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FACTORS CONTRIBUTING TO LATE ANTENATAL CARE BOOKING AMONG PREGNANT WOMEN IN BUDUDA HOSPITAL IN BUDUDA DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Purpose of the study:

ANC booking is the first visit made by a pregnant woman. Despite of government's commitment in provision of free ANC services most of the pregnant women have continued to delay booking and they have ended up with complications related to delay in diagnosis and management of pregnancy related conditions.

Objectives:

The study is aimed at determining factors contributing to late ANC booking among pregnant women in Bududa hospital with the objective to find out individual related factors, to establish health related factors and to assess community related factors contributing to late ANC booking among pregnant women in Bududa Hospital.

Study methods/design:

A descriptive cross-sectional hospital based survey with both quantitative and qualitative approach as the research design conducted at ANC clinic in Bududa hospital in Bududa District in February.

Study ftndings:

The proportion of pregnant women who booked late for ANC in Bududa hospital was found to be 89%s. It was high and significant in age groups above 20 years i.e. between 20 to 30 years; 15 out of 25 pregnant mothers were late for ANC while those between 31-40years; 30 out of 35 came late, and almost all pregnant mothers above 40 years presented late for ANC (24 out of 25). Married pregnant women were 79% and pregnant women who had support were 78%.

Conclusions:

Pregnant women came late for ANC booking because they lacked support, distance, poverty, waiting for abdomen to enlarge, prohibited by husband, poor communication by health workers, bad weather, being rescheduled at the time of booking among others.

Recommendations:

Mothers should be encouraged by H/Ws to attend ANC early in pregnancy as this makes them attain necessary attention. Mothers should be backed up community leader to join small groups that can help them save money and borrow money from within themselves.

Keywords: pregnant woman, late ANC booking, Bududa hospital, Submitted: 2023-04-28 Accepted: 2023-05-19

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1. Background

The purpose of antenatal care is to ensure that every gestation ends in the birth of a healthy baby with no injury in the mother's health. Thus early commencement of antenatal care (ANC) is broadly thought to improve maternal and fetal outcome (Mohammed, Gadir and Elsadiq). World health organization (WHO) ANC model recommends a minimum of 8 ANC contacts, with the first contact scheduled to take place within 12 weeks of gestation (WHO, 2016).

During ANC, activities like emergency preparedness; birth planning; social, emotional and physical needs of pregnant woman, provision of micro-nutrient supplements; provision of patient education, including successful care and nutrition of the newborn; identification of high risk pregnancy; screening for infections which helps in early detection, treatment and prevention of transmission from mother to fetus or newborn; encouragement of (male) partner involvement in ANC is done. Identification of complications or risk factors for complications on such early visits enables early institution of interventions to alleviate the effects of such complications on the mothers and unborn babies (Ministry of health: UCG, 2010)

Worldwide 830 maternal deaths occur every day, 99% of this in developing countries and the cause is due to pregnancy related complications. Maternal mortality is higher in women living in rural areas and among poorer communities. Many health problems in pregnant women can be prevented, detected and treated by trained health workers during ANC visits (WHO, 2015).

The findings of the Uganda Demographic and Health Survey - UBOS (2011) showed that though over 90% of pregnant women attend ANC at least once, only 48% make four or more ANC visits during their entire pregnancy, only 21% of women made their first ANC visit before the fourth month of pregnancy, only 52% of women deliver under the care of a trained delivery attendant, and the maternal mortality ratio is 438 per 100,000 live births. This denotes that most pregnant women in Uganda, 79% come late for their initial ANC visit averagely at 5.5 months of gestation and do not complete the required four visits.

Antenatal care is among the serious interventions that can enhance the attainment of Sustainable Development Goals (SDGs) which is about; Attaining Good Health and Wellbeing, therefore, reducing child mortality and maternal mortality ratio is directed towards meeting this goal. While there are potential benefits to be gained from some of the elements of ANC, the recommended first visits by skilled providers is received by few pregnant women in those countries (Prathapan et al, 2011).

