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Original article

Patients Attitude Towards Antenatal Care and Factors Determining It's Uptake In a Rural Communities In The Niger Delta, Nigeria

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ABSTRACT:
Background: The successes of modern obstetrics practice could not have been achieved without a well-cultured and planned antenatal care. These achievements could be noticed in the developed countries where properly organized antenatal surveillances are priorities for both government and the populace, which has remarkably improved fetomaternal outcome. The aim of this study is to evaluate factors contributing to late booking and hindrances to ANC in rural Nigeria. Methods: This is a descriptive cross-sectional study with the aid of a structured questionnaire and a sample size of 190 pregnant women attending antenatal clinic in the Niger Delta University Teaching Hospital, Okolobiri. Result. A total of 190 pregnant women enrolled at booking, average age was 29.67±4.8 years, average gestational age was 31±6.2 weeks, 28.41% have pensionable jobs, while 12.63% were housewives, and 58.23% had previous delivery at TBA. 63.68% had previous ANC attendance, while 49.37% have delivered at least once in a government hospital. 53.68% had abdominal massage and fear of surgery caused 23.4% to choose TBA in earlier pregnancies. Socio-cultural values and cost also affected decisions 12.03% and 10.76% respectively, 9.80% found abdominal massage useful, while 61.05% would like to book in antenatal, if free. Conclusion: Antenatal booking is still low, despite many public enlightenment campaign programs, due to ignorance and misconception about pregnancy. It is therefore necessary to revisit the currently adopted pattern of health education in the much affected population with more rigorous awareness propaganda about the need for early booking, which may bring improvement of the present state..

KEYWORDS: TBA; socio-cultural value; cost; fear; Socio-demography.

Statement of Originality of work: The manuscript has been read and approved by all the authors, the requirements for authorship have been met, and that each author believes that the manuscript represents honest and original work.

INTRODUCTION
The benefits and role of early antenatal care service cannot be overemphasized in any part of the world, as those impending dangers in the early and later stages of the pregnancy could be

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addressed, and a better assessment of the future progress and outcome of the pregnancy could be marshaled out. In most of the developed countries, pregnancy booking starts as early as after the 2nd to the 3rd missed period (8-12) weeks of gestation[1,2]. This gives room for early detection of abnormal pregnancies in the first trimester, and early second trimester where ultrasound examinations could rule out ectopic pregnancies, missed abortion, molar pregnancies, multiple pregnancies, other abnormal pregnancies or at least indicate the need for further investigation, where for example nucheal translucency or other structural abnormalities are suspected[1,3]. Contrary to what is in practice in the developed countries, the reverse is the case in our environment; where majority will not even register for antenatal, and even those who do, almost always register very late[4,5]. The average gestational age at booking in this environment is between 25-33 weeks, when almost all the necessary genetic investigative procedures will be of less benefit to the fetus and mother[5]. Despite the none existence of generally accepted recommended gestational age at antenatal booking in Nigeria and in many other less developed countries the generally accepted gestational age at booking is about 14th week of gestation[5,12]. Antenatal care service provision and uptake has a great advantage and value to the fetomaternal health as most of the adverse outcomes are peculiar with patients who do not attend antenatal services[1,2,6],considering the health indices of these poorer countries, with the recent World Health Organization estimate which shows that Nigeria's maternal mortality rate is second highest in the world (after India), and is estimated at 1,100 per 100,000 live births, which equates to approximately 54,000 Nigerian women dying each year from pregnancy related complications which represents 10% of global maternal deaths, although the actual value maybe much higher, as not every case is being reported to the authorities for record purposes[4,5,10]. The antenatal care also provides the opportunities for early screening and management of patients with sickle cell disorder, RH incompatibility, and HIV/AIDs. HIV/AIDs affected patients need to avoid mother to child transmission and to provide possibilities for maintenance of good maternal physical and mental state[7-9]. It also provides avenue for the prevention of other diseases, like hypertensive disorders, diabetes mellitus and those with possible genetic disorders, also gives room for immunization against neonatal tetanus, malaria prophylaxis with the use of Intermittent Presumptive treatment (IPT), and management for those at risk for cervical incompetency etc[5,8,9]. It also gives the service provider opportunities for proper counseling, such as nutritional values, physical exercises, access to social and governmental benefits, to enhance total wellbeing of the patient. Several studies have associated a better relationship of the antenatal care service uptake and that of the sociodemographies of the patient. The objectives were to stress the importance and benefits of antenatal care, determine what deters pregnant women from the Niger Delta region to attend antenatal care services, hence the need for understanding what constitutes satisfactory antenatal service provision and suggesting ways of improving services, discouraging those cultural arts and beliefs impeding better fetomaternal outcome in the society.

