

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**FACTORS CONTRIBUTING TO THE LATE ANTENATAL BOOKING IN PREGNANT  
WOMEN AT HOLY FAMILY HOSPITAL, BEREKUM.**

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**2024**

## DECLARATION

### DECLARATION

We hereby declare that this submission is our own work towards the Diploma in Midwifery 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

**Background/Introduction:** Many health problems in pregnant women can be prevented, detected and treated by trained health workers during antenatal care visits. The World Health Organization (WHO) recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections, and identification of warning signs during pregnancy (World Health Organisation [WHO], 2019).

**Objective:** This study aimed to determine the factors contributing to the late antenatal booking in pregnant women at Holy Family Hospital, Berekum.

**Method:** A cross-sectional quantitative design was used for data collection for the study. A convenient sampling technique was used to recruit a total of 50 participants for the study. A self-administered questionnaire was used to collect data from the participants.

**Results:** The study found that majority of the respondents (98%) defined antenatal visit as when a pregnant woman visits the hospital during pregnancy to access and use healthcare, majority of the respondents (90%) indicated that it is necessary to come to antenatal clinic early during pregnancy, majority of the respondents (30%) indicated that a pregnant woman should visit ANC five times before delivery, 30% indicated that pregnant women should visit ANC six times before delivery, 28% and 12% indicated that pregnant women should visit the antenatal clinic four times and above six times respective before delivery, majority of the respondents (78%) have attended antenatal visits 1-4 times.

**Conclusion:** The study concluded that respondents had a good knowledge about antenatal care and factors contribution to late antenatal booking were; lack of awareness, financial constraints, lack of transportation and fear of medical procedures.

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## **ABBREVIATION**

ANC	Antenatal Care
DHS	Diocesan Health Service
HIV	Human Immunodeficiency Virus
HFH	Holy Family Hospital
MOH	Ministry of Health
MHMT	Municipal Health Management Team
RCOG	Royal College of Obstetricians and Gynaecologist
WHO	World Health Organization

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Background of the study**

Many health problems in pregnant women can be prevented, detected and treated by trained health workers during antenatal care visits. The World Health Organization (WHO) recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections, and identification of warning signs during pregnancy (World Health Organisation [WHO], 2019). The main objectives of antenatal care are: prevention and treatment of any complications; emergency preparedness; birth planning; satisfying any unmet nutritional, social, emotional and physical needs of pregnant woman; provision of patient education, including successful care and nutrition of the new-born; identification of high-risk pregnancy; encouragement of (male) partner involvement in antenatal care (Ministry of Health [MOH], 2020). The first of such antenatal visits should be conducted in the first trimester (before 14 weeks of gestation) (WHO, 2019). Identification of complications or risk factors for complications on such early visits enables early institution of interventions to alleviate or mitigate the effects of such complications on the mothers and unborn babies (MOH, 2020).

Research has indicated that antenatal education for expectant mother's results in sustained improvement in knowledge of newborn care (Weiner & Billamay, 2021). Another study done in Enugu, Nigeria showed that the prevalence of anaemia in pregnancy at booking was high (40.4%) and recommended that early antenatal booking and improved antenatal care are necessary for early diagnosis and treatment of the condition (Dim & Onah, 2019). These

studies emphasize the importance of early antenatal care in insuring a good outcome for both the mother and her baby.

Several factors affecting the utilization of antenatal care in developing countries have been identified (Simkhada, Teijlingen, & Porter, 2022). These include: maternal education, husband's education, marital status, availability, cost, household income, women's employment, media exposure and having a history of obstetric complications. From a systematic review of the literature on factors that affect utilization of antenatal care, mothers who are educated, and those whose husbands are educated, are more likely to utilize antenatal care. Availability, affordability and easy accessibility of health units where antenatal care is offered increase utilization of antenatal care (Simkhada, Teijlingen, & Porter, 2022). Cultural beliefs and ideas about pregnancy also had an influence on antenatal care use, in that they may lead to mothers attending antenatal care late or not attending at all. Parity had a statistically significant negative effect on adequate attendance, where by women of a high parity tend not to attend antenatal care, attend late for the first antenatal visit or have few antenatal care visits. The quality of antenatal care might have an influence on utilization of antenatal care, leading to infrequent or late first visits to antenatal care. Whilst women of higher parity tend to use antenatal care less, this might be a result of an influence of women's age or religious beliefs (Simkhada, Teijlingen, & Porter, 2022).

Globally, during the period 2013–2021, about 53% of pregnant women attended the recommended minimum four times antenatal care. The proportion of pregnant women in developing countries who attended at least one antenatal care visit has increased from approximately 64% in 2011 to about 81% in 2020 but, in low-income countries, only 39% of pregnant women attended four times or more antenatal care during 2013–2021 (WHO, 2019). According to Uganda clinical guidelines of 2010, for normal (uncomplicated) pregnancies,

four routine antenatal care visits are recommended as follows: the first visit between 10–20 weeks of pregnancy; the second visit between 20–28 weeks of pregnancy; the third antenatal care visit between 28–36 weeks and fourth antenatal care visit after 36 weeks (MOH, 2020). The guidelines also recommend more frequent visits and early antenatal care visits for mothers with pregnancy complications, or those with identifiable risk factors for such complications, such as complications in a prior pregnancy (MOH, 2020).

### **1.1 Problem statement**

Globally, approximately 830 women died every day due to complications during pregnancy and childbirth in 2018 (Oyerinde, 2020). About 99% of maternal deaths and stillbirths occur in low-resource settings and of which most of them can be prevented through early ANC service provision (Blencowe & Cousen, 2019). Thus, ANC remains one of the means to reduce maternal deaths which can be provided at the lower-level health facilities. Early ANC visits can lower maternal deaths by identifying complications early and giving an opportunity to be screened for HIV timely and receive testing and treatment for syphilis (Banda & Michelo, 2022).

Health and access to basic health services are fundamental human rights and prerequisites for economic growth and social inclusion (WHO, 2021). Though good progress has been made in the total number of ANC visits, the prevalence of late ANC initiation is still high in developing countries including Ethiopia (Oyerinde, 2020). Failure to attend antenatal care at an early period can result in potential complications during pregnancy, delivery, and puerperium (Tekelab & Berhanu, 2023). Moreover, previous studies have identified factors for late booking of ANC such as maternal education, husband education, age, parity, type of pregnancy, unemployment, lack of knowledge or misconceptions about the purpose of

antenatal care, marital status, socioeconomic status, financial constraints, and problems in the last delivery or pregnancy (Damme, 2022).

