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Research Article

Knowledge Attitude and Practice of Pregnant Women towards Antenatal Care in Federal Medical Centre Jalingo, Taraba State, Nigeria

Ojo O Victor[1], Ebenezer O Daniel[2]*, Paul O Abiodun[3], Gabriel O Ayeni[4] and Oladapo M Olagbegi[5]

[1]*Federal Medical Centre Jalingo, Taraba State, Nigeria*

[2]*Department of Public Health, Texila American University, Guyana*

[3]*Axios International Abuja, Nigeria*

[4]*Doctors with Africa- CUAMM, South Sudan*

[5]*University of Kwazulu-Natal, Westville Campus, Durban, South Africa*

***Corresponding Author:** Ebenezer O Daniel, Department of Public Health, Texila American University, Guyana.

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Abstract

Background: Antenatal care has not yet attained its completeness when it comes to patronage. This assertion is proven by the fact that pregnant women in Jalingo make a single visit to the antenatal clinic which in actual fact is considerably low, for a full life-saving potential. The problem of pregnant women before, during and after delivery led to the inception of antenatal care which dates as far as the early twentieth century. Due to the economic and cultural disposition of Africa, antenatal care is faced with some challenges that prevent it from attaining full potential of providing a complication free pregnancy

Method: A descriptive cross-sectional survey of pregnant women attending antenatal clinic in federal medical centre Jalingo was carried out. Data were obtained through the use of structured, self-administered questionnaire. Summated scores were used to grade respondents' knowledge attitudes and practices towards antenatal care. Data were presented using descriptive statistics of frequencies, tables, percentages and pie charts. Inferential statistics of Chi-square was used to test for associations between various factors and the knowledge, attitude and practices of pregnant women toward antenatal care.

Results: The results showed that 26.9% of 104 respondents has poor knowledge, 35.6% have poor attitude while 37.5% has poor practice toward antenatal care. It was further revealed that there was statistical significant association between some socio-demographic variables and knowledge, attitude and practice of the pregnant women towards antenatal care.

Conclusion: This study gave recommendations among others, that government should enact a law binding employers of labour to give concession to pregnant workers in terms of time-off duty to meet up with their antenatal visits and provide qualitative education and training courses for health team to improve their knowledge and to take their role in educating, giving advice and instruction to pregnant women.

Keywords: *Antenatal Care; Pregnant Women; Knowledge; Attitude and Practice*

Introduction

Antenatal care is a systematic assessment and follows up of pregnant women that include education, counseling, screening and treatment to ensure the best possible health of the mother and the fetus. This was designed with the objective of improving maternal and prenatal outcome (Baserit., *et al.* 2005).

Antenatal care (ANC) coverage is a success story in Africa since over two-third of pregnant women (69%) has at least one antenatal contact. However, to achieve the full life saving potential the antenatal care promises for women and babies visits, providing essential evidence based interventions, a package is required [1].

Antenatal service comprise of complete health supervision of the pregnant woman in order to maintain, protect and promote health and wellbeing of the mother and fetus [2]. These services according to him are rendered to a pregnant woman at monthly intervals to the 23rd week of gestation, then fortnightly until the 36th week and finally weekly visit until birth of the baby. Similarly, Adesokan [3] describe antenatal care as the attention, education, supervision and treatment given to the pregnant woman from the time of conception is confirmed until the beginning of labor in order to ensure safety pregnancy labour and puerperium.

Historically, the traditional antenatal service model was developed in the early 1990's. This model assumes the frequency visit and classifying pregnant women into low and high risk by predicting the complication ahead of time. The traditional approach was replaced by focus antenatal care - a goal oriented antenatal care approach- which was recommended and adopted by WHO in 2002 (Beseri., *et al.* 2005). The principle of a focused antenatal care for women are to provide basic and adequate health required attention to address and treat complications and health challenges associated with pregnancy and to provide effective screening during pregnancy (Dphang., *et al.* 2013).

Method

A descriptive cross-sectional study design was adopted in this study. This study was to determine the knowledge, attitude and practice of pregnant women toward antenatal clinic attendance at Federal Medical Centre Jalingo. Ethical approval for the study was obtained from the ethical review committee of the Federal Medical Centre Jalingo before the commencement of the study.

