

Awareness and Use of Antenatal Care Services among Women in Edu LGA, Kwara State, Nigeria

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Abstract

Objective: This study determines knowledge and utilization of antenatal care services among women in Edu Local Government Area, Nigeria. A descriptive cross sectional research design was used in this study. Two research questions were answered and one hypothesis was tested in this study.

Methods: Researchers' designed questionnaire was used for data collection and a split-half test of reliability was used to determine the reliability of the instrument. Four hundred and eighty women of childbearing age were purposively sampled for the study. The results were analyzed using frequency and percentages to answer research questions. The t-test was used to test hypothesis at 0.05 level of significant.

Result: The findings showed that women of childbearing age have very high knowledge and utilization of some antenatal care services, but demonstrated poor willingness to report pregnancy related problems and non-completion of routine immunization schedules in Edu Local Government Area.

Conclusion: Based on the findings, this study concludes that that there is a significant difference between knowledge and utilization of Antenatal care services among WCA in Edu LGA., however, women in Edu LGA have poor willingness to report early pregnancy related problems and non-completion of immunization schedules at the health centers as this pose a challenge and threat to both lives of the pregnant Woman and her unborn baby.

Keywords: Antenatal care services; Edu local government area; Knowledge and utilization; Women of childbearing age

Introduction

The Millennium Development Goals (MDGs) was designed to improve the well-being of all peoples with particular focus on two goals (MDGs 4 and 5) that is, to reduce the women mortality ratio and childhood mortality rate, by two-thirds and three quarters (75%), respectively between 1990 and 2015. It is expected that child and maternal mortality must be decline substantially in the period to 2015, unfortunately no member country has achieved these goals [1]. Despite progress recorded by some Africa Countries in achieving MDGs 4 and 5 some countries still recorded high mortality rate among women and children in the world with Nigeria inclusive [2,3]. Studies have estimated that 250,000 of newborns die annually in Nigeria given the mortality rate of 48 per 1000 live births [4,5]. The maternal and neonatal mortality prevalent rate in Nigeria was estimated as 1 in every 18 women die giving birth Compared with 1 in 4800 in the US [6]. In a survey conducted in February 2010, in Nigeria, it was reported that neonatal death ranges between 165 per 100,000 live births in the South West and 1549 per 100,000 live births in the North East Nigeria showing the wide geographical variation in maternal and neonatal mortality rate in six geopolitical zones of Nigeria, with the highest rates seen in the North-East and Northwest Zones of Nigeria and the lowest rates recorded in the South-West and South-East respectively [7].

Antenatal care refers to health care services given during prenatal care that is, the care provided to women of childbearing age during pregnancy by skilled health personnel especially the nurses and midwives. The traditional antenatal care is given to pregnant mothers and their children based on World Health Organization recommended periods of 4-5 ANC visits for pregnant women who are not having medical problems and at least three antenatal visits are recommended, ideally with the first visit early in the pregnancy, this number may vary based on national and institutional policies [8]. Regular use of antenatal care by pregnant women give opportunities to health workers to predict and manage pregnancy complications to ensure acceptable maternal and perinatal outcomes. The main aim of antenatal care is to examine pregnant women for high risk to pregnancy related problems as early as possible and then provide appropriate skilled care for women with high risk pregnancies while continuing to provide adequate care for the women with low risk pregnancies. This "risk approach" is a managerial tool for improving maternal and child health care [9].

Studies on the use of antenatal care services among women in Sub-Saharan Africa, have shown that 72% of pregnant women received antenatal care visit once or more times and 68% of them in South- East Asia. Less than one third of pregnant women received antenatal care in Pakistan [10]. The very low maternal and infant morbidity and mortality rates reported for developed countries compared with the high figures in developing countries have been attributed to the higher utilization of modern maternal health services by the former. For example, a study on the use of Ante Natal Care (ANC) showed that 71

percent of women worldwide utilize ANC services and in industrialized countries 95 percent, South Asia - 54 percent and Sub-Saharan Africa 64 percent of women utilize ANC services [11]. Women knowledge is considered one of the key factors that enable them to be aware of their right to health and to seek for appropriate health services [12]. An attitude was viewed as positive or negative evaluation of people, events, activities or ideas in the environment that emerges out of personal experience. Attitude is seen as positive when a person develops a strong attraction of likeness for the situation, objectives or other persons or groups while it is negative when the person develops dislike for such situations, objectives, group or any other identifiable aspects of the environment [13,14]. In this context, women attitude can be viewed as an expression of favour or disfavour towards exposure to antenatal care services provided in the communities.

