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DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**A CROSS SECTIONAL DESCRIPTIVE STUDY ON ASSESSMENT OF FACTORS
INFLUENCING UTILIZATION OF ANTENATAL CARE SERVICES IN ZONGO
COMMUNITY IN 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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ABSTRACT

Utilization of health services is a complex behavioral phenomenon. Empirical studies of preventive and curative service have found that the use of health services is related to availability, quality and cost of services as well as to social structure, health beliefs and personal characteristics of the users.

This study was a cross-sectional descriptive survey on the assessment of factors influencing utilization of antenatal care services in Zongo community in Berekum.

The main objective of the study was to find out about the utilization of antenatal care service in the Berekum Zongo Community.

The sample size chosen for the study was fifty (50) women. This sample size includes women of reproductive age. That includes pregnant women and non-pregnant women of the reproductive age.

The major findings of the study indicated that the average age of respondents was between 21 to 30 years. On the occupation, the findings in this research indicated that the majority of respondents were engaged in at least a kind of employment (farming 16%, Trading 52%, Teacher 8%, nurse 10% and 14% had other different types of occupation).

All respondents in this study had heard about antenatal care services.

As to the source of information on antenatal care services the majority of respondents (40%) heard it through the media, 24% through relatives, 20% through a visit to health institution and 16 % through friends.

Eighty percent (88%) of respondents knew that antenatal care services should be visited within the 1st to 12 weeks whilst 8% and 4% knew it was supposed to be attended in the 13 to 24 weeks

and 25 to 36 weeks respectively. Almost all the respondents (94%) attended antenatal care services. Six percent of the respondents did not attend antenatal care services. As to the places of attendance, the majority of women attends ANC at Zongo clinic (70%). The reasons for the choice of place for antenatal care services included proximity, good staff attitude and free services. 82% of the respondents' only one staff attended to them during the antenatal care session.

All the respondents (100%) stated they are able to access ANC services. Majority of the respondents thinks the poor attitude of health workers during ANC services is the major reason that hinders pregnant women from accessing ANC services.

It is therefore concluded that women in the fertility age (WIRA) in Zongo community of Berekum utilized the antenatal care services.

The study findings unveiled a number of factors in the provision of antenatal care services leading to utilization. The following are therefore recommended based on the findings: The DHMT should review and strengthen reproductive health programmes and ensure that they are friendly and are need focused. Spouses of pregnant women should be encouraged by their partners to support them to access the ANC services. Health workers should portray good attitude towards women during ANC services.

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LIST OF ABBREVIATIONS/ACRONYMS

ANC	– Antenatal care
DDHS	– District Director of Health Services
DHMT	– District Health Management Team
GDHS	– Ghana Demographic Health and Survey
GHS	– Ghana Health Service
HIV/AIDS	– Human Immune Virus/Acquired Immune Deficiency Syndrome
JHPIEGO	– John Hopkins Programme of Information and Education for Gynaecology and Obstetrics
JHS	– Junior High School
KDHS	– Kenya Demographic and Health Survey
KNUST	– Kwame Nkrumah University of Science and Technology
MCH	– Maternal and Child Health
MCHFP	– Maternal and Child health and Family planning
MDG	– Millennium Development Goal
MOH	– Ministry of Health
NHIS	– National Health Insurance Scheme
PNC	– Post natal care
RCH	– Reproductive and Child Health
SHS	– Senior High School
S.P.S.S	– Statistical Package for Social Sciences
STI's	– Sexually Transmitted Infections

TBA's	– Traditional Birth Attendants
UN	– United Nations
UNESCO	– United Nations Education Scientific and Cultural Organization
UNFPA	– United Nations Food and Population Fund
UNICEF	– United Nations Children Emergency Fund
U.S.A.	– United States of America
USAID	– United State Agency for International Development
W.B	– World Bank
WHO	– World Health Organization
WIRA	– Women in the Reproductive Age

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We acknowledge all who helped us in diverse ways to make this study a success.

God bless you all.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Utilization of health services is a complex behavioral phenomenon. Empirical studies of preventive and curative service have often found that the use of health services is related to availability, quality and cost of services as well as to social structure, health beliefs and personal characteristics of the users.

Pregnancy is not a disease and pregnancy related mortality is almost always preventable yet more than half a million women die annually worldwide due to pregnancy related complications. About 90-95% of these come from developing countries.

Maternal mortality is one of the greatest development and health challenges facing the developing world. Maternal mortality ratios have barely fallen in the last fifty years, even as other health indicators have improved, (WHO, 2015).

Ghana's maternal mortality rate rises at an unacceptable high level while maternal mortality figures vary widely by source and are highly controversial. The best estimates for Ghana suggest that roughly between 1,400 and 3,900 women and girls die each year due to pregnancy-related complications. (Maternal and Neonatal Programme Effort Index 2014)

Antenatal care is commonly understood to have beneficial impact on pregnancy and birth outcomes through early diagnosis and treatment of complications as well as promoting the health of the pregnant woman through nutrition

Antenatal care services create the opportunity for service providers to establish contact with the woman to identify and manage current and potential risks and problems during pregnancy. It also

creates the opportunity for the woman and her care providers to establish a delivery plan based on her needs, resources and circumstances. Again it creates opportunity for screening for such conditions as HIV and Sexually Transmitted Infections among others.

The current strategy for delivery of antenatal care services is geared towards promoting individualized client-centered and comprehensive services, disease detection and at risk assessment, and improving the skills and boosting the morale of service providers to deliver effective antenatal care services.

In Ghana antenatal care services are provided by public, private, quasi and in some circumstance by Traditional Birth Attendants.

1.1 Problem Statement

Women and children are the most vulnerable group and they form 76% of the population (2012 Population and Housing Census). Morbidity and mortality among this group accounts for a major population of all health and deaths in Ghana. The best estimates suggest that roughly between 1400 and 3900 women and girls die each year due to pregnancy related complications. Again it is said that another 28,000 to 117,000 women and girls will suffer from disability caused by complications during pregnancy and child birth each year, (WHO, 2015).

One of the principal objectives of achieving the primary health care programs in developing countries including Ghana is to improve reproductive and child health services. There is therefore the need to identify and improve those services that are critical to health of the women and girls. These services include antenatal care, delivery, postnatal care and family planning. Therefore affordable, available and accessible antenatal care services will enhance and improve utilization.

Women in reproductive health in Berekum Municipality utilize antenatal care services but the factors that influence the utilization is not known. A careful study of the trends of Antenatal care

services in Berekum Municipality reveals a steady increase in coverage from 84.9% in 2004 to 86.0% in 2009 (Berekum Municipal Profile, 2009). It is against this background that the study was undertaken to best address the question ““which factors influence the utilization of Antenatal Care Services in the Zongo Community in Berekum””.

1.2 General Objectives

To find out about the utilization of antenatal care service in the Berekum Zongo Community.

1.3 Specific Objectives

- 1 To determine the Socio-demographic Profile of women in the reproductive age group who access Antenatal care services.
- 2 To determine the knowledge level of women in the Zongo community about Antenatal Care Services.
- 3 To assess the quality of care rendered to women in the Zongo community who access Antenatal Care Services.
- 4 To identify the factors that help the women to access the Antenatal Services.

