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DIPLOMA PROGRAMMES



**FACTORS INFLUENCING ANTENATAL CARE (ANC) PATRONAGE AMONG
PREGNANT WOMEN AT ZONGO CLINIC, BEREKUM**

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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing/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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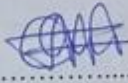
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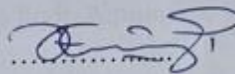
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ABSTRACT

The aim of this study was to assess the knowledge and perception towards patient's rights at Axim government hospital. Convenience sampling technique was used to select participants for the study. A total of 50 participants were selected for the study. Questionnaire was the instrument used for the collection of data. Data analysis was done with the aid of Microsoft excel.

The study found that majority (76%) of the respondents said they are aware of the patient's charter. Majority (78%) of the respondents indicated the hospital as their main source of information about the charter followed by television (16%). Most (76%) of the respondents indicated that they had knowledge about patient's rights. All (100%) the respondents indicated they are aware of right to health care and treatment. Majority of the respondents perceived that confidentiality of patient information (98%) and presence of a third person when a male doctor examines a woman (92%) were practiced by the nurses.

The study recommended that Ministry of Health may need to provide educational programs to train all physicians and nurses in all aspects of the patient's rights. Awareness of patients' rights among health professionals should be assessed, as they are responsible for implementing such rights.

The study concluded that patient's had adequate knowledge regarding their rights. The awareness of patients about the patient's charter was high. Among the leading rights patients were aware of are right to health care and treatment, right to be treated in a safe environment and right to privacy and confidentiality. The overall perception of the patients about nurses practice of their right was good.

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ABBREVIATION

ANC	Antenatal Clinic
GDHS	Ghana Demographic and Health Survey
HIV	Human Immune Virus
WHO	World Health Organization
STIs	Sexually Transmitted Infections

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (World Health Organization, 2018). Antenatal care involves a series of care focused on maternal and foetal wellbeing, allowing appropriate actions aimed at facilitating women to survive their pregnancy and delivery in a positive and enhance manner, limiting the uncertainties of delivery and puerperal complications (Fernanda, et al., 2015). Antenatal care is also a period when health-care employees offer series of approaches for women that could be advantageous to their health and that of their unborn child (Fife, 2019).

Good maternal health is key in saving the lives of pregnant women in addition to ensuring survival of newborns and better child health outcomes (Ehiri, 2016). Therefore, there is a need to provide access to the needed health care during pregnancy, and of paramount importance is the antenatal care (ANC). This is the first care given to women during pregnancy from healthcare professionals, and it is of utmost importance since it aids in predicting fetal and maternal complications (World Health Organization, 2018). Antenatal services are more positive in preventing any bad effect when it is sought early in the pregnancy and continued until childbirth as it plays important roles in detecting and treating most complications of pregnancy and forms a good base line for proper management during labour and after delivery (Carroli, Rooney, & Villar, 2019).

Antenatal care starts on the first visit early in pregnancy followed by monthly visits in the early stages of pregnancy and subsequently to biweekly and weekly visits in the latter stages

of the pregnancy (Chamberlain, et al., 2020). During the first ante natal visits, medical and obstetric history is inquired as well as assessment of gestation in order to determine the antenatal care services needed for the presenting pregnant woman (Chamberlain, et al., 2020). Furthermore, screening for conditions such as HIV and sexually transmitted infections among others are done in order to assess maternal and fetal wellbeing (Carroli, Rooney, & Villar, 2019). During ANC, the pregnant woman and her care providers establish a delivery plan based on her needs, resources and circumstances (Chamberlain, et al., 2020).

Thus, antenatal care constitutes screening for health and socioeconomic conditions likely to cause or increase the possibility of specific side effects of pregnancy outcomes, providing therapeutic interventions known to be effective and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with the emergencies (WHO, 2018). Antenatal care for pregnant women is an important bedrock in the safe motherhood program formulated by the World Health Organization which aims at ensuring women's ability to safely carry pregnancy and deliver healthy infants (WHO, 2018). Despite the fact that every pregnant woman deserves adequate maternal health care and, in some cases, access to ANC services (WHO, 2020).

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

factors (Boerleider, et al., 2020). Other studies have identified health provider factors to be responsible for challenges that women face in accessing ANC (Agus & Horiuchi, 2019). For instance, Agus and Horiuchi (2019), point out the need to understand women's perceptions of health services that they received.

Ensor and Cooper (2020), argue on the other hand that women see labour and delivery as a period of main health dangers that requires biomedical care, and most women desire to give birth in a health facility. Mrisho et al. (2019), note that scarcities of staff, equipment and supplies were common complaints in the community in Tanzania.