The study employed simple random sampling method for recruiting participant who are attending antenatal clinic at Federal Medical Centre Jalingo and the study population comprise of all pregnant women between their first and third trimester, Sample size was calculated using Snedecor and Cochran formula (1989), at 5% level of significance and margin of error at 10%,

A semi-structured questionnaire, subjected to a pilot study for validation before the main study, and reviewed by three research experts for more scientific inputs. Correct or "yes" items was scored "1" and incorrect or 'No' was scored '0'. The score of each of the respondent on knowledge, attitude and practice was obtained by adding up the score for correct answers. A score of 80% indicate good knowledge/good attitude/good practice. Data analysis was done using SPSS version 21. Associations between variables were tested using Chi-square test analysis. All results were set at 0.05 levels of significance. Results were presented using frequency tables, percentage, pie and bar chart.

Result

Out of the 105 {one hundred and five} semi-structured questionnaire, 104 (one hundred and four) with valid response was obtained representing 99% response rate.

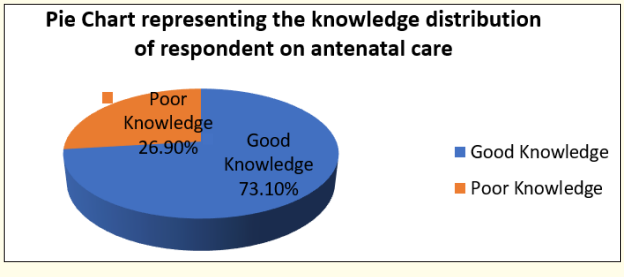

Figure 1: *Pie chart showing the percentage distribution of good and poor knowledge towards antenatal care.*

Characteristics	Frequency	Percentage
Age		
15 - 24	30	28.8
25 - 34	48	46.2
35 - 44	24	23.1
45 - 54	2	1.9
	Total = 104	
Marital status		
Single	25	24.0
Married	76	73.1
Divorce	3	2.9
Educational level		
None	35	33.7
Primary	30	28.8
Secondary	25	24.0
Tertiary	14	13.5
Employment status		
Housewife	44	42.3
Self-employed	26	25.0
Government employee	10	9.0
Private employee	24	23.1
Religion		
Christianity	47	45.2
Islam	43	41.3
Others	14	13.5

Table 1: *Social demographic characteristics of the respondent (N = 104).*

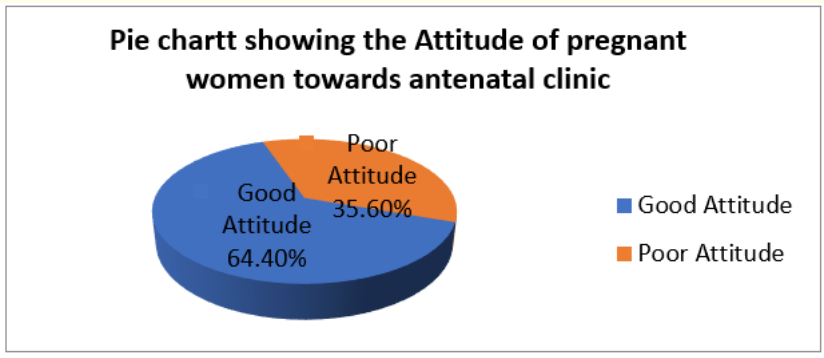

Figure 2: *Pie chart showing the percentage distribution of good and poor attitude towards antenatal clinic.*

Variable	Knowledge		Chi-square	P-value
Age	**Good n (%)**	**Poor n (%)**		
15 - 24	19 (18.3)	11 (10.6)	5.06	0.168
25 - 34	40 (38.5)	8 (7.7)		
35 - 44	16 (15.4)	8 (7.7)		
45 - 54	1 (0.96)	1 (0.96)		
Marital status				
Single	16 (15.4)	9 (8.7)	6.71	0.035**
Married	66 (63.5)	10 (9.6)		
Divorce	2 (1.9)	1 (0.96)		
Educational status				
None	10 (9.6)	25 (24.0)	29.0	0.000**
Primary	12 (11.5)	18 (17.3)		
Secondary	24 (23.1)	1 (0.96)		
Tertiary	12 (11.5)	2 (1.9)		
Employment status				
House wives	30 (28.8)	14 (13.5)	49.0	0.000**
Self employed	17 (16.3)	9 (8.7)		
Government employee	6 (5.8)	4 (3.8)		
Private employee	18 (17.3)	6 (5.8)		
Religion				
Christianity	35 (33.7	12 (11.5)	6.32	0.042**
Islam	30 (28.8)	13 (12.5)		
Others	6 (5.8)	9 (8.7)		