1.4 Operational definitions

Utilization: It is the action of making practical and effective use of something.

Antenatal care: Antenatal care is the care given to pregnant women from the time conception is confirmed until the beginning of labour.

Service: An act of being assistant to someone.

Zongo community: One of the communities in Berekum.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter entails the literature review on the topic “assessment of factors influencing utilization of antenatal care services in Zongo community in Berekum.”

Maternal mortality 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 Millennium Development Goals.

2.1 Definition

Antenatal care which is known as care during pregnancy is essential for diagnosing and treating complications that could endanger the lives of mother and child.

2.2 Knowledge about A.N.C

Knowledge was identified as a major structural variable that could influence the decision on whether to utilize ANC services. Women need information about pregnancy and ANC services during their pre conception period so that they can make informed decisions when pregnant.

Health education programs 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 2003; Lesser et al 2012). 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 (Dennit et al 2015). Lack of knowledge about the ANC services could be a major barrier to women’s utilization of ANC services. Due to lack of knowledge pregnant women are likely to have limited knowledge and experiences in seeking health care (Maquart-Mouhn et al, 2002).

Inadequate knowledge about ANC and its benefits to the mother's and the infant's health may also negatively influence the utilization of ANC services. Sometimes, pregnant women may not be aware of the health problems related to poor or no utilization of ANC services (Dennit et al 2015). Lack of knowledge about the dangers of not seeking health care in pregnancy and delivery were major barriers to seeking health care among pregnant women in Uganda (Matua 2012). Behaviour is expected to change if pregnant women are aware of the implications of not attending ANC and if they are convinced of the benefits of practicing preventive care.

Pregnant women might value the importance of ANC if they were aware of its benefits to their health and that of their babies. Adequate ANC utilization implies that the initial ANC should take place before 16 weeks of gestation during the first trimester of pregnancy with a minimum of four ANC visits during the pregnancy (Taylor, 2004).

The second ANC visit should occur between 16 and 23 weeks gestation. The third ANC visit takes place between 24 and 28 weeks gestation. The fourth ANC visit takes place between 32 and 34 weeks of gestation. The fifth ANC visit is conducted between 36 and 37 weeks, while the sixth visit between 38 and 42 weeks respectively. However the ANC visits may be more frequent when there are potential health risks (Sharif and Singh, 2012).

In Ghana, the total number of antenatal registrants for 2006 was 791,166 representing 88.4% of expected pregnancies. This is a slight decline from that of 2005 (88.7%). The near 90% coverage implies that about 9 out of 10 women would pay at least a visit to a health facility during pregnancy. The average number of visits recorded was 3.3 in 2006 as compared to 3.4 in 2005. More than half (58.5%) of registrants made at least 4 visits in 2006. There was however a drop as compared to 2005 (62.0%). In 2006, the proportion of pregnant women who made their first antenatal care visit during the first trimester was 33.5%, an increase over that for 2005 (30.9%) (GHS/RCH, 2009).

2.3 FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE SERVICES

SOCIO-DEMOGRAPHIC FACTORS

Socio demographic factors influencing utilization of maternal health care services in less developed countries include residence or distance to health services, age, parity, economic status and the problems during pregnancy and birth been observed in India (Chaibva, 2008).

The levels of antenatal care utilization were also found to be high among women with higher economic status, better education, few children, married women and employed women. In another related research conducted in Nicaragua by Lubbak and Stephenson, (2008) on the utilization of antenatal care services, the age of participants range from 18 – 40 with a mean age of 26 years. The mean number of children per woman was 3.3. The overwhelming majority of women interviewed sought antenatal care.

There are a number of published and unpublished works that explores women's experiences, views, and beliefs in relation to delivery in Bangladesh. These studies have found a wide range of factors that may contribute to low levels of use of professional services to delays in the decision to seek care, or to refusal of referrals for service (Odidolar, 2011)

In a study on the determinants of maternal health services in the rural India, it was found that, there is a correlation between household income and utilization of maternal health services (Sharif and Singh, 2012). It was evident that as a result of lack of productive resources for women, income earned by women had negative impact on utilization of Antenatal care (ANC) and post-natal care (PNC).

Even though basic ANC services by policy are free in Ghana, its implementation has shown evidence that cost of ANC Services affects utilization especially among poor women. A study comparing utilization of health services in Urban and Rural Ghana revealed that cost of health facilities deprives the poor of access to health facilities. The study also established that income is

exceeded only by distance as the most important factor influencing the utilization of health services in rural area of Ahafo-Ano South District of Ghana (Obour, 2013).

It was found that women from low-income families were less likely to seek prenatal care, visit the town health centre or local private clinic, whereas women from high-income families used country hospitals or higher medical institutes which provided better quality care. These findings led to the recommendation that low income should be taken as “high-risk factor” for poor maternal health (World Bank, 2013)

Millions of women cannot afford to use maternal health services. Even when formal fees are low or non-existent women often face hidden fees and expenses for transport, drugs and food. In Zaria, Nigeria a study found that from free to fee-based services for obstetric care reduced admission overall, but significantly increased emergency cases. The number of maternal death rose correspondingly (Harrison, 2011). The poorer the women are the more likely fees are to affect their use of health services.

According to Chaibva, (2008), a woman’s age might influence her decision to initiate ANC late or not to attend ANC at all. She claimed that pregnant adolescents might tend to hide their pregnancies because they might be unmarried, attending school, afraid of or prejudicial against health care providers or they might be simply too young and ignorant to appreciate the value of ANC (Chaibva, 2008)

According to Matua (2012), as cited by Chaibva (2008), pregnant adolescents might shun ANC services for fear of being labeled “promiscuous”. On the other hand, older adolescent who have had uneventful pregnancies and deliveries with previous pregnancies might see no reason to attend ANC. In 19 out of 26 developing countries, women who were 19 years or younger were reportedly less likely than older women to seek ANC from health professionals (Reynold et al 2016).

Knowledge is power, and many women have little knowledge. Illiteracy rates may be almost 50% higher for women than men UNESCO (2009) and women without formal education have a greater risk of maternal mortality than educated women (Harrison, 2013).

Although education and social welfare are not aimed at only improving maternal health, increased spending in these areas leads to sustained reduction in maternal mortality and morbidity (Franke, 2011).

The client's level of education could also influence pregnant women's utilization of the health facilities as well as the understanding of the importance of seeking health care promptly. Low educational status has been identified as a major barrier to the utilization of health care services especially ANC. These women could easily be persuaded by their grandmothers or TBA's not to attend ANC and to deliver their babies at home. (Mottew 2017, cited by Mathole et al 2009).

Cultural practices and traditional beliefs could be a negative factor contributing to ANC services utilization. In 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, 2014). 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, 2010).

In many parts of Africa, women's decision making power is extremely limited particularly in matters of reproduction and sexuality. Decision making with regard to maternal care is often made by husband or other family members (WHO 2012). In a study conducted in Nigeria by Adeleki,(2013), it was found that in almost all cases, a husband's permission is required for a woman to seek health services, including lifesaving care.