This study, examined pregnant women knowledge level and to determine the use of antenatal care services in Edu Local Government Area (LGA), Nigeria. Many pregnant women with one or more children in Edu LGA were observed not attending antenatal clinic regularly for health services, while some that attended antenatal clinics did not complete the scheduled for ANC visit as recommended. The women's inability to visit ANC clinics in Edu LGA have deprived them and their unborn babies the opportunity to have basic antenatal care services and this have caused a lot of pregnancy and delivery complications among pregnant women in Edu . It was recorded that many women lose their lives shortly after delivery in Edu LGA, for example, between January 2014 to December 2015, 15 pregnant women lose their lives during and shortly after delivery of babies [15]. Based on the observed maternal and child morbidity and mortality rate among women in Edu LGA, this study aimed at determining the awareness level and use of antenatal care services among pregnant women in Edu LGA of Kwara State, Nigeria.

Based on the above objective, the following Research Questions were answered:

1. What is the awareness level of women about antenatal care services in Edu Local Government Area (LGA), Kwara State?
2. Do Women use antenatal care services in Edu LGA.of Kwara State?

Hypotheses

HO1. There is no significant difference between awareness about and use of antenatal care services among women in Edu LGA of Kwara State.

Methods

This study is a descriptive research of cross sectional design aimed to determine the awareness and use of antenatal care services among pregnant women in Edu Local Government Area, Nigeria. The population for this study consisted of pregnant mothers and women of childbearing age drawn from 97,602 the total population of females in Edu Local Government Area [16]. The Edu LGA comprises of three traditional districts which has ten (10) political wards with sixty five (65) health facilities located in the communities of the LGA. Eleven (11) out of sixty five (65) health facilities, provided antenatal care services among others in the Local Government. The sampled population of 480 pregnant women who were within the ages of 14-49 years and have one or more children were drawn for this study. A

multi- stage sampling method was used to select WCA for the study as follows; a simple random sampling method was used to select six (6) political wards, (three from each of the two traditional district of Lafagi and Shonga). Systematic sampling method was used to select 160 households and this was done by household numbering and the selection of 1 in every 3 household was done and 480 pregnant women were purposively sampled from the households selected in the study districts of Edu LGA.

The researchers' designed questionnaire was used as instrument for data collection in this study. The questionnaire covered various components of antenatal care service which comprises of two sections. Section A was a close ended type of questionnaire on the awareness level of pregnant women about ANCS designed in the form of Yes or No. Section B was designed in Likert type scale that sought information on the use of antenatal care services by pregnant women in Edu Local Government Area of Kwara State, this section was a modified Likert type scale of three (3) Point responses of A-Always (5 points), ST-Some Times (3 points) and NA-Not Always - scored (1 point). The instrument was reviewed for face and content validity and the reliability was determined by pre-testing the instrument using the split-half test of Cronbach statistic of reliability method. The researchers got approval for the conduct of the study from the Edu Local Government Authority and the community leaders of the study areas. The purpose of the study was explained to WCA for their consent to participate in the study. Descriptive statistic of frequency counts/percentages was used to answer research questions while inferential statistic of t-test was used to test the null hypothesis at 0.05 significance level.

Results

Research Question 1: What is the awareness level of women about antenatal care services in Edu Local Government Area (LGA), Kwara State?