The findings of a study conducted in Uganda in 2018 showed that though over 90% of pregnant women attend antenatal care at least once, only 48% make four or more antenatal care visits during their entire pregnancy, only 21% of women made their first antenatal care visit before the fourth month of pregnancy, only 52% of women deliver under the care of a skilled birth attendant, and the maternal mortality ratio is 438 per 100,000 live births (Rodrigues, 2019). This implies that 79% of pregnant women come late for their first antenatal care visit. However, the actual gestation age at which they come and the reasons for coming late are not documented. Given these, it is important to determine the factors contributing to the late attendance of antenatal classes of pregnant women at Holy Family Hospital, Berekum.

## **1.2 General objective of the study**

The main objective is to determine the factors contributing to the late antenatal booking in pregnant women at Holy Family Hospital, Berekum.

## **1.3 Specific Objectives**

1. To find out the knowledge pregnant women who visit Holy Family Hospital have on antenatal visits.
2. To determine the factors contributing to late antenatal visits among pregnant women attending ANC sessions at Holy Family Hospital, Berekum.
3. To determine the antenatal care attendance among pregnant women attending ANC sessions at Holy Family Hospital, Berekum.

## **1.4 Operational Definition**

**Sessions:** A series of meetings a pregnant woman have with a healthcare professional.

**Antenatal care:** is the routine care offered to pregnant women from booking visit until delivery at Holy Family Hospital, Berekum.

**Late antenatal care booking:** is when pregnant women make first appearance at an antenatal clinic of Holy Family Hospital, Berekum after 12 weeks of gestation.

**Factors contributing to late antenatal care:** refer to personal and system or provider FACTORS that delayed a pregnant woman from initiating ANC before 12 weeks of gestation.

**A pregnant woman** refers to one of the pregnant women who visited an antenatal clinic in Holy Family Hospital, Berekum.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter contains a review of relevant literature related to the research topic: “factors contributing to the late antenatal booking in pregnant women at Holy Family Hospital, Berekum”. The sources of information include books, journals, and online articles, research reports.

#### 2.1 Overview

Early commencement of antenatal care by pregnant women as well as regular visits has the potential to affect maternal and foetal outcome positively (Yousif, 2021). In the United States of America and the United Kingdom, the recommended gestational age for booking is within the first twelve weeks of pregnancy (World Health Organisation [WHO], 2022).

Many developing countries including Nigeria do not have national guidelines on antenatal care but commencement of antenatal care within the first 14 weeks of gestation is widely accepted as early and many previous workers have defined booking after the 14<sup>th</sup> week of pregnancy as late (Pamela, Paterson, & Wouldes, 2020). Commencement of focussed antenatal care before 14 weeks of gestation allows for early commencement of health education and counselling on expected physiological changes, the normal course and possible complications of pregnancy, labour and puerperium (Royal College of Obstetricians and Gynaecologist [RCOG], 2019). Similarly, it aids early documentation of the woman’s baseline physiological and laboratory parameters for subsequent comparison and early detection of anomalies with the progress of pregnancy ([RCOG], 2019). It also provides opportunities for preventive health care services such as immunization against neonatal tetanus, prophylactic treatment of malaria through the use of intermittent presumptive

treatment approach, and HIV counselling and testing (WHO, 2022). Another advantage is the early detection of modifiable pre-existing medical conditions that may influence the course and outcome of pregnancy such as cervical incompetence, chronic hypertension and diabetes mellitus.

## **2.2 Knowledge on Antenatal classes**

Ahirwar (2019), conducted a cross-sectional study to assess the knowledge, attitude and practices of antenatal care among antenatal women attending outdoor clinic in tertiary care hospital. All antenatal women attending outdoor clinic of department of obstetrics and gynaecology Gandhi medical college Bhopal over a period of one year were recruited for the study. A predesigned, pretested questionnaire was used to obtain data from the participants and was analysed statistically. The study found out that, 86.16% of the respondents visited ANC clinic during first trimester and 66.33% knew correctly about frequency of antenatal visit. The study therefore concluded that, the respondents had a good knowledge with regards to the knowledge on antenatal classes/visits.

Wahyul, Budi, and Rosita (2020), conducted a descriptive quantitative study to identify maternal knowledge in postpartum women who have a history of the frequency of pregnancy visits according to the minimum standard. An online questionnaire was used to obtain data from two public health centers of Surabaya, Indonesia. Postpartum women who completed inclusion criteria, namely physiological postpartum mothers and had regular pregnancy at least 6 antenatal care (ANC) visit were recruited for the study. A random sampling technique was used and data was analysed using descriptive statistics. The study found out that, majority of the respondents had a poor knowledge on antenatal visits.

Bhai, Pranaya, and Ramkrishna (2019), conducted a cross-sectional study to determine the level of knowledge, attitude and practice on ANC among pregnant women attending the antenatal clinic at a tertiary care hospital in Pune and their association with various

sociodemographic factor. The study was carried among 384 pregnant women in their 3<sup>rd</sup> trimester attending the antenatal clinic in a Tertiary care Hospital of Pune, Maharashtra during October 2018 to September, 2019. Prestested questionnaire was used for collecting data by interview after obtaining informed consent. The revealed that about 58% of the women had adequate knowledge regarding ANC.

A cross-sectional community based descriptive study was conducted by Lilungulu and Matovelo (2020) to describe the knowledge, attitudes and practices towards women seeking antenatal care from their previous pregnancy in Dodoma Municipal, Tanzania. A pre-tested structured questionnaire was used to collect data from 500 women. Only 60 (12.0%) of women had one visit of antenatal clinic and 270 (54.0%) were the highest which had two visits, three were 93 (18.6) and four visit were 77 (12.4%). The study concluded that, majority of the respondents had a fair and adequate knowledge about antenatal visits.

Pruthi, Bacchani, and Singh (2021), conducted a cross-sectional study to determine the knowledge, attitude and practice regarding antenatal care among husbands attending antenatal clinic in a tertiary care hospital. A face-to-face interview were conducted among the 200 men recruited for the study. The study found out that husbands were the decision makers in majority (72%) of families. Out of 200 men interviewed, 64% felt that antenatal care was required only if there was a complication. Only 20% men preferred to accompany their wives for antenatal check-ups. Majority of them felt that their main role was to provide financial support. The study concluded that, majority of the men had considerable knowledge regarding antenatal care but its importance is not being completely understood.

Kpienbaareh, et al. (2022), conducted a descriptive cross-sectional study to assess the knowledge of pregnancy complications and utilization of antenatal care services in Rwanda. Three maternal health care indicators were used, namely, timing of first ANC visit, number of ANC visits and place of delivery. A total of 5883 women in their reproductive ages (15-49

years) were used for the study. The study found out that women with no knowledge of pregnancy complications were less likely to utilize ANC services within the first trimester. It was concluded that, most of the women (76%) had little knowledge on ANC visits during pregnancy.