2.4 QUALITY OF CARE

Quality Care in ANC should ultimately do what is right, acceptable to and good for the pregnant adolescents and should adhere to professional ethics. Quality ANC has to be imbued with the concept of caring including the humanistics attributes of competence, confidence, commitment, compassion and conscience and should be based on knowledge, skills and values (Van der Wal 2012). Focused ANC promotes quality care.

❖ Individualized services

This is an approach to ANC that emphasizes individualized care, client centered, fewer but comprehensive visits, disease detection not risk management and the care is by a skilled provider. Individualized services, privacy/confidentiality is assured, continuous care is provided by the same person to national protocols and referral is facilitated.

Pregnant women have reported negative attitudes of health care providers (Matua 2012). Women including adolescents are sometimes reluctant to use maternity care services because health care providers are perceived to be rude, insensitive and threatening to these young mothers. Pregnant women can also base their behaviour on previous negative experiences and perceptions of care received (Matua 2012; Starrs 2009; Ziyani et al 2011). This is an area of concern to midwifery practice, as it has serious implications for the accessibility of ANC services.

According to Vail J., (2012), the average waiting time was less than one hour.

2.5 ACCESS TO ANTE NATAL CARE

Access to ANC is important in helping to modify women's risk behaviours and promote positive health practices for adolescents of risk of future unplanned pregnancies and STI. Slap (2011). Antenatal care services should be accessible to all pregnant women irrespective of social status,

age, race or level of education and HIV status, and should provide an environment of trust and confidentiality. (Kluge, 2016)

According to Kathyryn (2009) and Llongo (2014), the following factors contribute to perceived inaccessibility of ANC services

- ❖ Stigma and beliefs about social rejection
- ❖ Lack of confidentiality
- ❖ Cultural beliefs and perceptions about ANC
- ❖ Expensive health care services
- ❖ Previous health care experiences.

In Ghana before 2006, pregnant women were charged maternity fees which differ with each health institution. From 2006, with the advent of National Health Insurance Scheme (NHIS), any pregnant woman who has registered with the scheme is exempted from paying. However on 1st July, 2008, the government of Ghana in order to reduce the maternal mortality which was high made antenatal and delivery free of charge.

Pregnant women would be motivated to use the ANC services if they are acceptable and need focused without restrictions. Pregnant women expect care that is acceptable and focuses on their individual needs. ANC services should be available to pregnant women without any restrictions.

In Ghana, ANC is provided at every health centre/hospital and it is clear that its availability is acceptable to pregnant women.

CHAPTER THREE

MATERIAL AND METHODS

3.0 Introduction

This chapter deals with the description of the Study area and Study Population, research design, sample techniques, methods and instrument for data collection, data analysis techniques, ethical consideration and limitation of the study.

3.1 Study area and Study Population

The study was conducted in the Zongo community in Berekum. The Berekum Municipal assembly is one of the twenty-two (22) districts of the Brong Ahafo Region of Ghana. The 2012 statistics reviewed that the population of Berekum as 60,473. Zongo is one of the communities in Berekum. It is located in the centre of the city near the Golden city stadium and the Berekum main station. The occupant of the Zongo community is mostly Muslims. They mostly worship at the central mosque at Zongo. The population of the community is estimated as 16,550.

The sample size chosen for the study was fifty (50) people. This sample size includes women of reproductive age. That includes pregnant women and non-pregnant women of the reproductive age.

3.2 Research Design

A cross-sectional descriptive study design was employed for the study. A qualitative study is an inquiry of understanding a social or human phenomenon based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducting in a natural setting (Cresswell, 2010). This approach focuses on finding answers to questions and explanations centered on the stress patient's relative go through, how they cope with these stress and the effect of this stress on them.

3.4 Sampling Techniques

A non – probability sampling, thus convenience type of sampling was used to draw the sample size of fifty (50) people to represent the population to facilitate our study. In convenience sampling type, the sample is selected according to the convenience of the researcher.

Convenience is in respect of availability of data and accessibility/use of the subjects or any available groups

3.5 Data collections methods and instruments

The data sampling tool used for this study was structured questionnaire containing both open and closed questions. Data collection was done in two days during the weekends (Saturday and Sunday) from morning to evening. Interpretations were provided for some of the respondents who found it difficult to understand some of the questions on the questionnaire because the questionnaire were structured in English language

3.6 Data analysis techniques

All data were entered into a computer and processed using Microsoft excel worksheet.

Data collected from the questionnaire were presented graphically using pie chart, bar chart etc.

3.7 Ethical consideration

Ethical clearance for this study was obtained from the College, the assembly man of Zongo and the opinion leaders in the community. In addition, verbal consent was obtained from the individuals in the communities who agreed to be part of the study.

Also confidentiality of the respondents was ensured by omitting the names of the respondents.

3.8 Limitation of the Study

It would have been more appropriate to sample respondents from the entire population in Berekum.

However due to time and financial constraints only Zongo community was selected for the study.

Also some of the women were reluctant to give vivid information, because some of them did not want to disclose much information to us. In spite of these difficulties, the findings of this study give the full and accurate information on the utilization of antenatal care service in the Berekum Zongo Community.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 INTRODUCTION

This section of the study details the results analyzed from responses from the respondents. It is presented largely descriptively in the form of tables and graphs and organized according to the objectives of the study.

4.1 SOCIO-DEMOGRAPHIC DATA

Table 4.1 Distribution according to Age.

Variable	Frequency	Percentage %
21 – 30	31	62

31 – 39	17	34
40- 49	2	4
Above 50	0	0
Total	50	100

Source: Field data, 2023

From the table it could be observed that majority of the respondents were between the ages of 21 to 30. Only 2 of the respondents representing 4 % were between the ages of 40-49. None of the respondents was above 50 years.

Table 4.2 Distribution according to Occupation.

Variable	Frequency	Percentage %
Trader	26	52
Farmer	8	16
Teacher	4	8
Nurse	5	10
Others	7	14
Total	50	100

Source: Field data, 2023

The table above indicates that 26 of the respondents representing 52 % were traders. 8 of them representing 16% are farmers. 5 of them were nurses and 7 of the respondents had other occupations. The occupation least of the respondents were involved was teaching.

Table 4.3 Distribution according to educational status.

Variable	Frequency	Percentage %
Non formal	6	12
Primary	9	18
Middle /JHS	8	16
Secondary /SHS	10	20

Tertiary	11	22
Others	6	12
Total	50	100

Source: Field data, 2023

The table above shows that majority of the respondents representing 22% had education up to tertiary level. 6 of the respondents had Non formal education 6 of them also had level of education background.

Table 4.4 Distribution according to Religious Denomination.

Variable	Frequency	Percentage %
Islam	44	88
Christianity	6	12
Traditional	0	0
Others	0	0
Total	50	100

Source: Field data, 2023

The results indicate that majority of the respondents 44 representing 88% were Muslims and 6 representing 12% were Christians.

Table 4.5 Distribution according to Marital Status

Variable	Frequency	Percentage %
Single	9	18
Married	39	78
Divorced	2	4
Widowed	0	0
Others	0	0
Total	50	100

Source: Field data, 2023

The table above indicates that 39 out of the 50 respondents were married, 9 representing 18% were single and 2 representing 4 % were divorced.