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

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

1.1 Problem statement

The proportion of mothers achieving adequate antenatal care (4 to 7 antenatal care visits) increased from 49.3% in 2006 to 49.98% in 2011 to 58.61% in 2017-2018 (Duodo, et al., 2022). In Ghana, the introduction of the Free Maternal Care policy, in 2008, has resulted in a significant improvement in antenatal care (Fife, 2019). The free maternal health policy aims

to aid pregnant women in the country to access health care free of charge during pregnancy and six months post-natal (Fife, 2019).

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

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

1.2 General objective

To assess the determinants of ANC patronage among pregnant women at Zongo Clinic, Berekum.

1.3 Specific objective

1. To determine the proportion of pregnant women attending antenatal clinic
2. To assess the knowledge of pregnant women on ANC services
3. To find out the factors influencing ANC attendance.

1.4 Operational definition

Antenatal care: care during pregnancy.

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

Knowledge: Information one has pertaining to a subject at hand

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

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

2.1 Antenatal care

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

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

treatment of pregnancy related illness, or indirectly through detection of women at risk of complications of delivery and also ensuring that they deliver in a suitably health facility (Ensor & Cooper, 2020). Other studies have established the association between antenatal service attendance and reduction of premature birth, low birth weight, congenital malformations, congenital infections, neonatal tetanus, pre-eclampsia and anaemia (Ayaji, 2019).

Globally women are giving birth to fewer children today than three decades ago. However, there are still a handful of countries with persistently high fertility such as Niger (7.0), Mali (6.0) or Democratic Republic of Congo (6.0). In other countries with lower fertility such as Ethiopia, fertility varies within different regions. It ranges from 1.7 in Addis Ababa, the capital city, to 6.4 in Somali, a regional state in Ethiopia. Among countries with persistently high fertility, there is often a high burden of maternal, infant and child mortality (World Bank, 2020).

Maternal and child health (MCH) programs focus on health issues concerning women, children and families, such as access to recommended prenatal and well-child care, infant and maternal mortality prevention, maternal and child mental health, newborn screening, child immunizations, child nutrition and services for children with special health care needs. States invest in healthy children and families to strengthen communities and avoid unnecessary health care costs (NCSL, 2020). Reducing maternal and perinatal mortality in Sub Saharan Africa remains challenging and requires effective and context specific interventions. Maternal health is the health of women during pregnancy, childbirth, and the postpartum period (WHO, 2015). It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. The goal of maternal health care services is to ensure that no woman or newborn dies or incurs injuries due to pregnancy and or childbirth. However, to achieve this goal,

maternal health service planners, service managers and providers need to view maternal health services in the context that women's potential to control and improve their wealth as well as their health is more limited than men's in most parts of the world (Engender health, 2015). The 2015 World Health Organization (WHO) recommendation on maternal and newborn health promotion interventions included active involvement of men during pregnancy, child birth and postpartum period as an effective intervention to improve maternal as well as newborn health outcomes.

For many years, international programs organized on reproductive health and family planning focused on women exclusively (Kululanga et al., 2019). Male involvement was limited, often to ensuring contraceptive continuation and acceptability or to promoting the diagnosis and treatment of sexually transmitted infections (Byamugisha et al., 2018). There has been concern that male involvement might result in patriarchic domination and reduce feminine autonomy, thus a great deal of maternal health programs have targeted on women and a few have overemphasized women authorization, feminine autonomy and their decision-making powers (Byamugisha et al., 2018). Men, often perceived as uncaring and unconcerned about the wellbeing of their partners, were ignored, (Kululanga et al., 2019). However, subsequent to the International Conference on Population and Development (ICPD), approaches to improving sexual and reproductive health underwent some changes, in favor of increasing the role of men (WHO, 2015). Young adult education and behavioral modification, group counselling are strategies that have been used to incorporate men in the health care of the pregnant mother (Kululanga et al., 2019).

Despite global progress on involvement of males in reproductive health, there are often many challenges and obstacles. The study noted that in several African communities, men play a leading role in reproductive health and issues concerning maternal health, and a variety of choices, like sexual instigation, whether to abort a baby, the use of contraceptives, prevention

and treatment of sexually transmitted infections (STIs) and HIV, and still rely on men (Byamugisha et al., 2018; WHO, 2015).

In addition to these challenges, health care providers and policy-makers have customarily instigated plans and measures that are uncondusive to male decision-makers receiving the necessary education to make sound decisions regarding maternal health issues (Nesane, Maputle, & Shilubane, 2016).

An analytical review of the World Health Statistics (2016) showed that ANC coverage, between 2016 and 2019 was indirectly correlated with maternal mortality ratio (MMR) worldwide (Bustreo, et al., 2019). This indicates that countries with low ANC coverage are the countries with high MMR (Bustreo, et al., 2019). For instance, ANC coverage in United Arab Emirates was 100% with MMR of 8 per 100,000 and Ukraine had 99% ANC coverage and MMR of 23/100,000. By comparison with countries in Sub-Saharan Africa, Ghana had ANC coverage of 96% and MMR of 380/100,000, Chad had 43% ANC coverage and MMR of 980/100,000, and Nigeria had ANC coverage of 61% and MMR of over 560/100,000. Perhaps the poor maternal health outcome in Sub-Saharan African countries is due to poor ANC utilization (Ayaji, 2019) although according to Hodgins and D'Agostino (2019), ANC coverage may not provide information on the quality of care provided at the antenatal clinic.