2. METHODOLOGY

2.1.1. Study design

The researcher intended to use cross-sectional design which included both quantitative and qualitative approach. The cross-sectional design was appropriate for this study because of the short time provided for conducting research at this level of education.

2.2. Study area

The study was conducted in Bududa hospital in Bududa district along Bududa-Mbale road. The facility provides OPD services, ANC, immunization, in-patient care among others

The health facility was purposively selected following health unit data analysis meeting on possible factors behind maternal-child mortality and morbidity.

2.3. Study population

The study population consisted of pregnant women who were attending antenatal care services at Bududa hospital.

2.4. Selection criteria

2.5. Sample size determination

The sample size was calculated using **Yamane** (1967) for descriptive studies where a fraction of the accessible population was considered.

$$N = \frac{N}{1+N\,(e)2}$$

Whereby

N = is the population size of the pregnant women who attend ANC in a week on average (125) pregnant women attend ANC at Bududa hospital

e= precision (5%)

$$N=\frac{125}{1+125*(0.05*0.05)} = N=\frac{125}{1+125*0.0025} = N=\frac{125}{1+0.3125} = N=\frac{125}{1.3125} = 95.24$$

Therefore, the sample size of **95 respondents** was considered.

2.6. Sampling Technique

The respondents were selected using simple random sampling method whereby 95 small equal sized papers were labeled 1 to 95 and the remaining 30 papers were not numbered. The papers were folded and each participant was allowed to pick without replacement for all the days of data collection. Those who picked none numbered papers were not be interviewed.

2.7. Inclusion Procedure

All pregnant women who attended antenatal care during the course of the week of data collection were included provided they had accepted to sign the informed consent form.

2.8. Exclusion procedure

All pregnant women who were absent during the course of data collection and those who refused to sign an informed consent form were excluded from the study.

2.9. Definition of Variables.

Variables: Are factors that were used while carrying out the study and involved independent and dependent variable

Independent variable: In this study, the independent variables referred to factors which contributed to late ANC booking among pregnant women

Dependent variable: In this study, the dependent variables referred to antenatal care booking among pregnant women

2.10. Research Instruments.

Use of pre-tested semi-structure questionnaires addressing the objectives of the study was used to collect data. The research tools or questions were pre-tested from Bududa hospital and the wording of questions and questions which had attracted wrong answering against the intension of the researcher were redefined

2.11. Data Collection Procedure

The permission letter was written by the Principal Mildmay Institute of Health sciences and was delivered to the In-charge Bududa hospital, who thereafter wrote an authorization letter to the researcher, which later was presented to staffs on duty seeking consent to conduct a study on factors contributing to antenatal care booking among pregnant women at Bududa hospital.

The researcher clarified ethical issues of study and sought for their consent to participate in the study and after consent; the eligibly selected participants were interviewed.

3. Data Management

After each day of data collection, filled in Questionnaire were edited, checked for completeness and coded. The collected data was later compiled in one file which was be kept in cupboard under "key and lock", and then the data entries in the analysis software was backed up on the flush disk for safety.

3.1. Data Analysis

The data was analyzed by use of Microsoft office excels and was presented by tables, charts and graphs.

3.2. Ethical Consideration.

The research proposal was approved by the Principal of Mildmay Institute of Health Sciences; introductory letter was obtained from the principal to be presented to the In-charge Bududa hospital, who allowed the researcher to conduct the study.

An informed consent was obtained from the respondents who were assured of confidentiality as the study had no legal implication.

4. DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS:

4.1.1. Socio- Demographic Data

From the findings of this study, majority of the respondents 46% were within the age bracket of 21-30 years. This was because there was a high chance that a respondent picked was at that age bracket as they were the majority of the target population. The respondents in the other age groups were relatively less since their number was small.

