while 58.4% and 28.1% of the respondents had moderate and low knowledge of ANC respectively. Again this finding is in line with a study

conducted by Onyeneho and Subramanian (2016) who reported that knowledge about ANC services was poor with a median score of 10 points on a 50-point scale.

5.1.3 Perception on socio economic and demographic factors among pregnant women

Respondents were asked of the support gain from family, 20% of the respondents revealed the support they gain is excellent, majority of the respondent (52%) indicated good as the support they gain, 26% of the respondents also indicated that the support they gain is poor and 4% of the respondents indicated they don't gain any support. Similarly, according Pandey who conducted a cross-sectional descriptive study in Central Nepal in the year 2019 aiming to rule out the Socio-economic factors influencing ANC attendance among pregnant adolescents women

5.1.4 Perception about the quality of care rendered.

With regards To their satisfaction with the staff's courtesy, 60% of the respondents indicated that the courtesy of the staff were fair, 20% of the respondents also indicated that the courtesy of the staff were good, moreover 14% also indicated excellent as the courtesy of the staff and 6% indicated poor. This finding contradicts a study conducted by Sobhith (2017), who concluded that the courtesy of the hospital staffs were very good and helpful in caregiving. Also to analyze the perception about the quality of care rendered among respondents. Out of the 50 respondents, 76% indicated that they were very satisfied with the privacy arrangement, 14% indicated that they were satisfied and 5% indicated that they were dissatisfied. Thirty percent (30%) indicated that they were very satisfied with the amount of information provided, 60% indicated that they were satisfied and 10% indicated that they were dissatisfied. On the comfort of the examination room, 20% indicated that they were very satisfied, 20% indicated that they were satisfied and 60% indicated that they were dissatisfied. Concerning the amount of time spent at the facility, 26% indicated that they were very satisfied, 34% indicated that they were satisfied and 40%

indicated that they were dissatisfied. To find out the quality of care received, 14% indicated that they were very satisfied with the privacy arrangement, 30% indicated that they were satisfied and 56% indicated that they were dissatisfied. Similarly, this findings affirm to Mlilo-ChaibvaIn (2017) who conducted a study to identify the factors affecting the utilization of ANC by adolescents in Bulawayo in Malawi indicated that thirty-seven respondents agreed that health workers' attitudes could influence decisions to utilize or not utilize ANC services in Bulawayo but some respondents disagreed.

5.2 Conclusions

The following conclusions were drawn from the study:

1. The majority of the respondents (n=45, 90%) have heard about ANC.
2. The majority of the respondents (56%) understood must be attended
3. Most of the respondents (90%) concluded that poor attendance to ANC is a health problem.

5.3 Recommendations

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

1. Women should be empowered by healthcare providers in terms of their education and economic status which are key factors in ANC attendance to prevent the vicious cycle of associated problems.
2. Health services must institute a program call teenagers or adolescent health friendly policies in a setting where services are constrain to guide decisions around them.
3. Focus antenatal Clinic seems to be of important aspect that health services should practice.

4. Health providers' attitude and the strength of patient-provider relationships are major determinants of adolescent willingness to attend ANC.

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APPENDIX
QUESTIONNAIRE

INTRODUCTION

Dear Respondent,

We are students of the above institution researching the topic; Factors influencing the utilization of antenatal care services among pregnant adolescents who attend ANC sessions at Holy Family Hospital- Berekum.

Kindly answer the under-listed questions by ticking (√) the appropriate box or write in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE

Section A: Biographical information

1. Age A. 10- 13 years [] B.14 - 17 years [] C. 18 - 20 years []

2. Occupation

A. self-employed [] B. Employed by someone []

C. Other, please specify

.....

3. Marital status

- A. single [] B. married. []

4. Educational background

- A. Primary [] B. J.H.S [] C. S.H.S [] D. Tertiary [] E. None []

5. Religion

- A. Christianity [] B. Islamic [] C. Traditional []

D. other, please specify

.....

6. Number of pregnancy

- A. First pregnancy [] B. Second pregnancy []

C. Third pregnancy []

E. other, specify

.....

Section B-Respondent's knowledge about antenatal care:

7. Have you heard about ANC?

- A. Yes [] B. No []

8. What is your source of information?

A. Hospital []

B. community meeting []

C. media []

D. others []

9. Is ANC helpful?

A. Yes [] B. No [] C. Do not know []

Section C – Respondent’s perception on socio economic and demographic factors:

10. How much is earn every month?

A. Less than 50 cedis [] B. Between 50 cedis and 200 cedis []

C. More than 200 cedis [] D. None []

11. Support from partner?

A. Excellent [] B. Good []

C. Poor [] D. No support []

12. Do you feel intimidated: A. Yes [] B. Not at all [] C. Somehow []

13. Why do you feel intimidated?

.....
.....

Section D– Respondent’s perception about the quality of care rendered

14. Are you satisfy with the services at the ANC?

A. yes [] B. no []

15. How was the courtesy of the staff?

A. Excellent [] B. Good []

C. Fair []. D. Poor []

		Very satisfied	Satisfied	Dissatisfied
16.	Privacy arrangement.			
17.	Amount of information provided.			
18.	The comfort of examination room.			
19.	The amount time spent at the facility.			
20.	The quality of care you received.			

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Family Hospital
Berekum

Administrator

MISSION TO CONDUCT RESEARCH

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

1. Alokpa Dansoa Elizabeth
2. Yeboaa Esther
3. Frimpong Comfort

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence data collection on "Factors Influencing the Utilization of Antenatal Care Services among Pregnant Adolescents at 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


Nestina Mensah
Supervisor

For: Principal