2.2 Proportion of Women Attending Antenatal Clinic

A study across Sub-Saharan Africa reported that proportion of pregnant women who attended ANC in their study ranges from 29% in Ethiopia to 93% in South Africa and Kenya for at least one ANC visit, and from 30% in Ethiopia to 93.7% in Malawi 4+ visits. The review reveals that a significant number of women in Sub-Saharan Africa do not access and use maternity services during pregnancy. Several factors from individual to systemic levels contributed to low access and utilisation. This implies that interventions targeting the women,

their partners, healthcare professionals, communities and the organisations (local to national) are necessary to improve mother's engagement with maternity care in Sub-Saharan Africa (Mekonnen, Dune, & Perz, 2019).

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

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

2.3 Knowledge on ANC Services

Health education programmes during ANC services should inform the women about reproductive health, knowledge related to sexuality, pregnancy, nutrition, family planning, malaria, S.T.I's, HIV/AIDS etc. (Barnet et al., 2017). Information should indicate where these services are offered, including the requirements for attending ANC. In Ghana, ANC

including family planning services is provided by both public and private health facilities. Matua (2014) and Jewkes et al (2017) cited lack of adequate knowledge and information about pregnancy, laboratory tests results and dangers of late bookings or not attending ANC at all, as contributors to the poor utilization of ANC services.

A study conducted in Ghana and Tanzania to find out antenatal care experiences among women showed that mothers understood they have greater chance developing obstetric complications and see ANC services as a means of decreasing pregnancy-related risks. Their behaviour towards ANC differs, with some mothers declaring absolute belief in its significance and others expressing greater contradiction (Lenters, et al., 2015).

In Zimbabwe both women who lived in the cities and villages were knowledgeable on the benefits of ANC for their health and that of their unborn child (Manda-Taylor, et al., 2019).

Kyomuhendo (2020), suggests that there should be proper interventions to address the barriers between rural mothers and the formal health care system, which is inclusive of community education on all aspects of vital obstetric care and sensitization of service providers to the condition of rural mothers. Accordingly, a study found that women who have knowledge on family planning were more likely to attend ANC visits in Nepal (Sharma, 2019).

2.4 Factors Influencing ANC Attendance

Studies show that the use of Maternal Health Care Services in developing countries can be influenced by factors such as the socio-demographic characteristics (SDC) of women; culture; and availability and accessibility of the services (Mrisho, et al., 2019). Boerleider et al. (2020), note that provision of information and care in women's native languages was the most frequently reported facilitating factor for non-western women's utilization of prenatal care. Most studies show an association between factors such as education, income, ethnicity,

religion, culture, age, parity and decision-making influence to utilization of MHCS as well perceived benefits, perceived susceptibility, perceived severity and cues to action (Adukwu, 2018).

Findings show that health centres readiness to respond to obstetric emergencies was generally, insufficient in terms of skilled attendants, equipment, supplies and drugs, and motivated staff (GHS, 2014). Studies showed that use of ANC was associated with the availability of the healthcare service (Magadi et al., 2018). Women who resided closer to a village health worker/nurse were more likely to get adequate and early ANC visits than women without a village health worker (Agus & Horiuchi, 2019).

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

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

2019). Magadi, Agwanda and Obare (2018), found that teenagers were usually more likely to receive insufficient antenatal care and have nonprofessional deliveries in Sub-Saharan Africa.

Studies found that the level of education of the woman was the greatest predictor of ANC visits thus women who had good education were likely to obtain the suggested number of ANC visits (Ehiri, 2019). Early ANC visits are more likely to be patronized by educated women than women with little or no education (Agus & Horiuchi, 2019). On the other side, there was no association of education of the woman and utilization of ANC services in Pakistan (Nisar & White, 2019). Women's education occurred as a vital factor in a qualitative study, which lead to an appreciation of the importance of ANC (Mulatu, Cherie, & Negesa, 2019).

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

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

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

Studies indicated strong associations between parity and ANC use. While higher parity was generally a barrier to satisfactory use of ANC (Sharma, 2019), Found that in Ethiopia high parity women have a tendency to use the service more often than primiparous women (Boerleider, et al., 2020).