The result of this study showed that majority (86.0%) of pregnant women are aware of when they are pregnant with relative higher (91.7%) knowledge about the need to visit antenatal clinics when pregnancy is confirmed. Quite a large proportion (88.5%) of pregnant women agreed on the advantages derived from ANC services. The result also revealed high knowledge of pregnant women about other ANC service and their advantages in Edu LGA.

Research Question 2: Do Women use antenatal care services in Edu LGA of Kwara State?

The result further shows use of antenatal care services among pregnant women. Almost 72 percent of women of childbearing reported at health center as soon as pregnancy status was confirmed. Women of childbearing age claimed to have received various forms of ANCS such as health education about good nutrition and exclusive breast feeding, regular attendance of examination of abdomen and weighing session, screening of blood and urine session at equal percentages (71%-75%). However, pregnant women reporting pregnancy related problems and completion of immunization received low utilization (60.0%) and (51.0%) compared with other services received in the centers.

Ho1; there is no significant difference between awareness and use of Antenatal care services among pregnant women in Edu LGA.

The result also showed awareness percentage mean of 93.25 and usage percentage mean of 78.92 with t-value of 3.00. The t-calculated

(3.00)>t-tabulated (1.96), this reject null hypothesis at 0.05 level of significance. This implied that there is a significant difference between the awareness level and use of ANC services among pregnant women in Edu LGA (Tables 1-3).

Knowledge about Ante Natal Care Visit	(N = 480)		
	Yes	No	Not sure
Do you know when you are pregnant?	413 (86.0%)	35 (7.3%)	33 (6.9%)
Do you know it is necessary to visit ANC clinic when you are pregnant?	440 (91.7%)	40 (8.3%)	0 (0.00%)
Do you know the advantages of antenatal care services provided?	425 (88.5%)	30 (6.3%)	25 (5.2%)
Is immunization and routine drugs given at ANC?	465 (96.9%)	15 (3.1%)	0 (0.00%)
Are weighing and examination of abdomen given at ANC?	462 (96.3%)	18 (3.7%)	0 (0.00%)
Are screening of blood and urine done at ANC you attended?	455 (94.8)	20 (4.2%)	5 (1.0%)
Is health talk on personal/ environmental sanitation given at ANC centers?	159 (88.3%)	3 (5.0%)	4 (6.7%)
Is the condition of the growing baby and your health examined?	402 (83.8%)	28 (5.8%)	50 (10.4%)

Table 1: Knowledge of women of childbearing age about antenatal care services in Edu local government area, Kwara State, Nigeria.

Antenatal care services (ANC)	Always	Sometimes	Not at all
I visit the health center for ANC service when am confirmed pregnant	344 (71.7%)	48 (10.0%)	88 (18.3%)
I Receive immunization and routine drugs during antenatal visits	352 (73.3%)	24 (5.0%)	104 (21.7%)
I Receive vitamin supplements during ANC visit	328 (68.3)	48 (10.0%)	104 (21.7)
I Receive health talk on nutrition and exclusive breast feeding during ANC visit	360 (75.0%)	24 (5.0%)	96 (20.0%)
I Attended screening sessions for abdomen examination and weighing	344 (71.7%)	24 (5.0%)	112 (23.3%)
I attended screening of blood and urine sessions	336 (70.0%)	40 (8.3%)	104 (21.7%)
I receive health talk on personal and environmental hygiene during ANC visit	328 (68.3%)	32 (6.7%)	120 (25.0%)
I complete my immunization scheduled	288 (60.0%)	32 (6.7%)	160 (33.3%)
I complain of any pregnancy related discomfort	248 (51.0%)	80 (16.7%)	152 (31.7%)

Table 2: The utilization antenatal care services among women of childbearing age in Edu LGA, (N=480).

Variable N=480	X	S.D	S.E	df	t	p-value
Knowledge	93.25	18.34	2.36	59	3.00	0.000
Utilization	78.92	32.17	4.88			

Table 3: Summary of t-test on the knowledge and utilization of antenatal care services among women of childbearing age, Sig.=0.05 (2-tailed).