Furthermore this study also revealed that 47% of the respondents studied up to secondary whereas 32% stopped in primary and 21% up to tertiary institutions. This was because respondents were coming from humble families who were not able to support their children in school; others probably were because of peer pressure influence, religion and cultural pressures.

4.1.2. The individual related factors contributing to late antenatal care booking among pregnant women.

Research findings revealed that 100% of respondents had knowledge about cardinal signs of pregnancy and listed signs like nausea, pica, losing appetite, missing menses, mood swings among others. These findings disagreed sharply with the findings of Gross et al (2012) that found that pregnant women could hardly recognize early that they were pregnant which also delayed their early access to ANC services.

The study also found out that 89% of respondents attended their first ANC at above 20 weeks of gestation and late ANC booking was highly reflected in age groups above 20 years. These findings agreed with the findings of Ejeta et al (2017) in which women with age equal to or more than 25years old were highly associated with late ANC booking which was probably due to the fact that elderly mothers feel more confident after previous child birth experience and they don't see the necessity to starting ANC early.

The study furthermore revealed 47% of respondents had accidental pregnancies while 31% had neutral occurrence. These findings are parallel with findings of Handrill et al (2014) in which women reported that they had not intended to become pregnant and others suggested that their pregnancy was intended but mistimed thus leading to a delay in diagnosis and initiation of ANC.

4.1.3. The health facility related factors contributing to late antenatal care booking among pregnant women.

Research findings of this study shows that 42% of respondents rated communication of health care providers as fair and 22% rated communication as poor. Findings are in line with the findings of Rahmani and Brekke (2013) which stated that poor communication have influenced the pregnant women's perception towards accessing health care services.

Furthermore, study findings revealed that 47% of respondents rated the state of the health infrastructure as poor and 19% rated the state of the health infrastructure as fair with reason like lack of beds and privacy (screens), old buildings and very small waiting area. These findings highly agreed with the findings of Rahmani and Brekke (2013) which stated that poor health infrastructure have influenced the perception of pregnant women towards accessing health care services.

The study findings furthermore revealed that 58% of respondents reported that the number of H/Ws at the facility is inadequate. These findings are in line with findings of Choolwe et al (2018) which showed that most women did not return for subsequent visits because the services provided at the health posts were of low quality because of inadequate services provided to women, often provided by inadequately trained personnel.

The study also revealed that 53% of respondents reported that they spend a lot of time at the facility before receiving services. These results agreed with the findings of Solarin and Black (2012) which revealed that a great proportion of pregnant women attend ANC late and the reason given was the delay by H/Ws in the provision of care.

Furthermore, findings revealed that 52% of respondents said that they do not receive medication prescribed by health workers at the facility (with reasons like medications are out of stock, the store is locked come back tomorrow) and hence they buy them from clinics outside. These findings highly agreed with findings of Gross et al (2012) which revealed that pregnant women reported lack of services at facility; being sent back home without receiving services due to the lack of sufficient staff; and having to purchase drugs, cards or diagnostic tests despite the national exemption policy that guarantees free health services.

From the research findings of this study, 40% of the respondents said that health workers always postpone their ANC booking visits. This findings sharply agreed with findings of Solarin and Black (2012) which revealed that a large proportion of pregnant women attended ANC late and the reasons given were the delay by H/Ws in the provision of care and 40% of them were not booked in the first visit they were told to come back in another day, they were told they were still early in the pregnancy and they ended being booked in their third trimester.

In this study, research findings revealed that 44% of respondents reported that they are always harassed by health workers during ANC visits. Findings highly agreed with findings of Roberts et al (2015) which revealed that pregnant women do not attend ANC early or do not attend at all as the nurses are always shouting and yelling at clients.