MATERIAL AND METHODS

This is a descriptive cross sectional questionnaire based survey with a sample population of 190 women attending antenatal clinic in a newly established tertiary teaching hospital located in the rural area, Okolobiri, Bayelsa State, in the Niger Delta region of Nigeria. These women were served with the questionnaire while in their routine visit. This centre registers about 563 deliveries yearly; the low number of deliveries could be attributed to the fact that it is located in a rural environment, where the population is small. There are also many other health centers and maternity homes in the environs. It mainly serves as a referral centre. Majority of the habitants are Ijaws, Nembe, Ogbia, Epie among others from the neighboring communities. The main occupational activities are peasant fishing, farming, few civil servants and petty traders. Ethical approval was obtained from the Hospital ethical committee. The women were approached during the antenatal session, and verbal approval obtained after adequate counseling. All pregnant women at booking were approached regardless of the age of the pregnancy. Information considered in the questionnaires were (age, parity, employment and educational status, attitude towards antenatal care, reasons for delay in ANC booking, why women abstain from ANC, role of the TBAs (traditional birth attendants), and the reasons for abdominal massage. Excluded from the studies were those who were admitted during labor for delivery. Finally, questionnaire designed for the study and data were entered using the Epi info 7 version 1.4.0.

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RESULTS

A total of 190 respondents participated in the survey; the average annual delivery in the hospital is 563 deliveries a year. Majority of the respondents were within the age bracket of 18-29 years, 51.58% (n=98/190), the mean age was 29.67±4.8 SD years, and the mean gestational age of 31 ±6.2 weeks SD, while 38.95% (n=74) of the respondents had higher education. Majority were married as it is expected, 85.26% (n=162/190), among the respondents 28.41% (n=54/190) have pensionable jobs, while 12.63% (n=24/190) were housewives. Majority were Christian, 96.84% (n=184/190), and the dominant ethnic group were the Ijaws due to the location of the survey, 60.53% (n=115/190). Majority had previously done abortions, 64.21% (n=122/190), while about 70.49% (n=86/122) of the respondents have more than one abortion done. Patients with low parity Para 1-3 constitutes 55.70% (n=88/158). Surprisingly, majority of the respondents have delivered at TBA at least once before the index pregnancy, 58.23% (n=92/158). Majority have attended ANC clinics previously, 63.68% (n=121/190), and 49.37% (n=78/158) of the respondents have delivered at least once in an appropriate government hospital environment. Large proportion of the respondents had abdominal massage in the index pregnancy, 53.68% (n=102/190). Interestingly, 23.42% (n=37/158) opted for TBAs in their previous delivery due to fear of surgery, 12.03% (n=19/158) decided to patronize the TBAs because of socio-cultural reasons, while 10.76% (n=17/158) was due to cost. Only 9.80% (n=10/158) expressed usefulness of abdominal massage during pregnancy. About the reasons for late booking, 37.39% (n=71/190) attributed it to lack of finance and cost, and 27.89% (n=53/190) felt it was not necessary, while 18.42% (n=35/190) still consider the fear of surgery as their major obstacles. Finally, majority were of the opinion that, if antenatal care is free they would attend regularly, 61.05% (n=116/190).

Table 1. Socio-demographics of respondents (n=190).

Age	Frequency	Percent	Cum. Percent
15-29	98	51.58%	51.58%
30-39	82	43.16%	94.74%
≥40	10	5.26%	100.00%
Education	**Frequency**	**Percent**	**Cum. Percent**
Higher	74	38.95%	38.95%
Primary	26	13.68%	52.63%
Secondary	81	42.63%	95.26%
No formal education	9	4.74%	100.00%
Marital status	**Frequency**	**Percent**	**Cum. Percent**
Married	162	85.26%	85.26%
Single	28	14.74%	100.00%
Occupation	**Frequency**	**Percent**	**Cum. Percent**
Applicant/student	26	13.68%	13.68%
Business	52	27.37%	41.04%
Civil servant	34	17.89%	58.94%
House wife	24	12.63%	71.57%
Professionals	20	10.52%	82.09%
Petty Trader/farmer	34	17. 89%	100.00%
Religion	**Frequency**	**Percent**	**Cum. Percent**
Christian	184	96.84%	96.84%
Muslim	6	3.16%	100.00%
Ethnicity	Frequency	Percent	Cum. Percent

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Ijaw	115	60.53%	60.53%
Igbo	27	14.21%	74.74%
Yoruba	10	5.26%	80.00%
Hausa	3	1.58%	81.58%
Others	35	18.42%	100.00%

Table 2. Previous Obstetrics performance of respondents.