Table 4.6 Distribution according to Ethnicity / Tribe.

Variable	Frequency	Percentage %
Akan	6	12
Ewe	1	2
Hauza	23	14
Mole Dagbani	14	22
Ga/ Adangbe	6	16
Total	50	100

Source: Field data, 2023

The results from the table indicates that 6 of the respondents were Akans, only one was an Ewe, 23 belonged to the Hauza tribe, 14 of them were Mole Dagbanis and 6 were Ga/Adanges

Table 4.7 Distribution according to Number of pregnancy

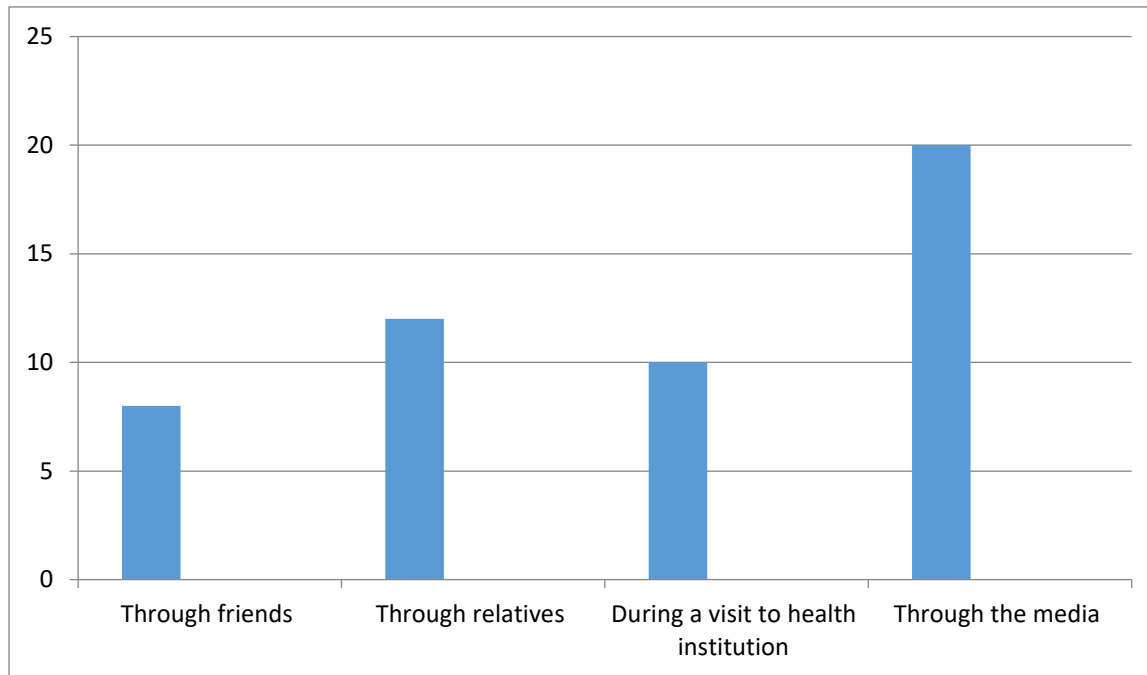
Variable	Frequency	Percentage %
First	8	16
Second	17	34
Third	10	20
Four	9	18
Others	6	12
Total	50	100

Source: Field data, 2023

The table above indicates that 8 of the women representing 16% were in their first pregnancy, 17 representing 34% were in their second pregnancy, 10 of them representing 20% were in their third pregnancy, and it was the fourth pregnancy for 9 of the women.

4.2 KNOWLEDGE ABOUT ANTENATAL

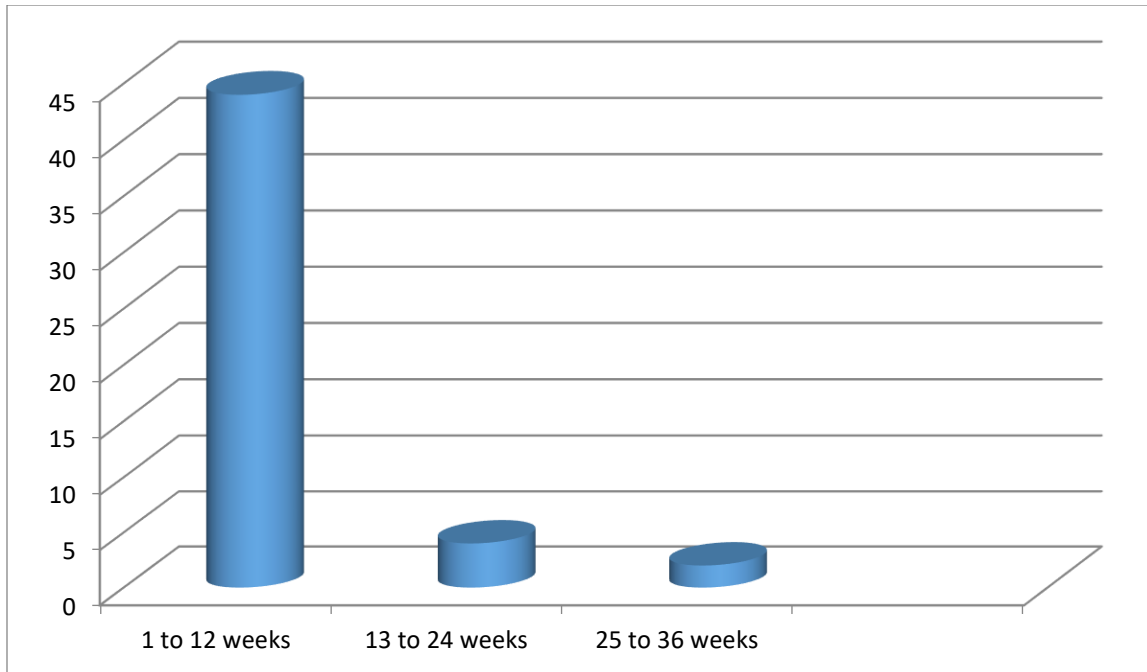
Figure 4.1 Distribution according to how respondents heard about Antenatal Care Services



Source: Field data, 2023

Results from the figure above indicates that majority of the respondents (20) were about ANC services from the media. 10 heard about ANC services during a visit to a health institution, 12 heard about the service from relatives and 8 heard about the services through friends.