Furthermore, findings show that 53% of respondents reported that the geographical positioning of the health is neither easy nor hard to access and 20% reported that it is hard to access the facility with reasons like tiresomeness due to hills and mountains since the hospital is in mountainous area; potholes and dusty roads especially during dry season; long distances and lack of transport to reach the facility. These findings sharply agreed with findings of Nhemachema (2011) which revealed that geographical positioning of a clinic was itself a problem, a woman was supposed to travel to the clinic and this was too costly for the woman doing a cost benefit analysis of attending the clinic.

From this study, findings shows that 20% of respondents rated services as unsatisfactory with reasons like unavailability of medicine, inadequate waiting area for mothers before receiving ANC services. These findings were in line with findings of Choolwe, Michelo & Moshabela (2018) which revealed that most women failed to return for subsequent appointments because the services provided at the health posts were of low quality because of inadequate services provided to women, often provided by inadequately trained personnel. In this study, 39% of respondents reported that they pay for health services. These findings agreed with findings of Gross et al (2012) which revealed that pregnant women who were not satisfied with services started ANC attendance late with reasons like having to purchase drugs, cards or diagnostic tests despite the national exemption policy that guarantees free health services for pregnant women.

Study findings also revealed that majority of respondents (82%) supported the idea of attending ANC visits with their husband. Reasons given for supporting this policy were priority given to women who had attended with their husbands (first-tracking services). These findings sharply agreed with findings of Kasege & Oswald, (2018) which stated that strategies have been employed to promote male participation in ANC like giving priority to women who were accompanied by their male partners and this encouraged women to come with their husbands and partners so that they were assured of fast-tracking services.

The study furthermore showed that 18% of respondents did not support the idea of attending ANC with their husband giving reasons like they are not married; their partners work from places far away from home; men should be left home to care for other children or offer security at home while to some other women, their men just refused to attend with reasons lie fearing to test for HIV; time wasting. These findings were in line with findings of Kasege & Oswald, (2018) which stated that even if the strategy of attending for ANC services was developed and reinforced so as

to attract men to accompany their partners to the health facilities, the majority of men did not escort their spouses; mainly due to fear of undertaking an HIV test.

4.1.4. The community related factors contributing to late antenatal care among pregnant women.

From this study, results revealed 42% of respondents live at a distance less than 1 kilometer from the facility, 37% live at a distance of 1 to 2 kilometers from the facility while 21% stay at a distance of more than 3 kilometers from the facility. Late ANC booking or even no attendance for ANC services is directly proportional to distance, the longer the distance, the later the ANC booking. These results agreed with findings of Sakala (2011) in which they found out that the distance to health service was mentioned as a barrier because walking to the clinic took a lot of time and sometimes walking alone was also dangerous.

Study findings also revealed that 43% of respondents have poor paths, 25% have fair roads, and 19% have very poor paths. Paths were rated depending on features like potholes, hills, and bad weather like paths with too much mud or dust. These findings are similar to the findings of Kawungezi et al, (2015) which revealed that late ANC booking was assumed to follow long distance, lack of transport and terrain, bad weather like too much rain.

From this study, 22% of respondents reported that they are not supported in any way to attend ANC visits, lack of support in terms of psychological support; financial support to meet dues like transport and buying medicine and physical support like feeding and clothing contributed a lot to late ANC booking. This findings agreed with findings of Kawungezi et al, (2015) which revealed that "pregnant women lacked support from their spouses like financial support, accompaniment of mothers to ANC clinic, and ensuring adherence to ANC with reasons like constrained economic status, and for some cultures, males think they are not supposed to be involved leaving mostly their old mothers to intervene".

Research results of this study revealed that 46% of the respondents depend on agriculture, 23% depend on business and 11% were civil servants. Here pregnant women reported that ANC visits greatly affect activities they depend on to earn a living as these visits are time wasting. These findings are in line with findings of Kawungezi (2015) and Choolwe et al (2018) which revealed that pregnant women are always preoccupied by garden work and most women and their families were reported to be mobile due to fishing as their major source of their livelihood and nomadism.