Abortion	**Frequency**	**Percent**	**Cum. Percent**
No	68	35.79%	35.79%
Yes	122	64.21%	100.00%
Number of abortion	**Frequency**	**Percent**	**Cum. Percent**
1	36	29.51%	29.51%
2	60	49.18%	78.69%
3	20	16.39%	95.08%
≥4	6	4.92%	100.00%
Total	122	100.00%	100.00%
Number of pregnancy	**Frequency**	**Percent**	**Cum. Percent**
1-3	100	52.63%	52.63%
4-8	46	24.21%	76.84%
≥9	12	6.32%	79.85%
Nulliparous	32	16.84%	83.16%
Total	190	100.00%	100.00%
Parity	**Frequency**	**Percent**	**Cum. Percent**
1-3	88	55.70%	55.70%
4-8	42	26.58%	82.28%
≥9	28	17.72%	100.00%
Total	158	100.00%	100.00%
No. of times delivered in TBA	**Frequency**	**Percent**	**Cum. Percent**
All	37	23.42%	23.42%
1	30	18.99%	42.41%
2	13	8.23%	50.63%
>3	12	7.59%	58.22%
None	66	41.77%	100.00%
Total	158	100.00%	100.00%

Table 3. Factors influencing respondent`s performance of ANC care.

Previous antenatal attendance	**Frequency**	**Percent**	**Cum. Percent**
No	37	19.47%	19.47%
Yes	121	63.68%	100.00%
Where was the last delivery done	Frequency	Percent	Cum. Percent
Home	10	6.33%	6.33%
TBA	32	20.25%	26.58%

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Health centre	14	8.86%	35.44%
Private hospital	24	15.19%	50.63%
General government hospital	78	49.37%	100.00%
Abdominal massage	**Frequency**	**Percent**	**Cum. Percent**
No	88	46.32%	46.32%
Yes	102	53.68%	100.00%
Total	190	100.00%	100.00%
Why prefer TBA	**Frequency**	**Percent**	**Cum. Percent**
Cheaper cost	17	10.76%	10.76%
More comfortable	6	3.79%	14.56%
Better	13	8.23%	22.79%
Socio-cultural	19	12.03%	34.82%
Fear of surgery	37	23.42%	58.24%
No respondent	66	41.77%	100.00%
Total respondents	158	100.00%	100.00%

Table 4. Reasons for respondents poor performance towards of ANC (n=190).

Reasons for late or non-attendance of antenatal care	Frequency	Percent	Cum. Percent
Time and distance	13	6.84%	6.84%
Not aware of antenatal care	5	2.63%	9.47%
Cost and lack of finance	71	37.39%	46.84%
Not necessary	53	27.89%	74.73%
Afraid of bad information	2	1.05%	75.78%
Husband do not agree	9	4.74%	80.52%
Fear of surgery(cesarean section)	35	18.42%	98.94%
Bad experience	2	1.05%	100.00%
Total	190	100.00%	100.00%
Attend antenatal if free?	**Frequency**	**Percent**	**Cum. Percent**
Yes	116	61.05%	61.05%
No	58	30.53%	91.58%
Do not affect my decision	16	8.42%	100.00%
Total respondents	190	100.00%	100.00%

DISCUSSION

The role of antenatal care in modern health care delivery is of paramount importance, as it involves not just the immediate fetomaternal outcome in pregnancy, but also indicates the relative awareness of the populace towards general healthcare and patient wellbeing. It is evident that a woman who attends antenatal care during her pregnancy has a higher motivation and inclination to submit herself for other healthcare services, such as family planning, breast and cervical cancer screening, than those who do not. This study was carried out to determine some of the reasons behind none adherence to antenatal care, and also the late presentation of those who actually accept the antenatal care during pregnancy[10,11]. Greater emphasis is placed on booking status, the role of traditional birth attendants and abdominal