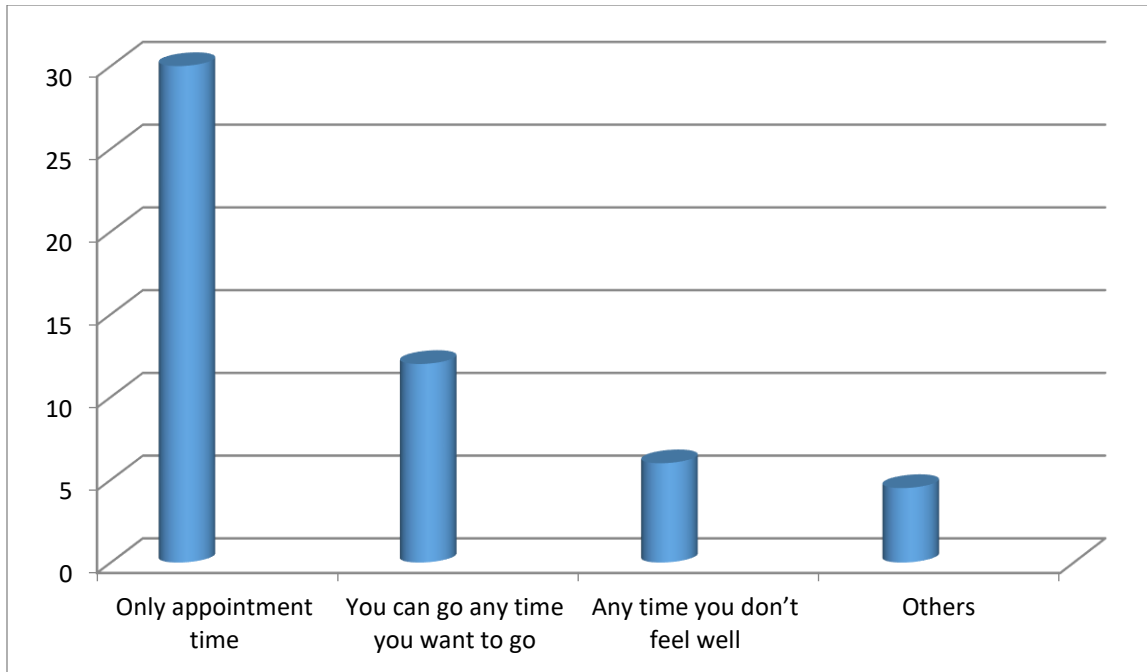
Figure 4.2 Distribution according to when a pregnant woman should access A.N.C.



Source: Field data, 2023

The figure indicates that, majority of the respondents 34 thinks that a pregnant woman should attend ANC during the 1st to 12 weeks.

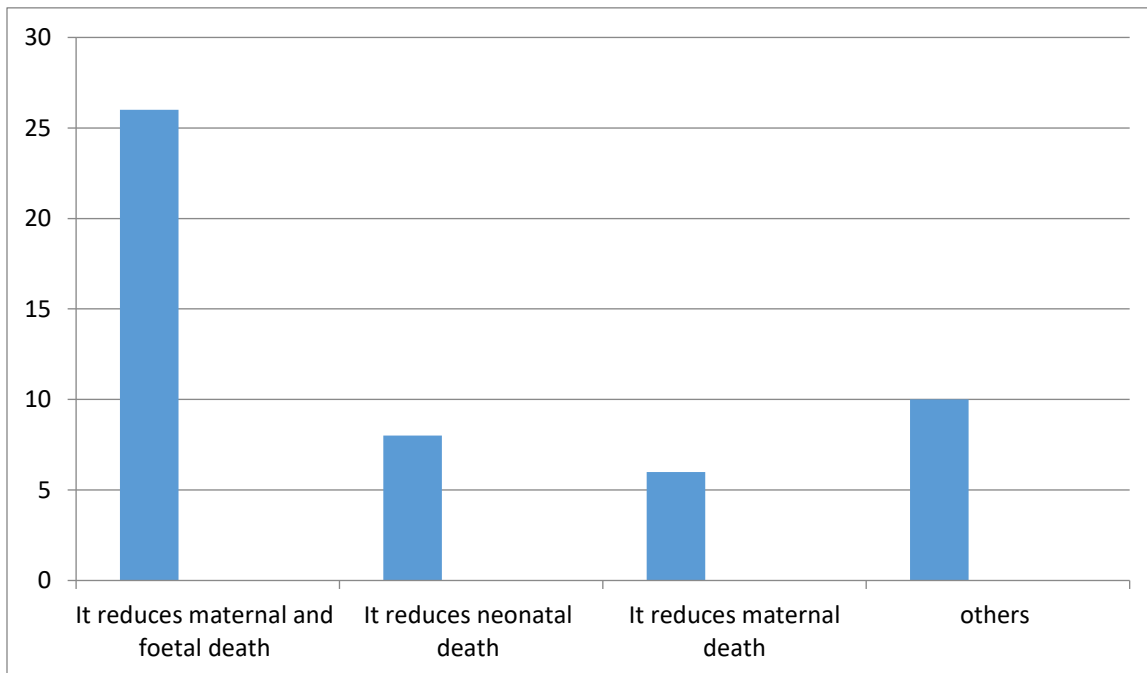
Figure 4.3 Distribution of respondents according to how often a woman should attend ANC.



Source: Field data, 2023

Results from the respondents as to when a woman should access ANC services depicted that, majority of the respondent's thinks woman to attend ANC only on appointment time.

Figure 4.4 Distribution of respondents according to the benefits of A.N.C.



Source: Field data, 2023

26 out of the 50 students said the importance of attending ANC services is to reduce maternal and foetal death.

4.3 QUALITY OF CARE RENDERED

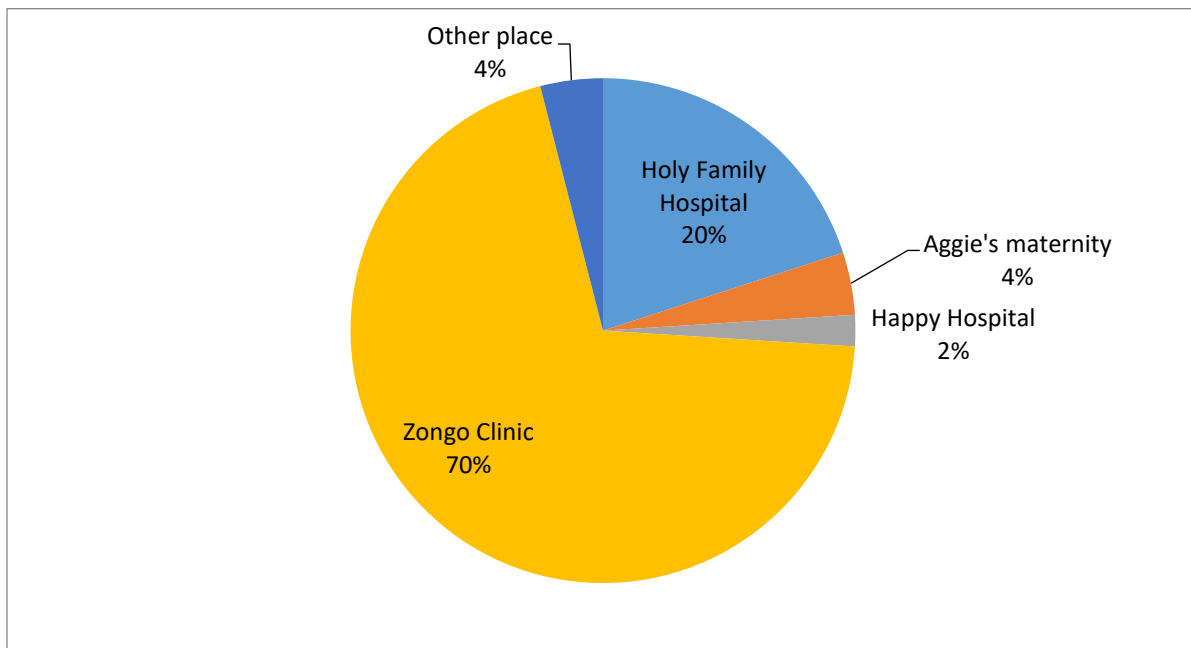
Table 4.8 Distribution according to whether respondents visit ANC any time they are pregnant.