Gupta, Shora, Verma, and Jan (2019), conducted a cross-sectional study to assess the level of knowledge of pregnant women about ANC services and to find out the ANC utilization and factors affecting them. The study revealed that, respondents had adequate knowledge about ANC services except for the minimum number of visits.

### **2.3 Factors contributing to late antenatal visits**

Wolde and Tsegaye (2019), conducted an institution-based cross-sectional study at Addis Zemen primary hospital, South Gondor, Ethiopia from February 7 to June 12, 2018 to assess the late initiation of antenatal care and associated factors among pregnant women. A systematic random sampling technique was employed to select 369 pregnant women who attended ANC in the hospital. Data cleaning and analysis was done using SPSS version 25 statistical software. Descriptive statistics and bi variable and multivariable logistic regression models were employed to assess the magnitude and factors associated with late initiation of ANC defined as making the first visit after 12 weeks of gestation. The study indicated 52.5% of the attendants-initiated ANC late. The major factors for being late were found to be poor knowledge, being housewife, self-employment, travel expenses and unintended pregnancy. The study therefore recommended that, district and zonal health offices should work to create awareness about the importance of early initiation of ANC, make the service closer to the community and increase contraceptive utilization.

Ndidi and Oseremen (2020), conducted a cross-sectional study to determine the reasons given by pregnant women for late initiation of antenatal care in the Niger Delta, Nigeria. A self-administered questionnaire was used for data collection. The study revealed that, the majority

of respondents were aged 20-39 years (97.1%), quarters were primigravidae and 25 % of the women belonged to the upper socioeconomic class. Seventy-three-point six percent booked in the second trimester and 26.4% in the third trimester. Of the women who had given birth before, 80% had booked late in at least one previous pregnancy. More than three-fifth of the women (65.6%) booked late due to ignorance or misconceptions of the purpose of, and right time to commence antenatal care. The study therefore concluded that, most women book late because of a belief that there are no advantages in booking for antenatal care in the first three months of pregnancy. This seems to be because antenatal care is viewed primarily as curative rather than preventive in the study population.

Schmidt, Butrick, and Musange (2021), conducted a quantitative cross-sectional study to identify factors associated with delayed initiation of ANC and describe differences in the obstetric risks identified at the first ANC visit (ANC-1) between women presenting early and late to care. The study recruited 10,231 women presenting for ANC-1 across 18 health centres in Rwanda (May 2017 to December, 2018). The study found out that 61% of the respondents presented to ANC at  $\geq 16$  weeks and 24.7% at  $\geq 24$  weeks gestational age. It was further indicated that, the factors that leads to late ANC attendance includes; history of a spontaneous abortion, late pregnancy testing, and long distance of the health facility.

Wolde and Mulaw (2019), conducted institutional based cross-sectional study to determine the prevalence of late initiation for antenatal care follow-up and associated factors among pregnant women. A total of 423 pregnant mothers using systematic sampling technique was used. The study found that, 59.4% of pregnant women started their first visit after first trimester. Factors that result in late ANC visit includes; recognition of pregnancy by missed period, pregnant mother who were not advised to start antenatal care and primary educational level.

Adulo and Hassen (2022), conducted a population-based cross-sectional study to assess the magnitude and factors associated with late initiation of antenatal care booking on first visit among women in rural parts of Ethiopia. A total of 3065 women from rural areas were recruited for the study. The study found out that, women's education, maternal age, region, media access, women's occupation, distance from the health facility, wealth index, pregnancy complication, and pregnancy plan all had significant effects on the late initiation of antenatal care visits.

A qualitative study was conducted by Ragolane (2019), to determine the factors contributing to late antenatal care booking in Mopani district of Limpopo province. Data was collected through in-depth interview with the aid of an interview guide. Analysis of data was done manually using a coding system. The results revealed that, there are personal and providers factors contributing to late antenatal care booking in Mopani district. Personal factors contributing to late antenatal care booking were unplanned and unaccepted pregnancy, lack of support, late recognition of pregnancy, cultural and religious beliefs, ignorance of the importance of antenatal care and fear. System or provider factors contributing to late booking were long waiting time, midwives' attitude and lack of resources.

#### **2.4 Antenatal care attendance in Rural versus Urban Areas.**

In South Africa the coverage of ANC is above 90%, however, the access to care is not uniform across urban and rural areas. It is common for pregnant women in rural areas to either initiate ANC in the third trimester weeks or do not book at all and present themselves when in labour (Tran, 2019). Most rural areas are generally underdeveloped and tend to be medically underserved. The South African government has made tremendous efforts towards improvement of health services in rural areas since 1994. Access to health services has increased, however under staffing and shortage of equipment makes antenatal care services inaccessible (Muhwava, 2020). Banda et al. (2022), in their study seeking to identify factors

associated with late ANC attendance in selected rural and urban communities of the Copper belt Province of Zambia, discovered that the prevalence of late ANC attendance was seventy-two percent (72.0 %) (n=221) and 68.6% (n=210) in rural and urban districts respectively. However, the difference between two districts was statistically not significant [OR 0.851 (95% CI=0.6, 1.2), p=0.363]. In rural districts nulliparous women were 59% less likely to book late for antenatal care compared to multiparous women. Banda et al (2012:29) further discovered that women who fell pregnant unintentionally had a higher odd of starting ANC late in both rural [4.2 times (AOR4.258, 95% CI 1.631, 11.119)] and urban [3.1 times (AOR3.103, 95% CI 1.261, 7.641)] respectively.

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

#### **3.0 Introduction**

This chapter deals with the area of the study, population of study, 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 will be conducted at Holy Family Hospital, Berekum. Holy Family Hospital (HFH), Berekum a Catholic Diocesan Hospital which serves as the Municipal Hospital. It is part of the Sunyani Diocesan Health Service (DHS) and the Diocesan Health Service Board (DHSB) serves as the Governing Board. 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), a private hospital and community-based facilities and personnel and it is coordinated by the Municipal Health Management Team (MHMT). The hospital provides the following services; General Surgery, Child Health, Obstetrics/Gynecology, Ultrasonography, Ophthalmology, Physiotherapy, Laboratory Investigations and Blood Transfusion. It has over 200 bed capacity. The rest are X-Ray Investigations, HIV/AIDS (VCT, ART, and PMTCT), Special Diabetic Clinic, Special Hypertensive Clinic, Special TB Clinic, Special eye clinic, Pharmacy and Morgue Services.