There are several factors that women may considered before making a decision to attend antenatal clinic. knowledge has been identified as a major factor that could influence the decision on whether to utilize ANC services among women (Chaibva et al., 2019). Research has shown that poor education of women on ANC (20.7%) services influence their utilization of ANC (Gyamfi, 2018), Studies have shown that the literacy of women plays an important role in determining women utilization of antenatal care. In a study to assess the factors influencing women utilization of ANC, Knowledge was identified as the major structural variable that could affect womens' utilization of ANC services. Most of the respondents agreed that ANC provides increased knowledge about reproductive health, while a few disagreed with this statement. Almost all respondents agreed that seeking ANC early enhances the wellbeing of the mother and the baby and that ANC helps to identify and manage complications related to pregnancy and child birth; ANC provides learning opportunities enabling one to identify potential complications and seek help. Only a small percentage of respondents disagreed with the preceding statements (Chaibva et al., 2019).

ANC utilization can be influenced by demographic and socio-cultural factors (Banda, 2018). Maternal age has been shown to both negatively and positively influence utilization of ANC

in general. Younger women may be less likely to use either antenatal care or delivery care, or to have their infants immunized. According to (Adamu & Salihu, 2019), delay in seeking care, in reaching adequate health facilities, and in receiving appropriate care at facilities is a well-known barrier to care for all women. This may be especially pronounced for young women, who may have little knowledge and experience in seeking care.

Studies on social factors influencing utilization of ANC demonstrates that, desirability of pregnancy, is a statistically significant determinant of ANC use. Religious beliefs in certain societies may pose barriers to the utilization of ANC services because some religious communities might believe in prayer and prefer home deliveries with no ANC from skilled health personnel (Chaibva et al., 2019). Social support has been reported to affect attitudes and behaviours, including satisfaction with pregnancy and parenting.

Study done in England and Wales shows that primiparous women of high obstetric risk were 13.4% more likely to initiate antenatal care after 10 weeks of gestation than a low risk reference group, and 34.3% more likely to initiate antenatal care after 18 weeks of gestation. This association between high obstetric risk status and late initiation of antenatal care was not replicated among multiparous women (Kupek, Petrou, Vause, & Maresh, 2018).

Limited economic power may be an impediment in seeking ANC services among pregnant women (Chaibva et al., 2019). High antenatal fees charged for antenatal care services are high and as such these women cannot afford and therefore settle for cheaper services of traditional birth attendants (TBAs) which are also normally paid in kind (Ikamari, 2017). This has serious implications for the pregnant women' health because home care and home deliveries without ANC may contribute to poorer pregnancy outcomes for the mother and her baby.

Certain characteristics of the service provider are key in provision of women utilization of Antenatal services. These are technical competence, understanding and considerate, dedicated to duty, non-judgmental and trustworthy. These create good rapport and relationship between them (WHO, 2018). However, service provider's attitude could be a barrier to pregnant women's utilization of Antenatal care.

Cultural practices and traditional beliefs could be a negative factor contributing to ANC services utilization. In Sudd, Southern Sudan, traditional practices in pregnancy and child birth have been deeply rooted in the lives of the people that it conflicts with the acceptance of modern antenatal care (Boudier, 2020). In Cameroun, one reason why women continue to seek care from traditional midwives in spite of sufficient number of government maternity units is to guarantee appropriate disposal of placenta, which plays a vital role in their culture (Coma, 2019).

In Kausani, Kano State, Nigeria, according to Adamu and Salihu (2019), most women deliver at home and a few receive ANC. The three most common reasons given for nonuse of ANC were limited financial resources, God's will and husband demand. In order to improve utilization of ANC services, efforts to relieve poverty, and empower women economically are needed. Any programme must take into consideration this socio cultural context of the population.

Stevens et al.. (2019), conclude that facility based delivery is a complex issue that is influenced by characteristics of the pregnant woman herself, her immediate social circle, the community in which she lives, the facility that is closest to her, and context of the country in which she lives. In Zimbabwe, women were afraid of their blood being used for witchcraft and sorcery if they had to be taken care of by a bad health attendant, and they also were not in favour of their HIV status being recorded in their health book particularly when it was HIV

positive (Chaibva, et al., 2019). Studies revealed that, it was so shameful to be seen pregnant and this lead to the fact that pregnant women could not wear tight dresses when attending ANC (Ohaka, 2019). Women's perceptions of the risk factors associated with adverse obstetric outcomes were significantly related to the probability of seeking ANC. Women who had prior foetal loss or neonatal death were more likely to receive ANC (Sandall, et al., 2019). Anastasi et al. (2019), and Tesfaye et al. (2017), highlighted that the complications experienced during earlier pregnancies had a positive effect on early and adequate attendance for ANC.

In a study to assess the impact of free user fee and waivers of fees on maternal services utilization Sharma et al., in June 2015 reported the cost of services in general as a major barrier to utilization, affecting the poor the most. In Zaria, Nigeria a study found that the shift from free to fee-based services for obstetric care reduced admissions overall but significantly increased emergency cases. The number of maternal deaths rose correspondingly (Harrison, 2018). The poorer women are, the more likely fees are to affect their use of health services. Studies in La Côte d'Ivoire and Peru found that fees deter everyone from using health services, but deter poor women most of all (Sharma et al., 2015).