Do you access A.N.C anytime you are pregnant	Frequency	Percentage %
YES	47	94
NO	3	6
Total	50	100

Source: Field data, 2023

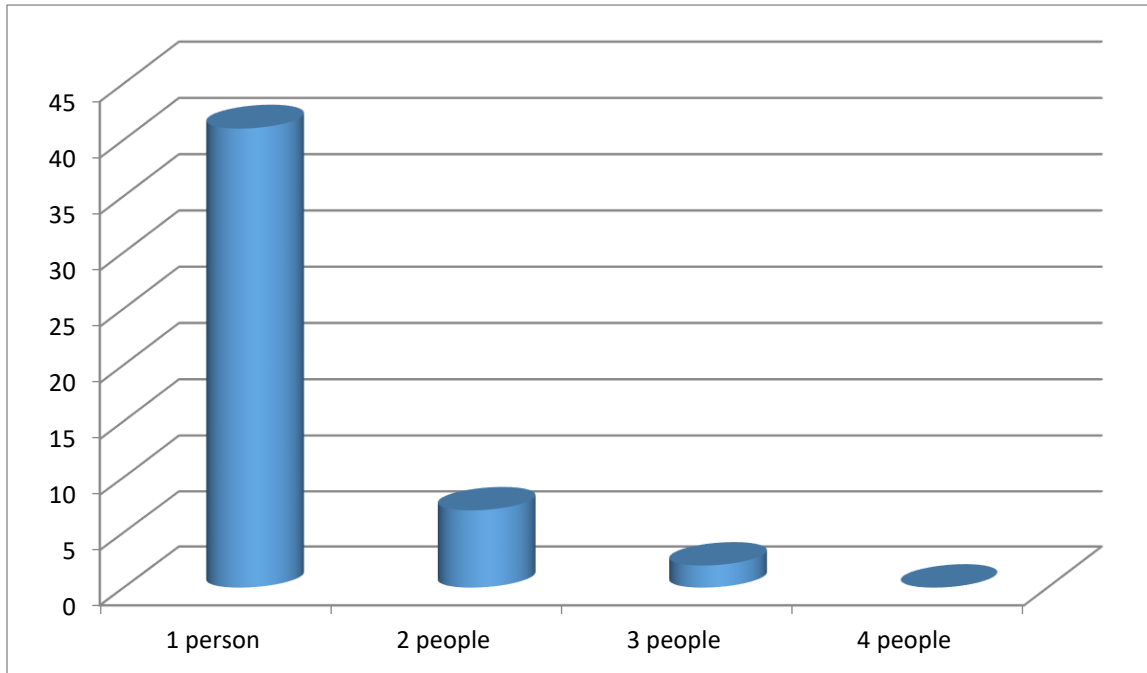
From the table, 47 respondents representing 94 % says they go for ANC services anytime they are pregnant. Only 3 representing 6 percent said they don't attend ANC anytime they are pregnant.

Figure 4.5 Distribution of respondents according to where they attend ANC.



Majority (70%) of the woman seeks for ANC service at the Zongo clinic, 20 % at Holy family hospital, 4 % at Aggie’s maternity and 2% at Happy Hospital.

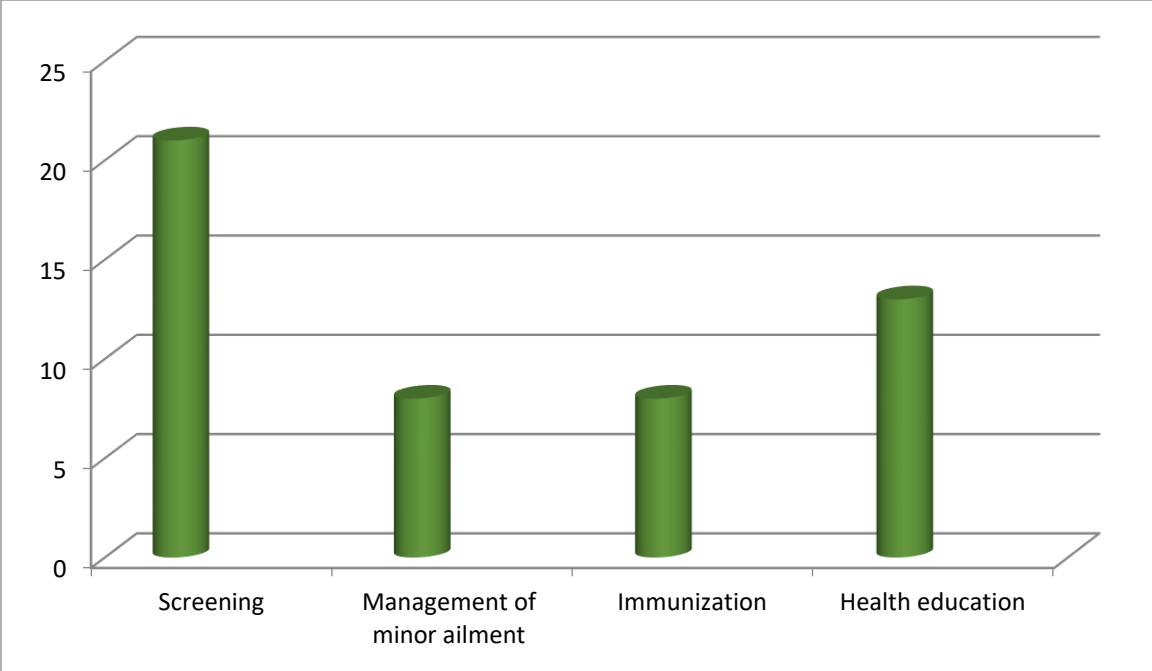
Figure 4.6 Distribution of respondents according to the number of people who attend to her during ANC.



Source: Field data, 2023

41 woman82% representing indicated that they are been attended only nurse/midwife when they attend ANC.

Figure 4.7 Distribution of respondents according to the type of services they render at the Antenatal Care Services.



Source: Field data, 2023

The figure above indicates that the type of service offered most during ANC visit is screening, followed by health education and management of minor ailment and immunizations.

Table 4.9 Distribution according to whether respondents are satisfied with the Antenatal Care Services rendered

Are you satisfied with the care rendered?	Frequency	Percentage %
YES	39	78
NO	11	22
Total	50	100

Source: Field data, 2023

From the table above, 39 women representing 78% stated they are satisfied with the care rendered to them during ANC. 11 representing 22% are not satisfied with the care rendered.