#### **3.2 The study population**

All pregnant women attending antenatal clinic who will consent to the study will be included.

#### **3.3 Study design**

A cross-sectional quantitative design will be used to determine delay in the attendance of antenatal care among pregnant women at Holy Family Hospital, Berekum.

### **3.4 Sampling technique and size**

A total of 50 participants will be conveniently sampled for the study. Convenient sampling will be used because it is extremely speedy and easy to use.

### **3.5 Data collection methods and instruments**

Written questionnaires with both open and close ended questions will be used in the exercise to collect the information from the respondents. Structured questionnaire will be administered to pregnant women at the hospital. The questionnaire will be cross-checked for accuracy. The answered questionnaire will be kept in files and safely stored until they are analyzed.

### **3.6 Data analysis technique**

All returned questionnaires will be checked for missing datum or data. Questionnaires that will be left blank or half-filled will be excluded. Data will be entered and analyzed using Microsoft excel and results will be presented in the form of means, frequencies and percentages.

### **3.7 Ethical consideration**

The research team believed that maintaining the confidentiality and anonymity of the participants is crucial to this study. Permission to conduct the study will be given by the administrator of the hospital. Informed consent will be obtained from the participant after comprehensive explanation of the purpose and procedure of the study have been explained to them. Clients will be informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and that would not affect them negatively and will be assured of confidentiality of all information that will be obtained. Furthermore, the identities of the participants will not be disclosed, and we will only aggregate data.

### **3.8 Limitations of the Study**

As a result of time limit, the study will be conducted with a small sample size of 50 and therefore the outcome cannot be generalized.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### 4.0 Data Presentation & Analysis

This chapter deals with the collection and analysis of data 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 1: Age Distribution of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Age	22-24	5	10
	25-30	33	66
	Above 30	12	24

From Table 1, most of the respondents (66%) were aged between 25-30 years, less than half of the respondents (24%) were aged above 30 years. Few of the respondents (10%) were aged between 22-24 years.

**Table 2: Sex distribution of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Employment status	Male	0	0
	Female	50	100

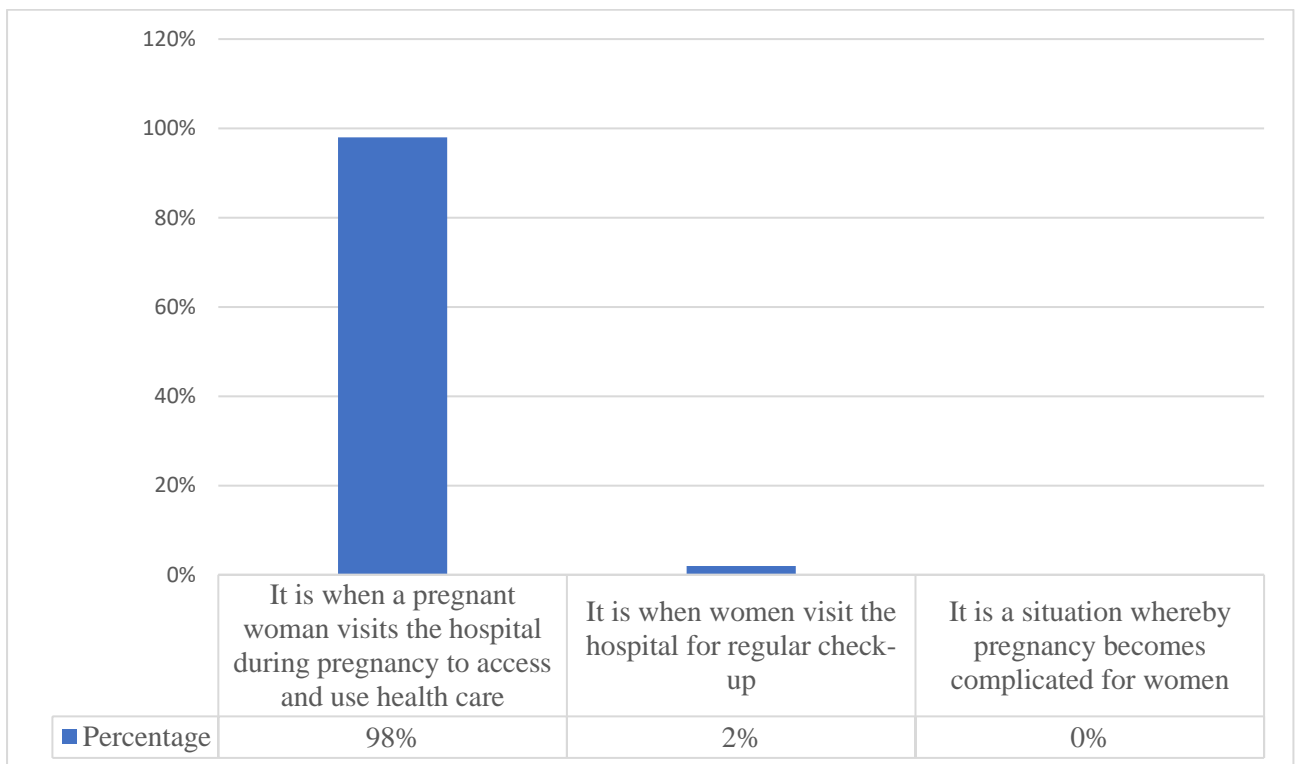
All of the respondents (100%) were females.

**Table 3: Marital Status of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Marital Status	Single	14	28
	Married	36	72
	Divorced	0	0

Most of the respondents (72%) were married, 28% of the respondent were single and none of the respondents was divorced.