In Ghana a study conducted found that household income, fees for services and distance to a health facility significantly influenced demand for ANC services. The study demonstrated that distance and charges negatively affected the utilization of antenatal care services (Ayaji, 2018). Also in Nigeria a study showed that the introduction of fees led to a 46 percent decline in the number of deliveries at the main hospital in the Zaria region (Nanda, 2020).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

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

3.1 Study area

The study was conducted at Berekum Zongo clinic. Berekum Zongo clinic is situated inside Berekum in the Bono Region of Ghana. Berekum Zongo clinic is a government owned facility. The major catchment area of the facility is Berekum Municipality. The clinic provides general services and it is National Health Insurance Scheme (NHIS) accredited. Due to the strategic location of the clinic patients from other parts of Berekum visits the clinic. The clinic offers general medical services, antenatal and postnatal services and some laboratory investigations.

3.2 The study population

The study population will consist of pregnant women who will be attending antenatal care at Berekum Zongo clinic.

3.3 Study design

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

3.4 Sampling technique and Size

Purposive sampling will be used in the selection of pregnant women attending antenatal clinic to participate in the study. A total of 50 participants will be selected for the study.

3.5 Data collection methods and instruments

Written questionnaire will be used for the data collection on the factors influencing patronage of antenatal care among pregnant women. Participants will be encouraged to ask questions for clarifications and answers will be provided for such questions.

3.6 Data analysis techniques

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

3.7 Ethical consideration

An introductory letter will be issued from the school to the clinic seeking for permission to conduct the study at Berekum Zongo clinic. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and were assured of confidentiality of all information that was obtained. Furthermore, the identities of the participants were not disclosed, and only aggregate data was reported. The research team ensured no form of research misconduct transpired throughout the period of the study.

3.8 Limitation of the study

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

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation & Analysis

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables and figures based on the demographic characteristics and specific objectives.

4.1 Socio Demographic Variables

Table 1: Age distribution of respondents

Variable	Categories	Frequency (n)	Percentage (%)
Age	15-19	2	4
	20-24	20	40
	25-30	22	44
	Above 30	6	12

Table 1 depicts that most of the respondents (n22, 44%) were aged 25-30 years. This was followed by 20-24 years (n20, 40%) and above 30 years (n6, 12%). A small fraction of the respondents indicated they were 15-19 years (n2, 4%).

Table 2: Marital status of respondents

Variable	Categories	Frequency (n)	Percentage (%)
Marital status	Married	32	64
	Co-habiting	12	24
	Single	6	12

Table 2 shows that over half of the respondents (n32, 64%) were married. This was followed by co-habitation (n12, 24%). A small percentage of the respondents were single (n6, 12%).

Table 3: Residential Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Resident	Spouse parent	16	32
	Friend	29	58
	Other	5	10

Table 3 illustrates that over half of the respondents (n29, 58%) live with their friend followed by spouse parent (s) (n17, 32%) and only (n5, 10%) mentioned that they live with their grandparents.

Table 4: Educational Level Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Educational level	Tertiary	0	0
	Secondary	15	30
	Primary	22	44
	Other	13	26

Table 4 depicts that less than half of the respondents (n22, 44%) had primary level education followed by secondary level (n15, 30%). Other respondents (n10, 20%) who indicated Junior High School education and a few (n3, 6%) of the respondents indicated not having attended school.

Table 5: Occupational Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Occupation	Student	47	94
	Government employee	0	0
	Trading	0	0
	Not working	3	6

Table 5 shows that majority of the respondents (n47, 94%) were students while the remaining (n3, 6%) were not working.

4.2 Proportion of Women Attending Antenatal Clinic

Table 6: Gestational Age of Respondents on First ANC Visit

Variable	Categories	Frequency (n)	Percentage (%)
Gestational Age	7-11 weeks	5	10
	12-17 weeks	22	43
	18-22 weeks	15	30
	23-27 weeks	8	16

Table 6 depicts the gestational age of respondents on their first ANC visit, over half (n22, 44%) of the respondents were 12-17 weeks pregnant on their first visit followed by 18-22 weeks (n15, 30%), 23-27 weeks (n6, 16%) and 7-11 weeks (n5, 10%).