Table 2: *Knowledge of pregnant women toward antenatal care (N = 104).*

***: Significant at alpha level of 0.05.*

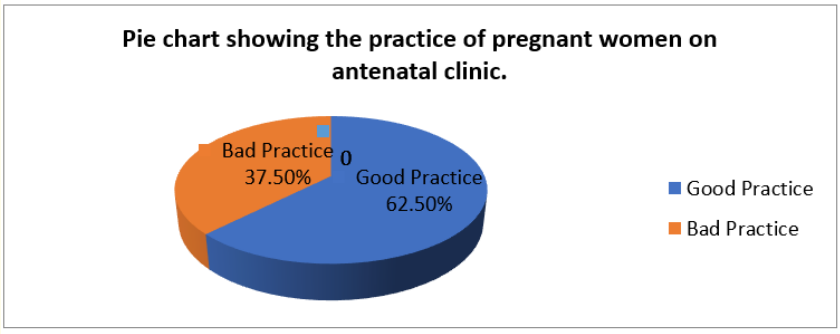

Figure 3

Variables	Attitude		Chi - square	P value
Age	**Good n (%)**	**Poor n (%)**		
15 - 24	17 (16.3)	13 (12.5)	3.14	0.370
25 - 34	30 (28.8)	18 (17.3)		
35 - 44	18 (17.3)	6 (5.8)		
45 - 46	2 (1.9)	0		
Marital status				
Single	12 (11.5)	13 (12.5)	8.81	0.012**
Married	60 (57.7)	16 (15.4)		
Divorce	2 (1.9)	1 (0.96)		
Educational status				
None	14 (13.5)	19 (18.3)	8.59	0.035**
Primary	10 (9.6)	20 (19.2)		
Secondary	16 (15.4)	9 (8.7)		
Tertiary	10 (9.6)	4 (3.8)		
Employment status				
Housewives	40 (38.5)	4 (3.8)	6.39	0.094
Self employed	21 (20.1)	5 (4.8)		
Government employee	6 (5.8)	4 (3.8)		
Private employee	18 (17.3)	6 (5.8)		
Religion				
Christian	37 (35.6)	10 (9.6)	17.7	0.000**
Islam	36 (34.1)	7 (6.7)		
Others	4 (3.8)	10 (9.6)		

Table 3: *Attitude of pregnant women towards antenatal care (N = 104).*

*****:*** *Significant at alpha level of 0.05.*

Variables	Practice		Chi square	P-value
Age	**Good {n (%)}**	**Poor {n (%)}**		
15 - 24	16 (15.4)	14 (13.5)	2.63	0.452
25 - 34	32 (30.8)	16 (15.4)		
35 - 44	15 (14.4)	9 (8.7)		
45 - 46	2 (1.9)	0		
Marital status				
Single	11 (10.6)	14 (13.5)	10.5	0.005**
Married	58 (55.8)	18 (17.3)		
Divorce	1 (0.96)	2 (1.9)		
Employment status				
Housewives	36 (34.6)	8 (7.7)	14.7	0.002**
Self employed	11 (10.6)	15 (14.4)		
Government employee	5 (4.8)	5 (4.8)		
Private employee	19 (18.3)	5 (4.8)		
Educational status				
None	13 (12.5)	22 (21.2)	26.3	0.000**
Primary	10 (9.6)	20 (19.2)		
Secondary	22 (21.2)	2 (1.9)		
Tertiary	11 (10.6)	3 (2.9)		
Religion				
Christianity	40 (38.5)	7 (6.7)	4.27	0.002**
Islam	33 (31.7)	10 (9.6)		
Others	9 (8.7)	6 (5.8)		

Table 4: *Practice of pregnant women towards antenatal care (N =104).*

***: Significant at alpha level of 0.05.*

Discussion

This study finding shows that 46.2% of the respondent were within the age group 25 - 34 years with mean age of 29.2 and SD +̣ 12.9. Darline [4] reported that age less than 18 years is at risk of physical immaturity and older women of 35 years above are more of higher risk of fetal morbidity. Majority of the respondents are married which was supported by Athanase., *et al.* [5] and 62.5% of the respondents education level was below secondary education. Various studies had also demonstrated that lack of formal education as one of the results of poor antenatal care attendance. It was believed that women's education is important for understanding of health messages and to be able to make decisions regarding their health and care. Less than half (42.3%) of the respondents who partook in the study were housewives. Bumans [6] opined that women employed find it difficult to meet up with their ante natal appointment due to work load but with only slight exceptions