5. Conclusions

The following conclusions were drawn from the study findings;

In socio-demographics, pregnant women assumed age with experience, those who were above 20years attendant their first ANC visit at above 20 weeks of gestation.

Pregnant women's occupations affected ANC booking and preceding visits as most women reported that ANC visits are time wasting and costly.

Education level of pregnant women as well as partners played a role in ANC booking and preceding visits as educated people knew the importance of booking early.

Marital status of the respondents affected ANC booking as well other visits. Those who were married had enough support from their partners and hence booked early.

Parity influenced ANC booking; women who had had more than 2 pregnancies booked late for ANC services because of confidence gained from previous pregnancies.

Nature of occurrence of pregnancy also affected booking. Women who had planned pregnancies booked earlier than those with neutral occurrence and accidental or unplanned pregnancies.

Communication skills of H/Ws affected booking time of pregnancies as those who reported that the rate of communication is poor booked later.

State of the health infrastructure as well as adequacy of H/Ws affected ANC booking and utilization of the services.

Time taken for pregnant women to receive ANC services as well as availability of medication prescribed by H/Ws at the facility contributed a lot to ANC booking.

Schedules made for pregnant women by H/Ws were beneficial towards ANC booking as some women came late for their current pregnancy ANC visit because they were at one moment sent back home to report again when their pregnancy has grown.

Geographical positioning of the health facility contributed a lot to ANC booking.

Seasons of the year affected ANC booking in that rain and very hot sunshine hindered booking as well as other preceding visits.

5.1. Recommendations.

5.1.1. To the mother.

Mothers should be encouraged by H/Ws to attend ANC early in pregnancy as this makes them attain necessary attention that they would get and any complication identified early for management.

Mothers should be backed up by community leaders to join small groups that can help them save money and borrow money from within themselves so as to boost in their income to meet their daily basic needs.

Mothers should not assume age and parity with experience as complications of pregnancy can occur any time irrespective of age and parity.

5.1.2. To the health facility.

Hospital Administration should train their staff on how to give appropriate health education to pregnant women about benefits of early ANC booking to the mother and fetus.

Hospital Administration should not impose unfavorable strategies onto pregnant women like women "must" attend ANC visits with their husbands and H/Ws should treat all clients equally.

Hospital Administration should organize out reaches to sensitize women of reproductive age about benefits of early ANC booking and dangers of not receiving ANC services.

The knowledge, attitudes, and practices of H/Ws should be geared towards improving response to reproductive health services of adolescents.

5.1.3. To the MOH and the Government.

Government should put in place adequate policy guidelines for the execution of reproductive health services across all health facilities.

The district health Authorities should streamline the implementation of reproductive health services by integrating with other health programs.

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7. LIST OF ABBREVIATIONS

WHO : World health organization
UBOS : Uganda Bureau of Statistics.
UG : Uganda
ANC : Antenatal care

MDGs : Millennium Development Goals

UNICEF : United Nations Children's Fund

SDGs : Sustainable Developmental Goal

TBAs : Traditional Birth Attendants

PMTCT : Prevention of Mother to Child Transmission

VHTs : Village Health Teams

STIs : Sexually Transmitted Infections

HCG : Human Chorio-gonado trophic hormone

H/Ws : Health workers

8. OPERATIONAL DEFINITION OF KEY TERMS

Antenatal care**:** Routine care given to pregnant women from the time of conception up to onset.

Booking: First visit done by pregnant women to a health facility for ANC services.

Antenatal care booking: First antenatal care visit done by pregnant women.

Pregnant woman: A woman who is confirmed of conception products in her uterus by either laboratory diagnosis or by imaging.

Factors contributing: Events, situations or forces that influence the pregnant woman to report for antenatal booking

Timely antenatal care: Is when the pregnant women seek for skilled antenatal care attendance upon missing of her first menstrual flow but not exceeding 12 weeks of gestation.

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