THE IMPACT OF KNOWLEDGE AND ATTITUDE OF PREGNANT WOMEN ON THE UTILIZATION OF ANTENATAL CARE (ANC) SERVICE - A CASE STUDY OF OBUASI S.D.A. HOSPITAL

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Abstract - Antenatal care is a medical and general care that is provided to pregnant women during pregnancy. It is aim at meeting both psychological and medical needs of pregnant women within thecontext of health care delivery system. The study investigated pregnant women's knowledge and attitude towards antenatal care services at Obuasi S.D.A. Hospital. Three research objectives and questions were formulated to guide the study. The literature was conceptually, empirically and theoretically reviewed based on the main variables under study. The study adopted a descriptive and explanatory design and the sample size was 300 pregnant women attending antenatal care at the Hospital from January – May, 2016. The instrument for data collection was a structured questionnaire. The study revealed that majority of the respondents had good knowledge and favorable attitude towards antenatal care.Additionally, the result indicated that attitude and knowledge of pregnant women negatively and positively predict the utilization of ANC services respectively. However attitude of pregnant women showed a higher negative impact on the utilization of ANC services than combining it with interest of pregnant women. The study recommended that publicity on the effectiveness of antenatal care should be encouraged by health practitioners. Again, health practitioners should treat patients as unique individuals without any favoritism in order to encourage the utilization of ANC.

I. INTRODUCTION

Appropriate antenatal care is one of the pillars of Safe Motherhood Initiatives, a worldwide effort launched by the World Health Organization (WHO) and other collaborating agencies aimed to reduce the number of deaths associated with pregnancy and childbirth. It highlights the care of antenatal mothers as an important element in maternal healthcare as appropriate care will lead to successful pregnancy outcome and healthy babies. All pregnant ladies are recommended to go for their first antenatal check-up in the first trimester to identify and manage any medical complication as well as to screen them for any risk factors that may affect the progress and outcome of their pregnancy (Rosliza and Muhamad, 2011).

Pregnancy and child birth are natural processes which in most cases come to good end even without anyintervention; however in a relatively high proportion of pregnancies, there are complications of which are life threatening in nature and can lead to maternal. Most of these complications may be anticipated, since riskfactors are present (Ochola-Ayaya, 2009).

In Ghana, maternal mortality rates are very high, that is, 230 per 100,000 live births (GHS, 2007). Maternal mortality ratio reflects the rate of death of women from pregnancy to puerperium and it is the most important indicator used for evaluating the effectiveness of safe motherhood services (RCH, 2008). The pattern of causes of maternal deaths as estimated by WHO shows that hemorrhage (24.8%) is the leading cause followed by infection (14.9%), unsafe abortion (12.9%), eclampsia (12.9%) and obstructed labor (6.9%). This pattern may vary in different healthcare facilities although other direct causes such as the delay model account for (7.9%) of the total maternal deaths, while (19.8%) is attributed to indirect causes like malaria, hepatitis, anemia etc. (WHO and UNICEF, 2008).

Additionally, Expectant mothers in the urban areas utilize antenatal services better than their counterparts in the rural areas who have the problems of accessibility to MCH services; some pregnant mothers in the rural area may have basic knowledge of the importance of antenatal services but due to problems of accessibility to health facilities will hinder them from such services (Igbokwe, 2008). Also inadequate knowledge concerning health related matters usually lead to negative attitude towards the health issue. (Igbokwe, 2012)

It is indicated that urban and rural locations have great impacts on the utilization of antenatal services, (Igbokwe, 2012)

In developing countries most women are faced with serious pregnancy related health risks. This situation is a major concern to many governments in developing countries as well as international organizations. Within Africa, Ghana is ranked with a maternal mortality ratio of 500 deaths per 100,000 live births (UNICEF, 2010). The high maternal and prenatal mortality rates were considered consequences of poor control during pregnancy and labour (GHS, 2006).Nevertheless, a pregnant woman should report to any health facility anytime she feels unwell or experience any complication. However, according to the Ghana Health Service (2006) annual report of Reproductive and Child Health Unit, the average number of antenatal visits was 3.4 in 2012 and 3.3 in 2014. In addition, there was a fall in the