4.4 ACCESSIBILITY TO SERVICE.

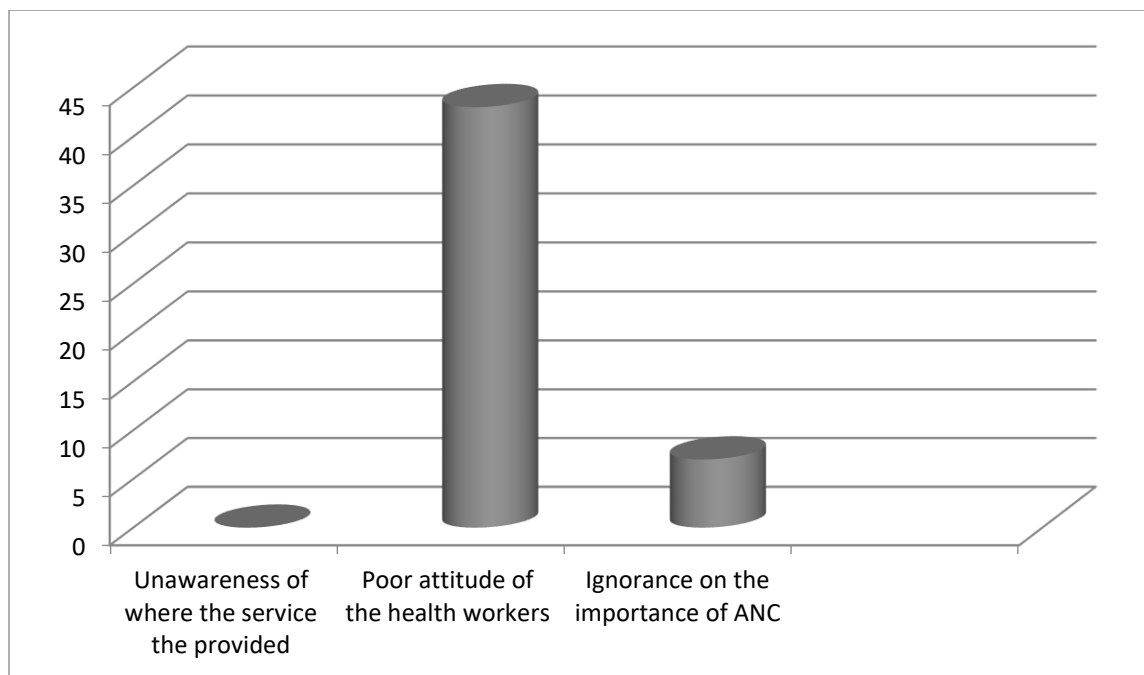
Table 4.10 Distribution according to whether respondents are able to access ANC.

Are the Antenatal Care Services accessible	Frequency	Percentage %
YES	50	100
NO	0	0
Total	50	100

Source: Field data, 2023

All the respondents stated that they are able to access ANC services easily.

Figure 4.8 Distribution of respondents according to what they think are some of the factors that hinders pregnant women from accessing ANC services.



Source: Field data, 2023

Majority of the respondents thinks the poor attitude of health workers during ANC services is the major reason that hinders pregnant women from accessing ANC services.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the result of the study in relation to the objectives, literature review and key variables of the research.

5.2 SOCIO - DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The analysis of the findings of this research indicated that the average age of respondents was between 21 to 30 years. This confirms the findings of Lubbock and Stephenson (2008) which was conducted in Nicaragua that the age of women utilizing ANC was 26 years.

On the occupation, the findings in this research indicated that the majority of respondents were engaged in at least a kind of employment (farming 16%, Trading 52%, Teacher 8%, nurse 10% and 14% had other different types of occupation). In a study on the determinants of maternal health services in the rural India, by Sharif and Singh (2002), it was found that, there is a correlation between household income and utilization of maternal health services.

In the said research, it was evident that as a result of lack of productive resources for women, income earned had negative impact on utilization of antenatal care. However, contrary to this research in India, income by women in Zongo Community had had positive impact on Antenatal Care utilization.

Another research conducted in Afghanistan by Hadi A., et al in 2007 found out that the use of each of the antenatal care services was significantly lower among women who were involved in economic activities than among those not economically active.

On education, 88% of the respondents had formal education. This correlates to the work of Harrison (1990) and Briggs (1993), which stated that women without formal education have a greater risk of maternal mortality than educated women. Franke and Chasin (1992) also stated that education of women not only improved maternal health but helped to reduce maternal mortality and morbidity. Low educational status has been identified as a major barrier to the utilization of antenatal care services. According to MOHEW (1997) as cited by Mathole, Lindmark and Ahlberg (2005), women with low educational status could easily be persuaded by their grandmothers or traditional birth attendants not to attend antenatal care and to deliver their babies at home. Again Matua (2004); Irinoye, Adeyemo and Ellujoba (2001), said that lack of education can negatively affect the women's comprehension of important information and the ability to make informed decisions. The findings implied that pregnant women who may have attained only low level education may not value utilizing antenatal care services.

This research found that the majority of women (78%) were married. According to MacDonald et al (2002), unmarried women were less likely to have planned pregnancy and to attend antenatal care, but there was no significant effect on marital status on pregnancy outcome. Essex et al (2002) observed that late antenatal care attendance was associated with single marital status. According to WHO (2003), as cited by Chaibva C.N (2008), unmarried pregnant women are less likely to seek antenatal care services due to a lack of economic social support from parents, guardians or spouses.

5.3 KNOWLEDGE ABOUT ANTENATAL CARE

All respondents in this study had heard about antenatal care services. In some studies knowledge was identified as a major structural variable that could influence the decision on whether to utilize antenatal care services or not.

Lack of knowledge about the antenatal care services could be a major barrier to women's utilization of antenatal care. Matua (2004) and Jewkes et al (1998), cited lack of adequate knowledge and information about pregnancy, laboratory tests results and dangers of late bookings or not attending antenatal care at all, as contributors to the poor utilization of antenatal care services.

As to the source of information on antenatal care services the majority of respondents (40%) heard it through the media, 24% through relatives, 20% through a visit to health institution and 16 % through friends.

Eighty percent (88%) of respondents knew that antenatal care services should be visited within the 1st to 12 weeks whilst 8% and 4% knew it was supposed to be attended in the 13 to 24 weeks and 25 to 36 weeks respectively. This confirmed the literature review by GHS/CRS (2006) which stated that the first antenatal care services should take place during the first trimester of pregnancy. Knowledge about the benefits of the antenatal care services reviewed that 26 out of the 50 students said the importance of attending ANC services is to reduce maternal and foetal death.

5.4 QUALITY OF CARE

Almost all the respondents (94%) attended antenatal care services. Six percent of the respondents did not attend antenatal care services. As to the places of attendance, the majority of women attends ANC at Zongo clinic (70%). The reasons for the choice of place for antenatal care services included proximity, good staff attitude and free services. 82% of the respondents' only one staff attended to them during the antenatal care session. This is in line with the focused antenatal care which was stipulated by JHPIEGO as cited in the literature review.

The respondents mentioned multiple services including screening 42%, management of minor ailments 16%, immunization 16% and health education 26%.

39 women representing 78% stated they are satisfied with the care rendered to them during ANC. 11 representing 22% are not satisfied with the care rendered.