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massage as major hindrances in the pursuit towards focused antenatal care practice in the region and Nigeria in general, as adopted by many countries in the developing world in Tanzania in year 2002: to reduce feto-maternal morbidity and mortality[9,11]. Despite the efforts made by various governments and authorities in this regards, it had not translated very positively to achieving the goal, by reducing the prenatal and maternal morbidity and mortality to the barest minimum. We still have high incidences of obstructed labor, preeclampsia-eclampsia, and post partum hemorrhage, severe anemia in pregnancy, malaria, and un-managed incidences of HIV-AIDs in pregnancy [5, 10, 14]. During this study, a total of 190 pregnant women at booking completed the pretested questionnaire in the antenatal session. It was shown that majority of the patients registered in the 3rd. trimester, with a mean gestational age of 31 ±6.2 weeks sd., which is contrary to reports from other studies, where most of the patients registered in the second trimester by Ndidi EP and Oseremen IG in 2010[5,12,13]. The late booking for antenatal care could be attributed to many factors, like sociodemograghies of the patients; such as rural dwelling, poverty, transportation difficulties, educational status etc., others found were cultural factors like; abdominal massage and the influences of spiritualists, herbalists, the role of traditional birth attendants in the society, and ignorance. The average age of the patients were 29.67±4.8 years sd., and majority have at least one previous delivery 83.16% (N=158/190), which conforms to other studies done in the region[5, 14, 15]. Despite the fact that majority had some form of formal education 95.26% (n=181/190), and about ¾ have source of livelihood 73.68% (n=140/190) yet, the percentage of those who attempted or delivered at least once at home and in TBA was staggeringly high, 58.23% (n=140/190). In this environment many women described pregnancy as a healthy natural phenomenon thereby see no need to visit health professionals initially when there is no perceived health threat to their well-being. However, others are reluctant to engage with the ANC services as that will expose them to the public their current state, as it is believed in some cultures that early disclosure of their pregnancy could lead to unwanted religious or spiritual complications[16-18]. Especially, most women when they miss their period first visit the traditional masseurs for confirmation, and they readily assure them that all is well (after all, our grandparents never knew antenatal care, yet had many children). It occurs sometimes that, traditional or cultural beliefs dictated that women should wait until they had missed several periods before confirming a pregnancy. This could be as a result of the fact that some women menstruate irregularly. This gives the women enough self confidence, which had reflected in this survey where more than half, 53.68% (n=102/190) had abdominal massage, and majority patronized the home delivery and the TBAs. When specific questions were asked, "why prefer the TBAs to modern health care delivery systems", 23.42% (n=37/158) attributed it to fear of surgery, 12.03% (n=19/158) were due to socio-cultural beliefs, 10.76% (n=17/158) avoided the ANC due to cost, while only 3.79% (n=6/158) felt it is more comfortable. Few respondents felt abdominal massage was helpful during pregnancy, 9.80% (n=10/102). As regards reasons for late presentation at booking, majority were of the opinion that, cost was the major deterrent, 37.39% (n=71/190), meanwhile, 27.89% (n=53/190) felt it was not necessary, while the fear of surgery accounted for 18.42% (n=35). Finally, when asked if ANC attendance were to be free, the respondents felt much better, with those in favor, 61.05% (n=116/190). This is a reflection of the fact that, ANC uptake and late presentation at booking have multi-factorial dimensions; not just the socio-economic, sociodemographies, socio-cultural nature of the region, but misconceptions and ignorance play major roles in decision making among the women in this society[2, 19]. It is therefore imperative and mandatory, that more rigorous approach towards health awareness; stressing on the benefits, misconception of ANC, other health related issues and implementation of policies of health reforms and programs be given a high priority as to achieve better health indices in the future; as early antenatal care commencement, and increased ANC patronage is a reflection of an improvement in the general health care seeking behavior of any society, as women are more effective healthcare seekers than men worldwide.

CONCLUSION

This study has shown that, late booking for antenatal care and desire for the ANC care has a complex dimension; it will not be addressed only by public enlightenment campaign alone, but general improvement on education, social welfare reforms and some cultural reforms may be needed to achieve an acceptable result in the future. Early education of the girl child in terms of attitude towards use of healthcare facilities, particularly

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when a woman becomes pregnant, will be an added advantage.

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