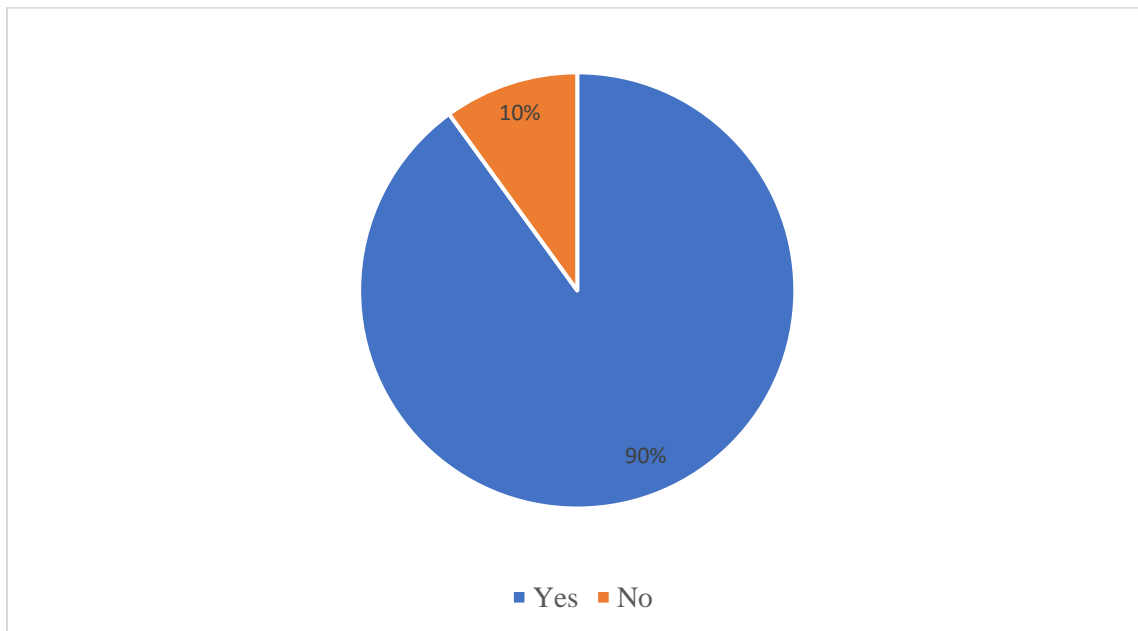
**4.2 Knowledge on Antenatal**



**Figure 1: Definition of antenatal visit**

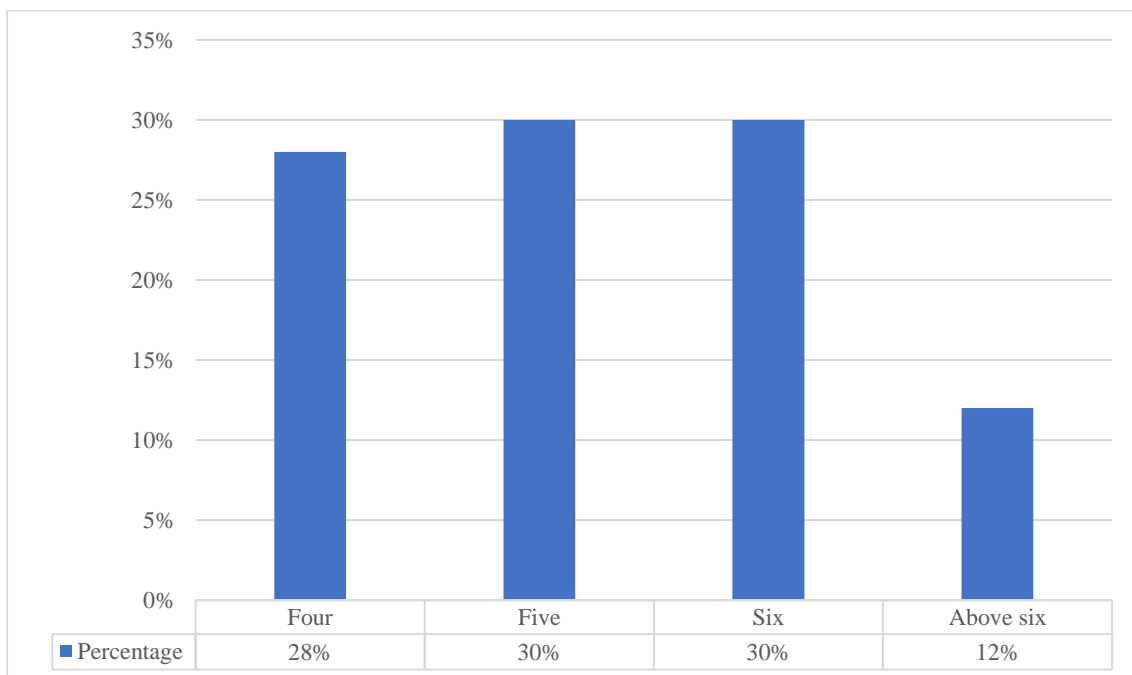
Respondents were asked to define antenatal visit. Majority of the respondents (98%) defined antenatal visit as when a pregnant woman visits the hospital during pregnancy to access and

use healthcare, 2% defined antenatal visit as it is when women visit the hospital for regular check-up.



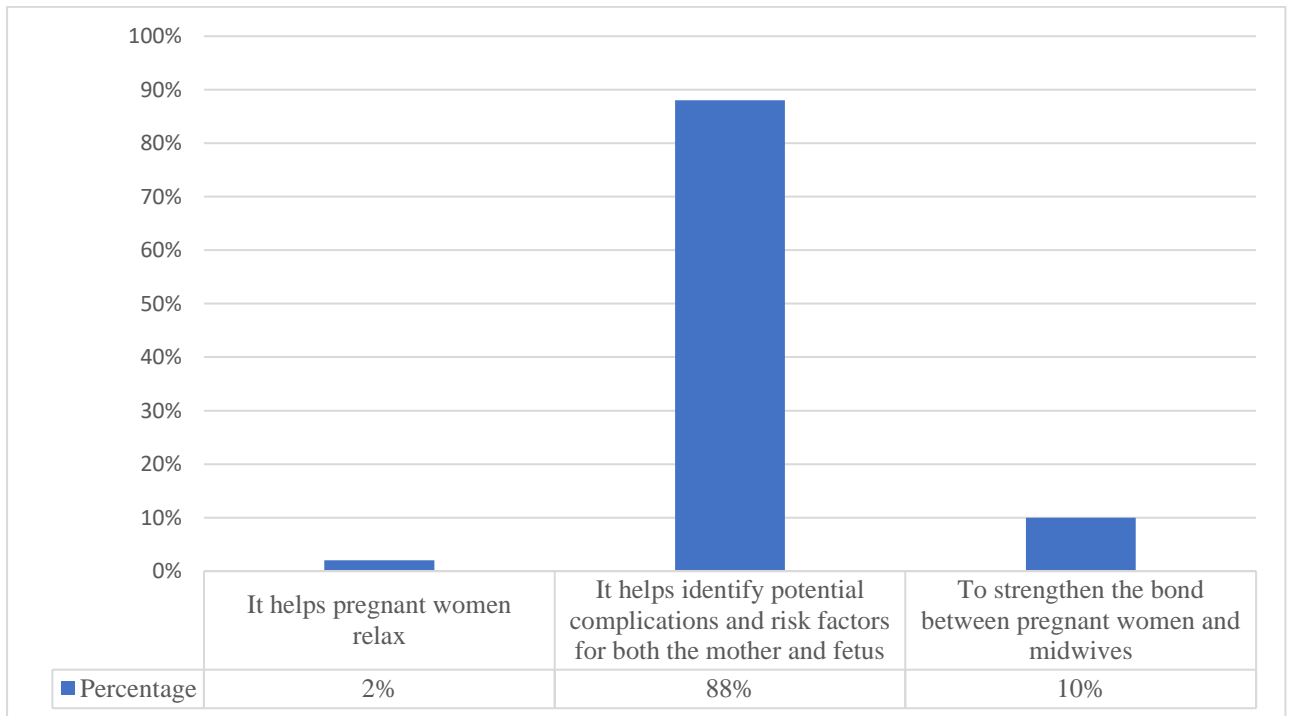
**Figure 2: Respondents view on visit antenatal clinic early**

From figure 2, majority of the respondents (90%) indicated that it is necessary to come to antenatal clinic early during pregnancy while 10% did not have the same idea.