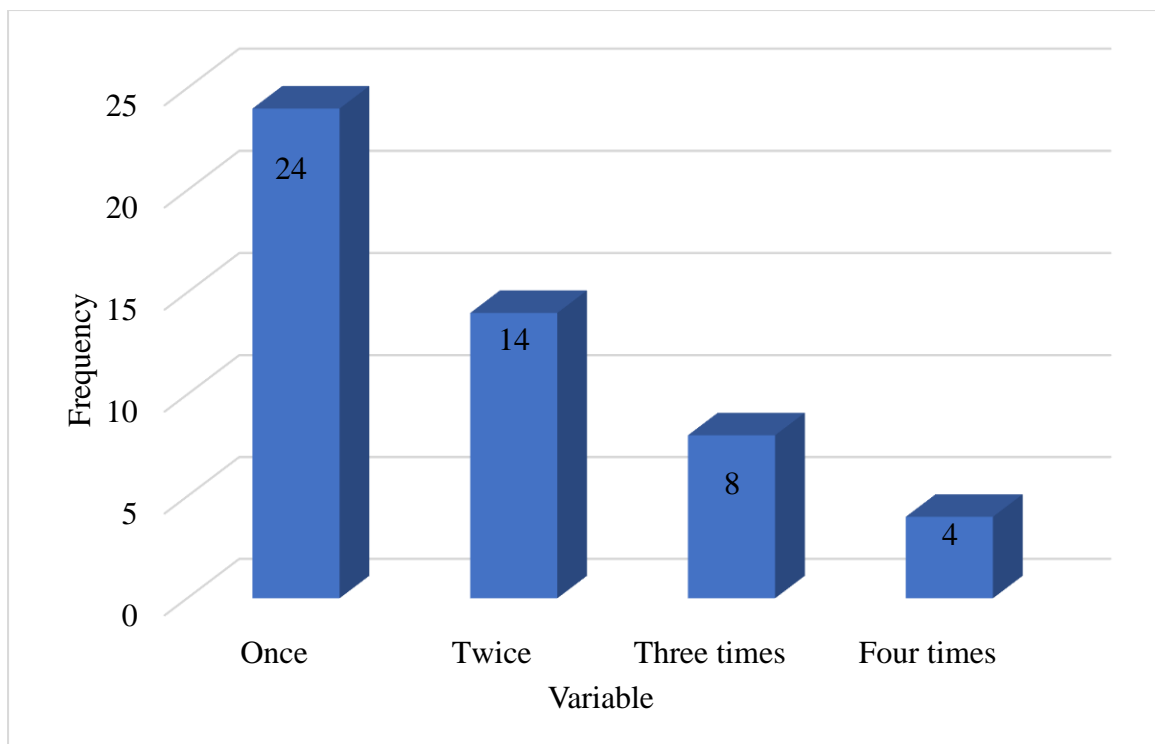


Figure 1: Number of Times Respondents Have Visited ANC

Figure 1 illustrates that the number of times respondents have visited ANC, majority (n24, 48%) have visited ANC once followed by two times (n14, 28%), three times (n8, 16%) and four times (n4, 8%).

4.3 Knowledge on ANC Services

Table 7: Respondents Knowledge on ANC Services

Statement		Agree	Disagree	Don't know
ANC is the care given to a pregnant woman until delivery	n	50	0	0
	%	100	0	0
ANC should be accessed in the first trimester	n	45	0	5
	%	90	0	10
ANC provides increased knowledge on reproductive health	n	47	0	3
	%	94	0	6
ANC empowers one to be able to identify danger signs and act promptly	n	43	0	7
	%	86	0	14
ANC provides an opportunity to learn about STI, HIV and PMTCT	n	43	0	7
	%	86	0	14

To analyze the data provided in Table 6, let's delve into the insights derived from the knowledge on ANC services.

1. ANC is the care given to a pregnant woman until delivery:

- Agree: 100.0%

- Disagree: 00.0%

- Don't know: 00.0%

All (n50, 100%) the respondents agreed that ANC is the care given to a pregnant woman until delivery. This demonstrated a high level of knowledge among respondents on ANC. None of the respondents disagreed to the statement.

2. ANC should be accessed in the first trimester:

- Agree: 90.0%

- Disagree: 00.0%

- Don't know: 10.0%

Vast majority (n45, 90%) of the respondents agreed that ANC should be accessed in the first trimester. A small fraction (n5, 10.0%) of the respondents did not know about whether ANC should be accessed in the first trimester. None of the respondents disagreed to the statement. This shows that almost all the respondents support that ANC should be accessed in the first trimester.

3. ANC provides increased knowledge on reproductive health:

- Agree: 94%

- Disagree: 00.0%

- Don't know: 6%

A whooping (47, 94%) of the respondents agreed that ANC provides increased knowledge on reproductive health. A small percentage (n3, 6%) of the respondents did not know that ANC provides increased knowledge on reproductive health whiles none of the respondents disagreed to the statement.

4. ANC empowers one to be able to identify danger signs and act promptly:

- Agree: 86%

- Disagree: 00.0%

- Don't know: 14%

A significant percentage (n43, 86%) of the respondents agreed that ANC empowers one to be able to identify danger signs and act promptly. Few (n7, 14%) of the respondents did not know about whether ANC empowers one to be able to identify danger signs and act promptly.

5. ANC provides an opportunity to learn about STI, HIV and PMTCT:

- Agree: 86%

- Disagree: 00.0%

- Don't know: 14%

Most (n43, 86%) of the respondents agreed that ANC provides an opportunity to learn about STI, HIV and PMTCT. A small percentage of the respondents did not know whether ANC provides an opportunity to learn about STI, HIV and PMTCT.