Discussion

The women awareness level about antenatal care services (ANCS) was generally high in Edu Local Government Area. Majority of women acknowledged that ANC services offered both the pregnant mother and her unborn baby opportunities to receive routine immunization and routine drugs for protection against various communicable diseases. The pregnant women also claimed to have benefited from various forms of ANC services received at antenatal clinics, such as weighing, examination of progress of pregnancy, screening of blood

and urine analysis to ascertain the probability of developing pregnancy related problems by the health workers. This implied that pregnant women high level of awareness about ANC services may have probably influenced positively their level of maternal health services usage particularly ANCS in the Local Government communities. This finding corroborated with the study on knowledge and utilization of antenatal care services among women of childbearing age in Ilorin, which observed that more than two thirds of the respondents (87.7 percent) were aware of antenatal care services [17]. This study also agreed with the study on the visit of antenatal clinic in Shanghai China, which reported that women attending ANC demonstrated a high degree of knowledge about the importance of visiting ANC and breastfeeding of babies. In addition, they also found that greater numbers of pregnant women were very knowledgeable about child immunization (95.8 percent), 71 per cent of women agreed that antenatal care is necessary, but contrary to the finding of this study, more than half of the women in China did not know the first gestational month that determine their first antenatal visit [18]. In this study, pregnant women expressed satisfaction over the health education package received during ANC visits and acknowledged the

importance of antenatal care services provided in the health centers by the health workers. This findings was in agreement with the opinions of several authors that knowledge of importance of health services have potentials to positively shape health-seeking behaviour among pregnant women [12,14].

On the use of ANC services by pregnant women in Edu Local Government Area, this study showed high willingness of pregnant women to use antenatal care services particularly in the area of attending health talks on good nutrition and exclusive breast feeding during ANC visits. This finding corroborated study which revealed high antenatal care attendance among the respondents (76.8 percent) when they had their last pregnancy [17]. This study was also in agreement with the survey reports of sub-Saharan Africa where 72% of pregnant women attended antenatal care visit one or more times and 68% in South East Asia respectively while in Pakistan the situation differs where less than one third of pregnant women received antenatal care services [10]. This high attendance of ANC might be associated with high literacy rate and awareness level about antenatal care services among women as more than two third of these women had good knowledge of ANCS activities carried out in the LGA. Unfortunately, the pregnant women demonstrated poor willingness of reporting early pregnancy problems and inability to complete routine immunization in this study. The poor use of ANCS and unwillingness to report pregnancy associated problems and non-completion of routine immunizations may have probably be responsible for most obstetric complications and prevalence of communicable diseases among the new born babies in Edu LGA communities of Kwara State, Nigeria.

This study supported other study that reported a prevalence of late booking of antenatal care visits of 86% and 82.6% in South-western Nigeria, but disagreed partly with the demographic health survey reports of Nigeria which shows a low level of utilization of maternal care particularly in the area of ANCS among women compared with women in other West African Countries including Cameroun [19,20]. The report further explained the utilization distributions by countries; in Nigerian about 60.3percent of mothers' utilized antenatal care services during their last birth, the comparative figures were 88.0 percent for Benin Republic, 72.8 percent for Burkina Faso, 83.4 percent for Cameroon, and 91.9 percent for Ghana respectively [21].

Conclusion

This study posited that there was significant difference between awareness and use of antenatal care services among pregnant women in Edu LGA, but women showed poor willingness to report pregnancy associated problems early and do not complete immunization schedules at the health centers of the LGA. The poor attitude and unwillingness of pregnant women in Edu LGA remain a challenge and posed a threat to both lives of the pregnant woman and her unborn baby in the communities. Based on these conclusions, it is recommended that Governments at all levels particularly in Edu LGA primary health department, and Non-governmental organizations should strengthen the existing awareness levels of pregnant women about antenatal care services in the primary health care centres in the communities. Priority should be given to health education intervention programmes among other primary health care programmes to improve use of ANCS and health awareness among pregnant women especially on the significant of early reporting of pregnancy problems and completion of immunization schedules at health centres of Edu LGA, Kwara State.

Acknowledgement and Conflict of Interest

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