**Figure 3: Recommended number of times pregnant women to visit ANC**

From the figure above, majority of the respondents (30%) indicated that a pregnant woman should visit ANC five times before delivery, 30% indicated that pregnant women should visit ANC six times before delivery, 28% and 12% indicated that pregnant women should visit the antenatal clinic four times and above six times respective before delivery.



**Figure 4: Importance of early booking**

From figure 4, majority of the respondents (88%) indicated that early booking of antenatal helps identifies potential complications and risk factors for both the mother and fetus, 10% indicated it strengthen the bond between pregnant women and midwives and only a few (2%) indicated it helps pregnant women relax.

### 4.3 Factors contributing to late antenatal booking during pregnancy

**Table 4: When respondents started antenatal classes during pregnancy**

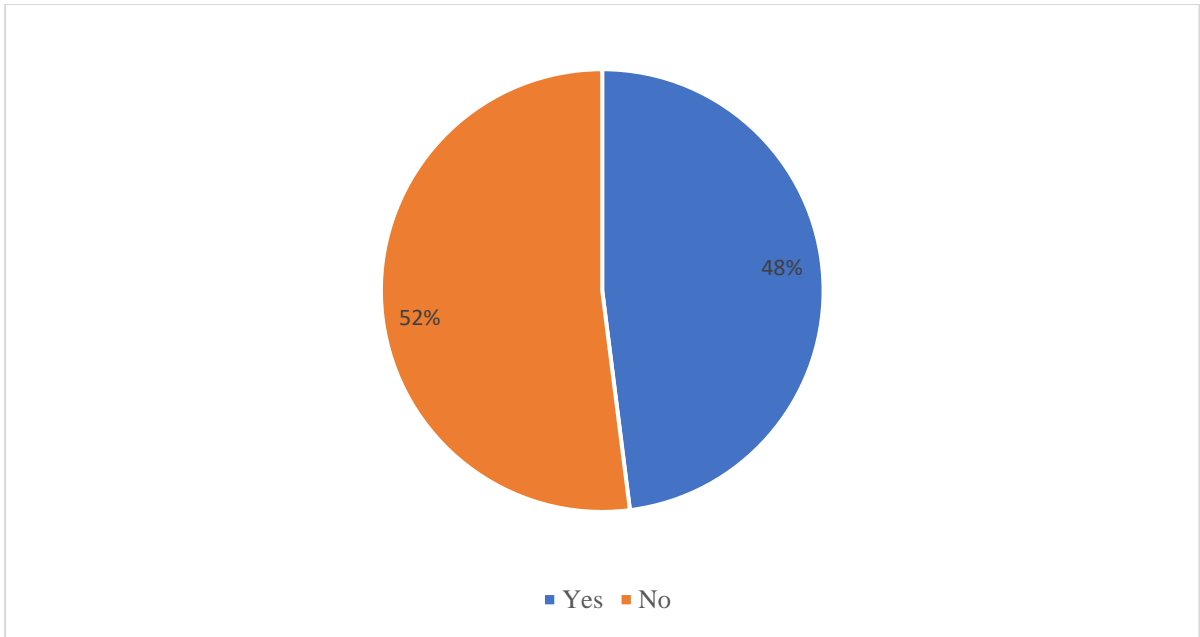
Variable	Categories	Frequency (n)	Percentage (%)
When did you start your antenatal classes during this pregnancy?	Immediately I missed my period	18	36
	3 months	26	52
	4 months	2	4
	5 months	4	8

From table 4, majority of the respondents (52%) visited the antenatal clinic 3 months after pregnancy, 36% visited the clinic immediately they missed they period, 8% visited the clinic after 5 months and a few (4%) visited the antenatal clinic after 5 months of pregnancy.

**Table 5: Factors influencing delay antenatal care.**

Variable	Categories	Frequency (n)	Percentage (%)
What factors influenced your decision to delay seeking antenatal care?	Lack of transportation	6	12
	Lack of awareness	26	52
	Financial constraints	13	26
	Fear of medical procedures	5	10

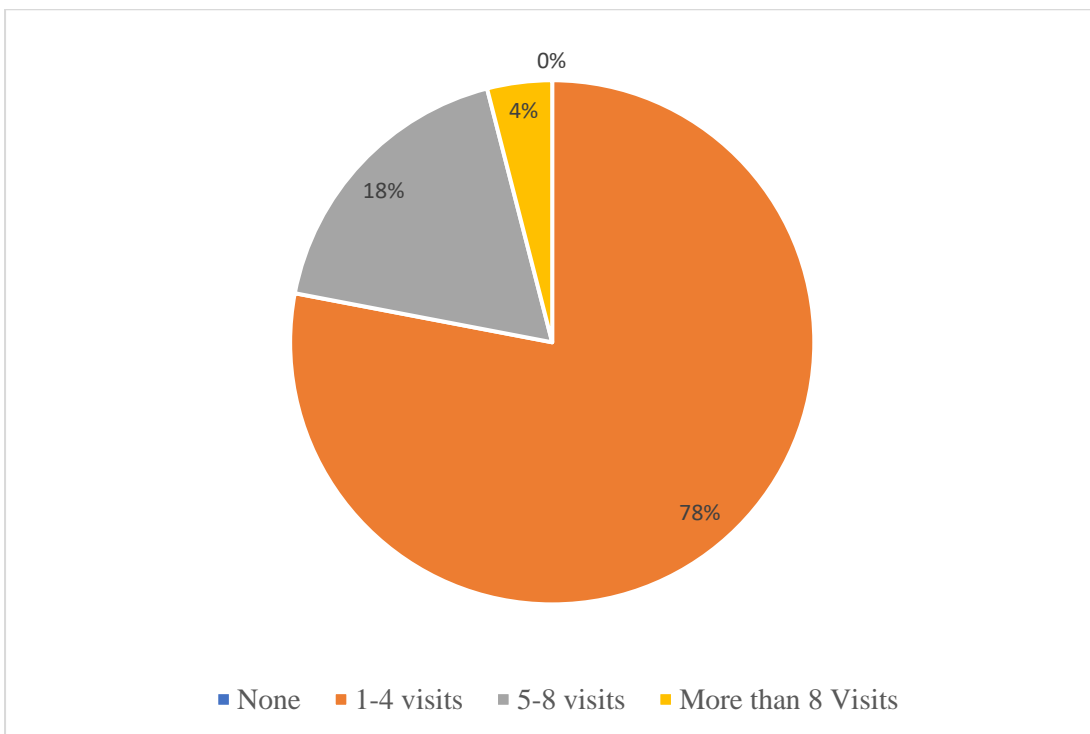
From the table above, majority of the respondents (52%) delayed their booking to the antenatal clinic due to lack of awareness, 26% delayed due to financial constraints, 12% delays because of lack of transportation and 10% delayed due to fear of medical procedures.