4.4 Factors Influencing ANC Attendance by Pregnant Women

Table 8: Respondents View on Factors Influencing ANC Attendance

Variable	Frequency (n)	Percentage (%)
Unplanned pregnancy	32	64
Limited Knowledge about ANC	47	94
Cultural/religious factors	23	46
Financial constraints	50	100
Distance from the health center	35	70
Fear of disclosing pregnancy	43	86

Table 8 shows respondents view on factors influencing ANC attendance by pregnant women. The analysis from the table above reveals that all (n50, 100%) the respondents cited financial constraint as a factor that influences ANC attendance by pregnant women. Almost all (n47, 94%) of the respondents indicated limited knowledge about ANC as a factor that influences ANC attendance by pregnant women. Majority (n43, 86%) of the respondents cited that fear of disclosing pregnancy influences ANC attendance by pregnant women. Most (n35, 70%) of the respondents indicated that distance from the health center influences ANC attendance by pregnant women. Unplanned pregnancy (n32, 64%) was indicated as a factor that influences ANC attendance by pregnant women. Less than half of the respondents indicated cultural/religious factors (n23, 46%) as factors that influences ANC attendance by pregnant women.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

The findings are briefly discussed with references to support the study. The chapter also includes the conclusions drawn from the various findings of the study and finally makes recommendations to help curtail the situation at hand.

5.1 Discussions

5.1.1 Proportion of Pregnant Women Attending Antenatal Clinic

Per the report given by Ehiri (2016), Good maternal health is key in saving the lives of pregnant women in addition to ensuring survival of newborns and better child health outcomes. Therefore, there is a need to provide access to the needed health care during pregnancy, and of paramount importance is the antenatal care (ANC). Duodo et al. (2022) in their studies found that the proportion of mothers achieving adequate antenatal care (4 to 7 antenatal care visits) increased from 49.3% in 2006 to 49.98% in 2011 to 58.61% in 2017-2018. In the current study over half (n22, 44%) of the respondents were 12-17 weeks pregnant on their first visit followed by 18-22 weeks (n15, 30%), 23-27 weeks (n6, 16%) and 7-11 weeks (n5, 10%). These findings are partly supported by the study conducted by Chamberlain et al. (2020), (70%) of the women reported late in the second trimester, (18%) in the third trimester with only (12%) reporting in the first trimester for antenatal care. These findings revealed that majority of pregnant women report late in their first attendance and it is a problem

The current study found that majority (46%) have visited ANC once. This finding is supported by the study conducted by Mekonnen et al. (2019), they found out that a significant number of pregnant women in Sub-Saharan Africa do not access and use maternity services

during pregnancy. Several factors from individual to systemic levels contributed to low access and utilisation. Pregnant women who attended ANC in their study ranges from 29% in Ethiopia to 93% in South Africa and Kenya for at least one ANC visit, and from 30% in Ethiopia to 93.7% in Malawi 4+ visits. The WHO (2018) reports that major causes of newborn deaths include bleeding, hypertension, anaemia, unsafe abortions, infections and obstructed labour; and the fact that these are the easily and most identifiable of maternal deaths, there are several other reasons associated with maternal deaths. Increase in ANC visits can help reduce maternal deaths drastically as these issues would be addresses during the ANC period.

5.1.2 Knowledge on ANC Services

According to WHO (2018), Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. In the current study all (100%) the respondents agreed that ANC is the care given to a pregnant woman until delivery. Similar to Lincetto (2020) who defined Antenatal care (ANC) as the care a pregnant woman receives during her pregnancy through a series of consultations with trained health care professionals such as midwives, nurses, and sometimes doctors who specialize in pregnancy and child birth.

Almost all (94%) of the respondents agreed that ANC provides increased knowledge on reproductive health. As seen in Chaibva et al. (2019), knowledge was identified as the major structural variable that could affect pregnant women's utilization of ANC services. Most of the respondents agreed that ANC provides increased knowledge about reproductive health, while a few disagreed with this statement. Health education programmes during ANC services should inform the women about reproductive health, knowledge related to sexuality,

pregnancy, nutrition, family planning, malaria, S.T.I's, HIV/AIDS etc. (Barnet et al., 2017). Additionally, Antenatal care is also a period when health-care employees offer series of approaches for women that could be advantageous to their health and that of their unborn child (Fife, 2019).

In the current study most (86%) of the respondents agreed that ANC provides an opportunity to learn about STI, HIV and PMTCT. This is supported by a study by Barnet et al. (2017), they found that health education programmes during ANC services should inform the women about reproductive health, knowledge related to sexuality, pregnancy, nutrition, family planning, malaria, S.T.I's, HIV/AIDS etc. Additionally, Antenatal services are more positive in preventing any bad effect when it is sought early in the pregnancy and continued until childbirth as it plays important roles in detecting and treating most complications of pregnancy and forms a good base line for proper management during labour and after delivery (Carroli, Rooney, & Villar, 2019).