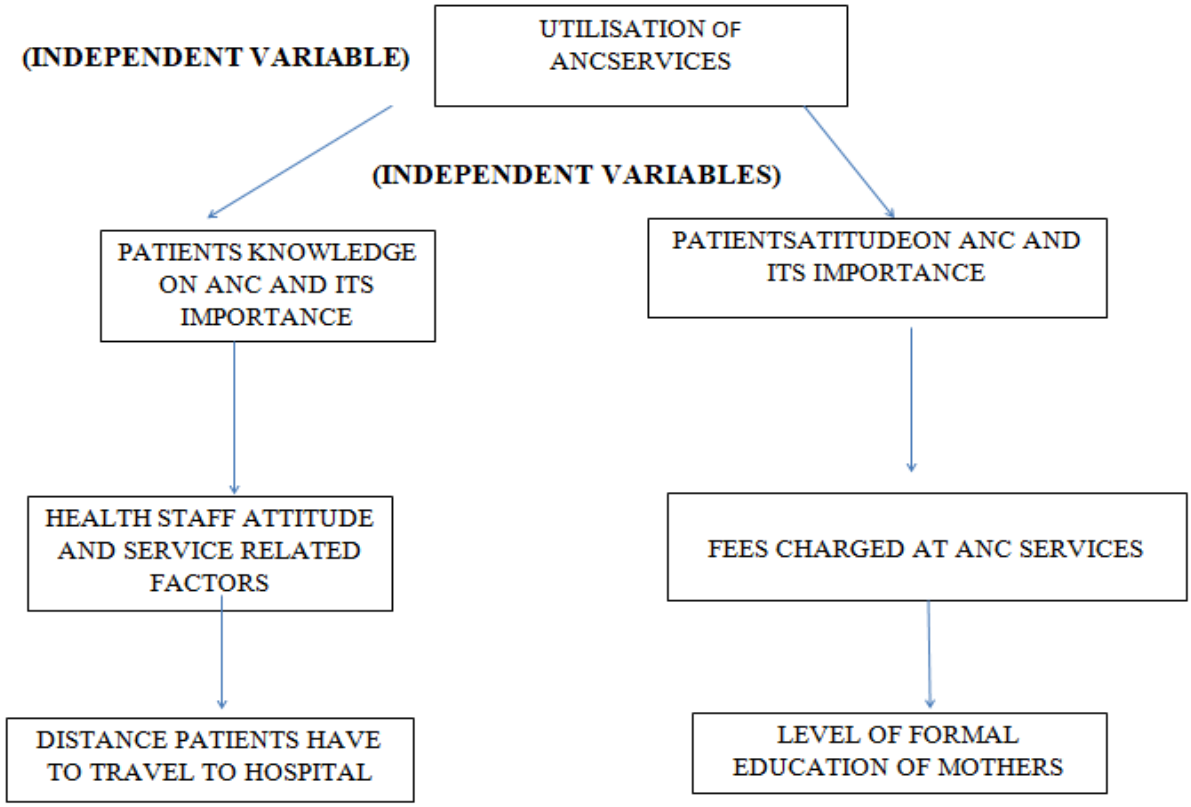
number of women who attended at least four visits from 62% in 2014 to 58.5% in 2015.

Antenatal care service coverage recorded in 2015 at Obuasi S.D.A.Hospital, the study area, shows 43.3% (310) out of 611 respondents with average visit of 3 per client, which is low compared with an average of 4 per client especially with the NHIS and free antenatal care services. Late teenagers recorded 12.3% (82) of the total antenatal registrants. Out of the 611 pregnant women, 22.7% were registered with anemia. That evidence demonstrated that, despite Ghana's strategic policies of which free ANC care and delivery, implementation to smoothing antenatal care services, prevention and management of unsafe abortion, family planning, and labour and delivering care, postnatal care and health education. Pregnant women in Ghana are still reluctant to utilize antenatal care service. Therefore it is very imperative to carry out research in the area of knowledge and attitude of pregnant women towards utilization of antenatal care services.

II. OBJECTIVE OF THE STUDY

1. To assess how knowledge and attitude of pregnant women influence the utilization of ANC service at Obuasi S.D.A. Hospital.
2. To examine the level of knowledge of pregnant women towards utilization of ANC service.
3. To examine the attitude of pregnant women towards utilization of ANC service.
4. To establish the impact of knowledge and attitude of pregnant women in the utilization of antenatal care services.