**Figure 5: Knowledge on the effect of late antenatal booking.**

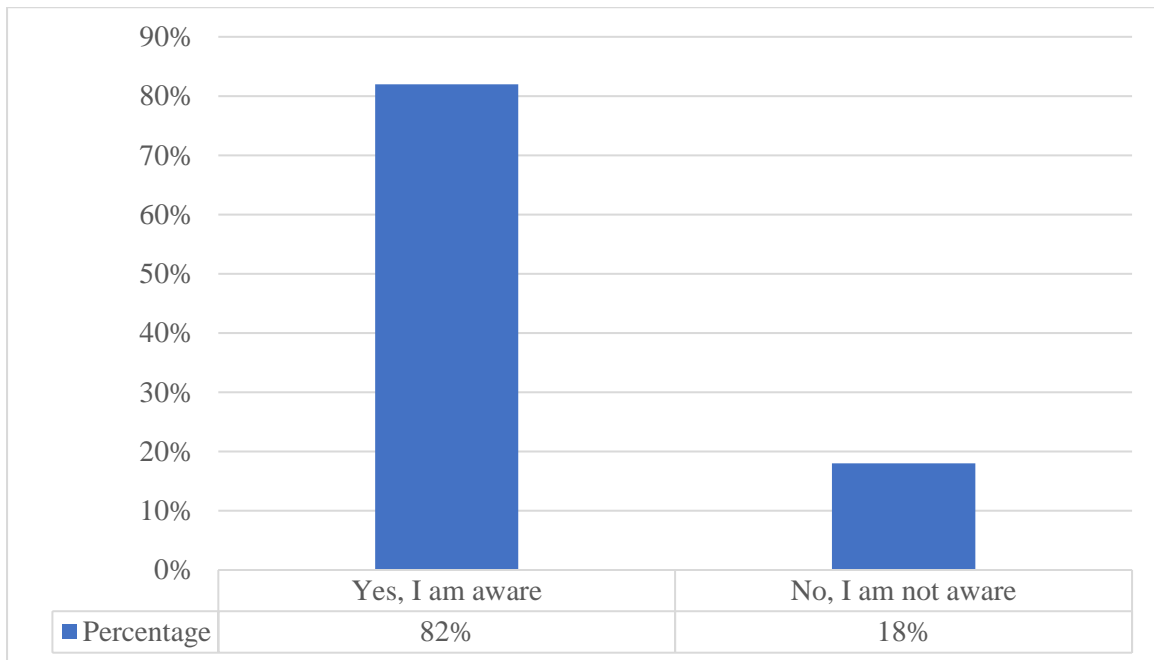
From figure 5, majority of the respondents (52%) had knowledge about the effect of late antenatal booking while a 48% did not have knowledge about the effect of late antenatal booking.

**4.4 Antenatal care attendance**



**Figure 6: Number of times respondents have attended ANC**

Majority of the respondents (78%) have attended antenatal visits 1-4 times, 18% have attended 5-8 times and 4% have attended antenatal visits more than 8 times during their current pregnancy.



**Figure 7: Recommended number of times for ANC visits**

Respondents were asked the recommended number of times they should visit the antenatal clinic at their current stage of pregnancy. Most of the participants (82%) were aware while few (18%) were not aware.

**Table 6: Satisfaction to service received**

Variable	Categories	Frequency (n)	Percentage (%)
Were you satisfied with the services received?	Very satisfied	46	92
	Neutral	0	0
	Not satisfied	4	8

From table 6, majority of the respondents (92%) were satisfied about the services they have received from the hospital while only 8% were not satisfied with the services been rendered.

**Table 7: Effects of late antenatal booking**

<b>Variable</b>	<b>Categories</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
What effect do you know about late antenatal bookings?	Low birth weight	40	80
	Preterm birth	47	94
	Perinatal and maternal mortality	50	100
	Still birth	45	90
	Early recognition of complication	4	8
	Promote the growth of the fetus	1	2

From table 7, respondents were asked the effects of late antenatal booking. The following were the responses provided; perinatal and maternal mortality (100%), preterm birth (47%), low birth weight (80%), still birth (90%), early recognition of complications (8%), and promote the growth of the fetus (2%)

## **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, conclusion, and recommendations.

#### **5.1 Discussions**

##### **5.1.1 Respondents knowledge on Antenatal**

Majority of the respondents (98%) defined antenatal visit as when a pregnant woman visits the hospital during pregnancy to access and use healthcare. Similarly, WHO (2019) stated that many health problems in pregnant women can be prevented, detected and treated by trained health workers during antenatal care visits.

Majority of the respondents (30%) indicated that a pregnant woman should visit ANC five times before delivery, 30% indicated that pregnant women should visit ANC six times before delivery, 28% and 12% indicated that pregnant women should visit the antenatal clinic four times and above six times respective before delivery. These finding are in line with a study conducted by the World Health Organization (2019). It was stated that, the WHO recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections and identification of warning signs during pregnancy.

Majority of the respondents (88%) indicated that early booking of antenatal helps identifies potential complications and risk factors for both the mother and fetus. Similarly, Dim and

Onah (2019) stated in their study that, early antenatal booking helps in early detection, diagnosis and treatment of abnormalities and prevention of complications during pregnancy. Majority of the respondents (90%) indicated that it is necessary to come to antenatal clinic early during pregnancy. With these findings above, it was clearly stated that, respondents have adequate knowledge on antenatal care. This is in line with a study conducted by Ahirwar (2019) which found that, the respondents had a good knowledge with regards to the knowledge on antenatal booking. Again, Bhai, Pranaya and Ramkrishna (2019), revealed that about 58% of pregnant women in their study had adequate knowledge regarding ANC. Wahyul, Budi and Rosita (2020), conducted a study which contradicts this current study. They concluded that, majority of the respondents had a poor knowledge on antenatal care.