This however is in contrast to what Chaibva, (2008), wrote in her thesis “Factors Influencing adolescents’ utilization of Antenatal care services in Bulawayo.” She claimed that pregnant adolescents were not satisfied with services rendered hence poor or non-utilization.

5.5 ACCESS TO THE ANTENATAL CARE

All the respondents (100%) stated they are able to access ANC services. Kluge (2006) cited that antenatal care services should be accessible to all pregnant women irrespective of social status, age, race or level of education and should provide an environment of trust and confidentiality.

Majority of the respondents thinks the poor attitude of health workers during ANC services is the major reason that hinders pregnant women from accessing ANC services.

Matua, in 2004 reported that pregnant women have reported negative attitudes of health care providers. He said that women are sometimes reluctant to use maternity care services because health care providers are perceived to be rude, insensitive and threatening to the young mothers.

5.6 Conclusion

The study was educative and challenging with regards to the findings and the discussions. It is therefore concluded that women in the fertility age (WIRA) in Zongo community of Berekum utilized the antenatal care services and the factors that contributed to the utilization were:

- The youthful age of the majority of respondents
- The engagement in productive employment by the majority of the respondent

- The high level of education of the majority of the respondents making them able to comprehend what was taught at antenatal care, improving maternal health and hence likely to reduce maternal mortality and morbidity.
- Martial status of the respondents making them attend antenatal care regularly and probably with support from parents, guardians and or spouses.
- The respondents' adequate knowledge on the benefits of the antenatal care services.
- Adequate information on antenatal care services.
- Respondents reasons for attending antenatal care which included proximity, free services, good interpersonal relationship between health personnel and clients, good quality of care, no delays, safe delivery and satisfaction of service.

5.7 RECOMMENDATIONS

The study findings unveiled a number of factors in the provision of antenatal care services leading to utilization. The following are therefore recommended based on the findings.

- The DHMT should review and strengthen reproductive health programmes and ensure that they are friendly and are need focused.
- Adequate supervision and monitoring at all levels of health care should be ensured by the DHMT
- Continue the focused antenatal care as stipulations by JHPIEGO.
- Continuous disseminating of information by the DHMT on antenatal care, delivery and postnatal care services to enhance accessibility by every pregnant woman.

- Spouses of pregnant women should be encouraged by their partners to support them to access the ANC services.
- Antenatal care services should be provided throughout the day (24hours service)
- Health workers should portray good attitude towards women during ANC services.

QUESTIONNAIRE

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE BEREKUM. AN ASSESSMENT OF FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE SERVICES IN ZONGO COMMUNITY IN BEREKUM.

INTRODUCTION

Dear Respondent,

This questionnaire is designed to collect data on the topic;

“AN ASSESSMENT OF FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE SERVICES IN ZONGO COMMUNITY IN 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
A. 21 – 30 [] B. 31 – 39 [] C. 40- 49[] D. Above 50[]
2. Occupational status.....
A. Trader [] B. Farmer[] C. Teacher[]
D. Nurse [] E. other specify.....
3. Educational status
A. Non formal[] B. Primary[] C. Middle /JHS[] D. Secondary /SHS[]
E. Tertiary [] F. Others (Specify).....
4. Religious Denomination
A. Islam [] B. Christianity[] C. Traditional Religion [] D. Others (specify).....

5. Marital Status

- A. Single [] B. Married [] C. Divorced [] D. Widowed []

6. Ethnicity / Tribe

- A. Akan [] B. Ewe [] C. Hauza [] D. Mole Dabbani []
E. Ga/ Adangbe []

7. Number of pregnancy

- A. First [] B. Second [] C. Third [] D. Four [] E. Others (specify).....

Section B: KNOWLEDGE ABOUT ANTENATAL

8. How did you hear about Antenatal Care Services?

- A. Through friends [] B. Through relatives []
C. During a visit to health institution [] D. Through the media []

9. In your view when should pregnant women access Antenatal Care Services?

- A. 1 to 12 weeks [] B. 13 to 24 weeks [] C. 25 to 36 weeks []

10. How many visits should a pregnant woman make to the Antenatal Care Services during the entire period of pregnancy?

- A. 1 [] B. 2 [] C. 3 [] D. 4 [] E. More than 4 (Specify)

11. How often do you need to access Antenatal Care Services?

- A. Only appointment time [] B. You can go any time you want to go []
C. Any time you don't feel well [] D. Others (specify).....

12. What are some of the benefits of Antenatal Care Services?

- A. It reduces maternal and foetal death []
B. It reduces neonatal death []
C. It reduces maternal death []
D. Others (Specify)

Section C: QUALITY OF CARE RENDERED

13. Do you access Antenatal anytime you are pregnant?

- A. Yes [] B. No []

14. Where do you attend Antenatal?

- A. Holy Family hospital [] B. Ante Aggie maternity []
C. Happy Hospital [] D. Zongo Clinic [] E. Traditional birth attendants []

15. How many people attend to you when you access Antenatal Care Services?

- A. 1 person – excellent [] B. 2 people – good []
C. 3 people – fair [] D. 4 people – poor []

16. How would you described / rate the attitude of service providers towards pregnant women?

- A. Poor [] B. Fair [] C. Good [] D. Excellent []

17. Which of the following services do they render at the Antenatal Care Services?

- A. Screening [] B. Management of minor ailment [] C. Immunization []
D. Health education [] E. Others (specify).....

18. How long does it take to access Antenatal Care Service?

- A. 1 – 20 min [] B. 21 – 40 min [] C. 41 – 60 min [] D. More than 60 min []

19. Are you satisfied with the Antenatal Care Services rendered?

- A. Yes [] B. No []

Section D: ACCESSIBILITY TO SERVICE.

20. Are the Antenatal Care Services accessible?

- A. Yes [] B. No []

21. Do you pay money before you have access to antenatal care services?

- A. Sometimes [] B. Never [] C. I always pay []

22. What do you think are some of the factors that hinders pregnant women from accessing ANC services ?

- A. Unawareness of where the service the provided []
B. Poor attitude of the health workers [] C. Ignorance on the importance of ANC []

23. Do you have any suggestions to improve Antenatal Care Services?

.....

THANK YOU

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)

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



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AND HEALTH

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Your Ref.



P. O. Box 21,
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Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

September 19, 2023
Date

The Manager
Zongo Clinic
P.O. Box 282
Berekum

Dear Manager

PERMISSION TO CONDUCT RESEARCH

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

1. Cassandra Gyan Nsiah
2. Bernice Agyemang
3. Zeinab Alhassan

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'An Assessment of Factors Influencing Utilization of Antenatal Care Services in Zongo Community in 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

Monica Boakye
Supervisor

For: Principal

RESARCH TOPIC

AN ASSESSMENT OF FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE SERVICES IN ZONGO COMMUNITY IN BEREKUM.

STUDENT NAMES

CASSANDRA GYAN NSIAH

BERNICE AGYEMANG

ZEINAB ALHASSAN

HOSPITAL NAME

ZONGO CLINIC, BEREKUM

SUPERVISOR

MS. MONICA BOAKYE

SIGNATURE

.....*MB* (sign for)