5.1.3 Factors Influencing ANC Attendance by Pregnant Women

Chaibva et al. (2019) reported that non-utilisation of ANC services poses danger to the health of the mother and the baby and is linked with poor birth outcomes. The current study found that all (100%) the respondents cited financial constraint as a factor that influences ANC attendance by pregnant women. Similarly, Adamu and Salihu (2019) found that the three most common reasons given for nonuse of ANC were limited financial resources, God's will and husband demand. In order to improve utilization of ANC services, efforts to relieve poverty, and empower women economically are needed.

In the current study almost all (94%) of the respondents indicated limited knowledge about ANC as a factor that influences ANC attendance by pregnant women. This finding corresponds to a study by Matua (2014) and Jewkes (2017), they found the lack of adequate

knowledge and information about pregnancy, laboratory tests results and dangers of late bookings or not attending ANC at all, as contributors to the poor utilization of ANC services.

Most (70%) of the respondents indicated that distance from the health center influences ANC attendance by pregnant women. Similarly, Ayaji (2018) found that fees for services and distance to a health facility significantly influenced demand for ANC services. The study demonstrated that distance and charges negatively affected the utilization of antenatal care services.

5.2 Conclusion

Knowledge on ANC services was found to be adequate among the pregnant women. Most of the pregnant women reported for their first ANC visit after the first trimester and most of them have had at least one ANC visit. The leading factors influencing ANC attendance by were financial constraints, limited knowledge about ANC, fear of disclosing pregnancy and lower school achievement.

5.3 Recommendation

Based on the findings of the study the following recommendations were made;

1. Continuous disseminating of information on antenatal care, delivery and postnatal care services to enhance accessibility by every pregnant adolescent.
2. Emphasis should be put on health education of women about the benefits of ANC while health workers also continue to create a friendly environment for pregnant women through improved patient's health and good work relationship.
3. Patients or women should encourage their male partners to be involved in the ANC attendance of their women/spouse. This is because they have an influence on their women/spouse as to the decision-making on whether to utilise ANC or not.

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QUESTIONNAIRE

Dear Respondent,

This questionnaire is designed to collect data on the topic: ‘‘Factors influencing the utilization of antenatal care services among pregnant women at Zongo Clinic, Berekum’’

You are kindly requested to answer the questions below by indicating a tick or writing the appropriate answered when needed. Confidentially will be observed therefore your name will not be disclosed in this research. Please answer the questions as frank and possible.

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Age of respondent:
2. Marital Status
 - a. Married b. Cohabiting c. Single
3. Who do you live with?
 - a. Spouse parent (s) b. Friend c. Other
(specify).....
4. Educational level
 - a. Tertiary b. Secondary c. Primary d. Other
(specify).....
5. Occupation
 - a. Student b. Government employee c. Trading d. Not working

SECTION B: PROPORTION OF WOMEN ATTENDING ANTENATAL CLINIC

6. What was the gestation (age) of your pregnancy when you made your first ANC visit?
.....
7. How many times have you visited ANC?
 - a. Once b. Twice c. Three times d. Four times

SECTION C: KNOWLEDGE ON ANC SERVICES

- 8. ANC is the care given to a pregnant woman until delivery
 - a. Agree
 - b. Disagree
 - c. Don't know
- 9. ANC should be accessed in the first trimester
 - a. Agree
 - b. Disagree
 - c. Don't know
- 10. ANC provides increased knowledge on reproductive health
 - a. Agree
 - b. Disagree
 - c. Don't know
- 11. ANC empowers one to be able to identify danger signs and act promptly
 - a. Agree
 - b. Disagree
 - c. Don't know
- 12. ANC provides an opportunity to learn about STI, HIV and PMTCT.
 - a. Agree
 - b. Disagree
 - c. Don't know

SECTION D: FACTORS INFLUENCING ANC ATTENDANCE

- 13. Which of these factors do you think could prevent you from attending ANC services?
 - a. Unplanned pregnancy
 - b. Limited Knowledge about ANC
 - c. Cultural/ religious factors
 - d. financial constraints
 - e. Distance from the health center
 - f. Attitude of health personnel

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Fax: 0352222474

Our Ref.
Your Ref.

June 26, 2023

Date

The Manager
Zongo Health Centre
P.O. Box 282
Berekum

Dear Manager

PERMISSION TO CONDUCT RESEARCH

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

1. Korankye Rebecca Gyaama
2. Boakye Olivia
3. Owusu Asante Priscilla

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, on the topic '**Factors Influencing the Utilization of Antenatal Care Service among Pregnant Women at Zongo Clinic**'

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

Ernestina Mensah
Supervisor

For: Principal