### **5.1.2 Factors contributing to late antenatal booking**

Majority of the respondents (52%) delayed their booking to the antenatal clinic due to lack of awareness, 26% delayed due to financial constraints, 12% delays because of lack of transportation and 10% delayed due to fear of medical procedures. Similarly, Wolde and Tsegaye (2019), concluded that, the factors for late antenatal booking included; poor knowledge, being housewife, self-employment, travel expenses and unintended pregnancy. Again, Ragolane (2019) found that, the factors contributing to late antenatal booking were; unplanned and unaccepted pregnancy, lack of support, late recognition of pregnancy, cultural and religious beliefs, ignorance of the importance of antenatal care and fear, waiting time, midwives' attitude and lack of resources.

Majority of the respondents (52%) had knowledge about the effect of late antenatal booking. A study conducted by Adulo and Hassen (2022) revealed that, respondents had adequate on the effects of late antenatal booking.

### **5.1.3 Antenatal care attendance**

Majority of the respondents (78%) have attended antenatal visits 1-4 times, 18% have attended 5-8 times and 4% have attended antenatal visits more than 8 times during their current pregnancy. Similar to a survey conducted by WHO in 2019, it was revealed that, about 53% of pregnant women attended the recommended minimum four times antenatal care. The proportion of pregnant women in developing countries who attended at least one antenatal care visit has increased from approximately 64% in 2011 to about 81% in 2020 but, in low-income countries, only 39% of pregnant women attended four times or more antenatal care during 2013–2021.

Majority of the respondents (92%) were satisfied about the services they have received from the hospital. This finding contradicts a study conducted by Ragolane in 2019. He revealed that, respondents were not satisfied with the services received from the midwives in their previous pregnancies which as a result delays their antenatal booking.

## **5.2 Conclusion**

The following conclusions were drawn from the study;

1. Majority of the respondents (98%) defined antenatal visit as when a pregnant woman visits the hospital during pregnancy to access and use healthcare.
2. Majority of the respondents (90%) indicated that it is necessary to come to antenatal clinic early during pregnancy
3. Few of the respondents (28%) knew the recommended times (4) a pregnant woman should visit the antenatal clinic before delivery.
4. The factors influencing respondents delay for early antenatal booking were; lack of awareness (52%), financial constraints (26%), lack of transportation (12%) and fear of medical procedures (10%)
5. Majority of the respondents (78%) have attended antenatal visits 1-4 times.

### **5.3 Recommendations**

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

1. Pregnant women should be encouraged to book antenatal care early.
2. Pregnant women should be educated on the benefits of early antenatal booking and the risk involved in delayed or late booking.
3. Healthcare workers (midwives) should be allowed to visit the homes of women to educate them on the need for early antenatal booking.

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**APPENDICE**  
**QUESTIONNAIRE**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM.**

**INTRODUCTION**

Dear Respondent,

We are students of the above institution researching the topic: “factors contributing to the late antenatal booking in pregnant women at Holy Family Hospital, Berekum”.

Kindly answer the under-listed questions by ticking (√) the appropriate box or writing 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. It will take approximately 30 minutes to answer this questionnaire. Thank you.

**PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE**

**SECTION A: Demographic Data**

1. Age: A. 22-24 [ ]    B. 25-30 [ ]    C. Above 30 [ ]
2. Sex: A. Male [ ] B. Female [ ]
3. Marital status: A. Single [ ] B. Married [ ] C. Divorced [ ]

**PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE**

**SECTION B: Knowledge on antenatal visit**

4. What is antenatal visit?
  - a. It is when a pregnant woman visits the hospital during pregnancy to access and use health care [ ]
  - b. It is when women visit the hospital for regular check-up [ ]
  - c. It is a situation whereby pregnancy becomes complicated for women [ ]
5. Is it necessary to come to antenatal clinic early during pregnancy?
  - a. Yes [ ]    b. No [ ]

6. What is the recommended number of times a pregnant woman should visit the antenatal before delivery?
- a. Four [ ]    b. Five [ ]    c. Six [ ]    d. Above Six [ ]
7. Which of the following is important for early booking of antenatal classes?
- a. It helps pregnant women relax [ ]
- b. It helps identify potential complications and risk factors for both the mother and fetus [ ]
- c. To strengthen the bond between pregnant women and midwives [ ]

**SECTION C: Factors contributing to late antenatal booking during pregnancy**

8. When did you start your antenatal classes during this pregnancy?
- a. Immediately I missed my period [ ]
- b. 3 months [ ]
- c. 4 months [ ]
- d. 5 months [ ]
9. What factors influenced your decision to delay seeking antenatal care?
- a. Lack of transportation [ ]
- b. Lack of awareness [ ]
- c. Financial constraints [ ]
- d. Fear of medical procedures [ ]
10. Do you have knowledge about the effect of late antenatal booking?
- a. Yes [ ]    b. No [ ]

**SECTION D: Antenatal care attendance**

11. How many antenatal visits have you attended so far during this pregnancy?
- a. None [ ]    b. 1-4 visits [ ]    c. 5-8 visits [ ]    d. More than 8 visits [ ]

12. Are you aware of the recommended frequency of antenatal visits according to your stage of pregnancy?

- a. Yes, I am aware [ ]                      b. No, I am not aware [ ]

13. Were you satisfied with the services received?

- a. Very satisfied [ ]    b. Neutral [ ]                      c. Not satisfied [ ]

14. What effect do you know about late antenatal bookings? (Select all that apply)

- a. Low birth weight                      [ ]
- b. Preterm birth                              [ ]
- c. Perinatal and maternal mortality    [ ]
- d. Still birth                                 [ ]
- e. Early recognition of complication    [ ]
- f. Promote the growth of the fetus       [ ]

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE  
BEREKUM**



**BANKERS:**  
Ghana Commercial Bank, Berekum  
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Our Ref. ....

Your Ref. ....

Date .....  
August 14, 2004

The Nursing Administrator  
Holy Family Hospital  
Berekum

Dear Nursing Administrator

**PERMISSION TO CONDUCT RESEARCH**

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

1. Adjei Hannah
2. Owusu Benewaa Immaculate
3. Yeboah Achiaa Lucy

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study on the topic "A descriptive cross- sectional study to determine the factors contributing to the late Antenatal Booking in 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 sincerely

.....  
**Ms. Ernestina Mensah**  
Supervisor  
For: Principal