From the findings on knowledge of pregnant women towards antenatal care, it was revealed that 76.9% out of 104 respondents had good knowledge towards antenatal care while 23.1% out of 104 respondents has poor knowledge toward antenatal care. 38.5% of respondents were within ages 25 - 34 had good knowledge towards antenatal care (i.e. score 80% above) while 10.6% within the same age group has poor knowledge towards antenatal care. Total of 41.3% of the respondents whose educational status was lower than secondary had poor knowledge towards antenatal care and majority of the respondents are housewives among which 28.8% of them has good knowledge towards antenatal care while 33.7% of the respondent are Christians with good antenatal care. Statistically there was no significant association between age of the pregnant women and their knowledge towards antenatal care (p value > 0.05), while there was significant association between marital status, Educational status, employment status, religion of pregnant women and knowledge towards antenatal care (p value < 0.05). The above result is supported by Yang., *et al.* [7] in their study on factors affecting utilization of antenatal care.

Considering the attitude of pregnant women toward antenatal care, findings revealed that 64.4% out of 104 respondents has good attitude towards antenatal care. Less than one third (28.8%) of the respondents lies between ages of 25 - 34 has good attitude towards antenatal care and 17.3% within the same age of between 35 - 44, while 1.9% within ages 45 - 46 has good attitude toward antenatal clinic. Furthermore, 57.7% out of the married respondents has good attitude towards antenatal clinic, 23.1% of the respondent whose educational status are below secondary education has good attitude towards antenatal clinic, 3.8% of the unemployed respondents has poor attitude toward antenatal clinic and 35.6% of the Christians respondents have good attitude towards antenatal care. Statistically, there was no significant association between the age, employment status of the pregnant women and their attitude toward antenatal care (p value > 0.05), while there was significant association between the marital status, educational status, religion and attitude towards antenatal care (p value < 0.05). This was closely corroborated by Rosalisa and Muhammed []8 in their study on the attitude of pregnant women toward antenatal care which reveals positive attitude towards antenatal care.

Findings on practice of pregnant women towards antenatal care reveals that 69.2% of the respondents has a good practice towards antenatal care while 30.8% of the respondents has poor practice towards antenatal care, 32% of the respondent within age 25 - 34 have good practice towards antenatal care while all the 2% of respondents within ages 45 - 46 have good practice towards antenatal care. Majority of the respondent are married and 55.8% of them has good practice toward antenatal care. Among the respondents who had tertiary education 2.9% have poor practice towards antenatal care, 34.6% of the respondents were housewives with good practice towards antenatal while 38.5% of the respondents are Christians with good practice towards antenatal care. Statistically, there was significant association between marital status, educational status, employment status and practice towards antenatal care (p value < 0.05), while there was no significant association between age, religion and practice towards antenatal care (p value >0.05).

The above findings was supported by the study carried out by Al-shammari., *et al.* [9] where the employed pregnant women were too busy due to job or business with no enough time to meet up with their antenatal visit and time to rest.

Conclusion

This study revealed that appreciable proportion of pregnant women attending antenatal clinic at Federal Medical Centre Jalingo had good knowledge, good attitude and good practice towards antenatal care. However, a considerably high percentage of the respondents still demonstrated poor knowledge, attitude and practice towards antenatal which cause can be traced to lack of formal education, ability of employed pregnant women to dedicate time for antenatal check-up, thereby negatively affecting the delivery of effective antenatal care services to pregnant women. A timely positive intervention into the situation by all concerned stakeholders will go a long way in achieving the Sustainable Development Goal 3 (SDG3) as regards this important population- the pregnant women.

Recommendations

Consequent to the findings in this study, efforts should be made to improve utilization of antenatal facilities such as:

1. Legislating a law binding employers of labour to give concession for pregnant worker to meet up with their antenatal visits.
2. Information, education, and communication on antenatal care must be intensified in order to reach all segments of the population.
3. Community health workers, public health educators and social workers should plan appropriate technique to modify the attitude and practice of pregnant women on the concept of antenatal care.
4. Providing more education and training courses for health team especially nurses, midwives and associated staff involved in antenatal care to improve their knowledge and to take their role in educating and giving advice and instructions to pregnant women.
5. Future research should be directed towards conducting analogous research in both urban and rural communities to enhance a wider scope of the study.

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