10 CONCEPTUAL FRAME WORKS



III. RESEARCH FINDINGS

Table 1: Research population

	Category of respondents	Population
Pregnant women	Reproductive age group	400

Table 2: Research sample size

	Category of respondents	Population
Pregnant women	Reproductive age group	300

Table 3: Knowledge of pregnant women towards Antenatal Care Service

ITEMS	PERCENT (%) YES	PERCENT (%) NO
1. Detection of Pregnancy service is given at ANC	80	20
2. Antenatal care services are needed when pregnant	93	7
3. Maternal health service is given at ANC	67	33
4. Foetal death, maternal death, aspyhxia and many more are some of the health implications of not following ANC	73	27
5. Mothers should get ANC services during pregnancies at the health facility	85	15
6. ANC services are given at health institutions and private clinics	65	35
7. ANC services are given at health institutions and traditional attendant	66	34
8. ANC services should be accessed with a minimum of four visits	74	26
9. ANC services should be accessed as soon as pregnancy is confirmed	33	67
10. ANC services are necessary for every pregnant woman	63	37

Table 4.Attitude of Pregnant Women towards Antenatal Care Services

Attitude	SA%	A%	N%	D%	SD%
1. Much time is spent at ANC visits by pregnant women	60	20	18	2	
2. I get intimidated by health practitioners anytime I visit antenatal care	44	26	18	12	
3. I get intimidated by co-patients anytime I visit antenatal care	6	1	5	18	70
4. Cultural factor does not permit me to follow ANC	9	21	10	60	
5. Religious factor does not permit me to follow ANC	2	4	12	82	
6. Not satisfied with the service given at the ANC visits	2	8	20	70	
7. Should antenatal care services be encouraged?	80	10	9	1	

Key: SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree, SD-Strongly Disagree

RECOMMENDATIONS

1. Nurses and Midwives in both the hospital settings and in the community should engage women of reproductive age both the non-pregnant and the pregnant in education concerning the importance of ANC and when to initiate the care.
2. Educational programmes on ANC services should be encouraged through the social media especially on the televisions and radio stations so as to enhance effective participation of women in antenatal care service when pregnant.
3. Suggestion boxes should be placed in the various health facilities precisely the ANC clinics to aid in clients expressing their concerns and grievances.
4. Necessary actions such as being queried or scolded when a negative attitude is spotted among health providers.
5. Strict monitoring of services rendered to clients should be conducted by health care authorities so as to correct and prevent poor attitudes of health care providers hence ensuring quality care provider client relationship.

6. Necessary resources should be employed at the ANC clinics to enhance more effective, quality and fast delivery of services.

CONCLUSION

Antenatal care (ANC) is the care a woman receives throughout her pregnancy in order to ensure that both the mother and child remain healthy. A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child. Almost 90% of maternal deaths occur in developing countries and over half a million women die each year due to pregnancy and childbirth related causes (Laishram, 2013). Globally, 180million pregnancies occur each year, 8million suffer pregnancy related complications and more than half (585, 000) a million die (WHO2004). More than 400,000 occur in developing countries and the risk of dying is highest in Africa. In addition to maternal death, women experience more than 50million maternal health problems annually. As many as In Ghana, complications during pregnancy and childbirth are leading causes of death and disability among women of reproductive age. A total of 995 institutional maternal deaths were recorded in 2007. This represents a 4.0% increase over the 957 maternal deaths reported in 2006. . During the last 10 years the lowest maternal mortality ratio has been fluctuating between 186 /100,000 live births and then 277.1/100,000 live births (GHS,2007).

REFERENCE

[1] Adesokan, F. O. (2010). Reproductive health for all ages.
[2] Ado-Ekiti: Faxwell Nigeria. Amosu, A. M., Degun, A. M., Thomas, A. M., Olanrewaju, F. M., Babalola, A. O., Omeonu, P. E., Ola, O. O. Onyeriude, O. O. &Nwogwugwu, S. (2011). Acceptance and practice of focused antenatal care by health care providers in south west zone of Nigeria. Arch. Appl. Science Research, 3(10), 484 – 491. International Journal of Midwife and Health Related Cases Vol.1, No.1, pp.14-23, March 2015 Published by European Centre for Research Training and Development UK (www.eajournals.org)
[3] Akpan-Nnah, E. M. (2011). Knowledge and attitude of pregnant women towards focused antenatal care in General Hospital, IkotEkpene, AkwaIbom State, International Professional Nursing Journal. 9(1), 96 – 104.

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