

Factors Influencing the Utilization of Antenatal Care among Pregnant Women in Umuna Community, Orlu LGA in Imo State, Nigeria

Chinelo C. N. Vincent

Department of Nursing Science, Imo State University, Owerri, Imo State, Nigeria.

ABSTRACT

Antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the lives of mothers and babies depend. The study adopted the descriptive survey research design. The study was done in Umuna in Orlu Local Government Area of Imo State. The population for the study consists of pregnant women in the 5 villages which estimated five hundred and fifty women (550). The results showed that distance affected these women very much with 107(58.8%), moderately affected 52(28.6%) people, slightly 15(8.2%) people and non-applicable 8 (4.4%) people. Financial constraint affected very much with 96 (52.7%) people, moderately 47(25.8%) people, slightly 28(15.4%) people and non-applicable 11 (6.0%) people. Ignorance affected very much 50(27.5%) people, moderately 62(34.1%) people, slightly 43(23.6%) people and non-applicable 27(14.8%) people. Other engagements affected very much with 48(26.4%) people, moderately 75(41.2%) people, slightly 51(28.0%) people and non-applicable 8(4.4%) people. Husband's attitude affected very much with 32(17.6%) people, moderately 51(28.0%) people, slightly 52(28.6%) and non-applicable 47(25.8%) Based on the findings, attendance and utilization of ANC by pregnant women in Umuna was considered satisfactory as the factors influencing utilization are multifarious and prominent among. Therefore, factors need to be addressed so as to put a halt to the dangerous effects of maternal morbidity and mortality associated with non-utilization.

Keywords: *Factors, antenatal care, pregnant women*

INTRODUCTION

Antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the lives of mothers and babies depend [1-5]. Thus, Antenatal care is the care given to a pregnant woman so that she has safe pregnancy and healthy baby [6]. During this period the foetus grows and undergoes various developmental changes and the pregnant woman is expected to receive antenatal care so her health and the progress of the unborn baby can be observed and maintained. Antenatal care as defined by Viccars [7] refers to the care that is given to an expectant mother from the time conception is confirmed until the beginning of labour. Such as the pregnant women in Umuna community Orlu, Imo State where the present study was conducted. According world health organization [8]. Antenatal care is the care provided by skilled health care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. Antenatal care is also defined as the care given to a pregnant woman from the time conception is confirmed until the beginning of labour. In order to benefit fully from the provisions of antenatal care it requires that the affected pregnant women attend antenatal clinic (ANC) where the services are usually provided [9-11].

METHODOLOGY

Research design

The study adopted the descriptive survey research design.

© Chinelo, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Setting

The study was done in Umuna in Orlu Local Government Area of Imo State, Nigeria.

Population of the study

The population for the study consists of pregnant women in the 5 villages which estimated five hundred and fifty women (550).

Sample and sampling technique

The simple random sampling technique was used to sample one hundred and eighty-two pregnant women (182) respondents out of five hundred and fifty women (550) total population

Instrument for data collection

The instrument for data collection was self-developed structured questionnaire produced under the guidance and supervision of the project supervisor.

The questionnaire was organized into three sections namely A B C. Section A was designed to obtain information on the socio-demographic characteristics of the respondents. Section B was designed to elicit information on the attendance and utilization of antenatal care provided at the clinic while section C was designed to obtain information on the factors associated with the attendance and utilization of antenatal care

Method of data collection

A letter of introduction was obtained from head department of nursing science explaining the purpose of the study and requesting the cooperation of the community leader. The letter was presented to the community leader in order for the researcher to gain access to the respondents. The investigator was allowed to address the respondents at health talk sessions where explanation about the nature and purpose of the study were given to them in order to obtain their consent. One hundred and eighty-two (182) of the questionnaires were administered to the respondents personally on face-to-face basis assisted by a youth leader assigned by the community leader on each day and who had been given orientation on the distribution and collection of the questionnaire. The questionnaire was distributed on a weekly basis on period of 5 weeks. They were collected on the spot and all the copies were found useful for analysis giving a percent return rate. Fifty-four (54) copies of questionnaire administered to non-literate respondents were filled out for them after translating the content and receiving their responses. At the end 182 questionnaire were correctly filled and returned.

Method of data analysis

The data collected were tallied and grouped. They were analyzed using frequency and percentages and the result were presented using tables and chart.

Ethical consideration

An introductory letter was obtained from the HOD introducing the investigator and explaining the purpose of the study to the community leader (KING). The investigator paid a familiarization visit to the King and to the respondents to establish rapport and trust. The respondents were assured of confidentiality and anonymity by instructing them not to write their names on the copies of the questionnaire.

RESULTS

Table 1: socio demographic characteristics according to age, marital status and level of education of respondents

Item	Variable	Category	Response(f)	Percentage%
1.	Age (Year)	18-22	30	16.5
		23-27	99	54.4
		28 and above	53	29.1
2.	Marital status	Single	36	19.8
		Married	132	72.5
		Divorced	11	6.0
		Widowed	3	1.7
3.	Level of education	Non formal /trade	35	19.2
		Primary	19	10.4
		Secondary	58	31.9
		Tertiary	70	38.5

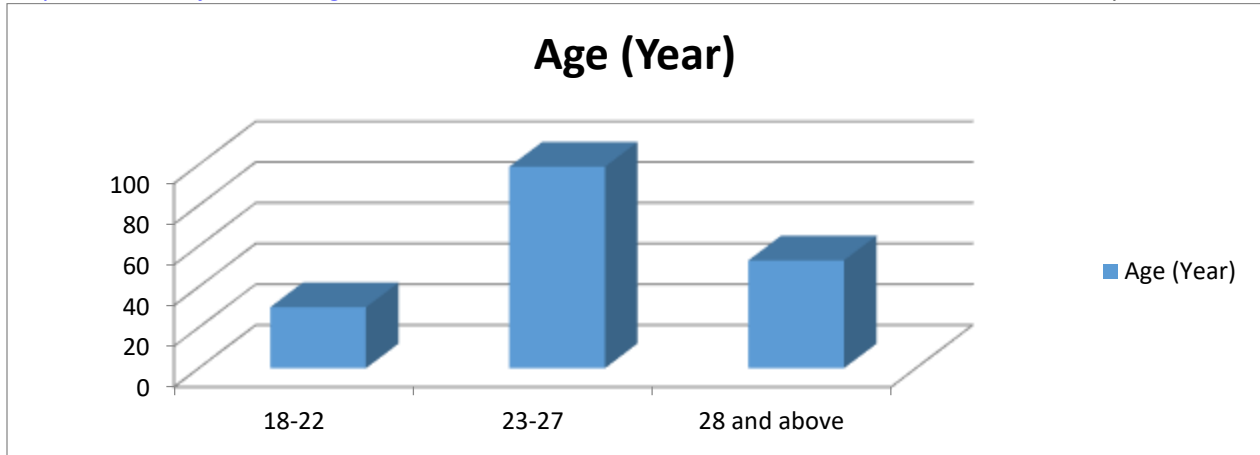


Fig 1: showing a bar chart representation of age of respondents

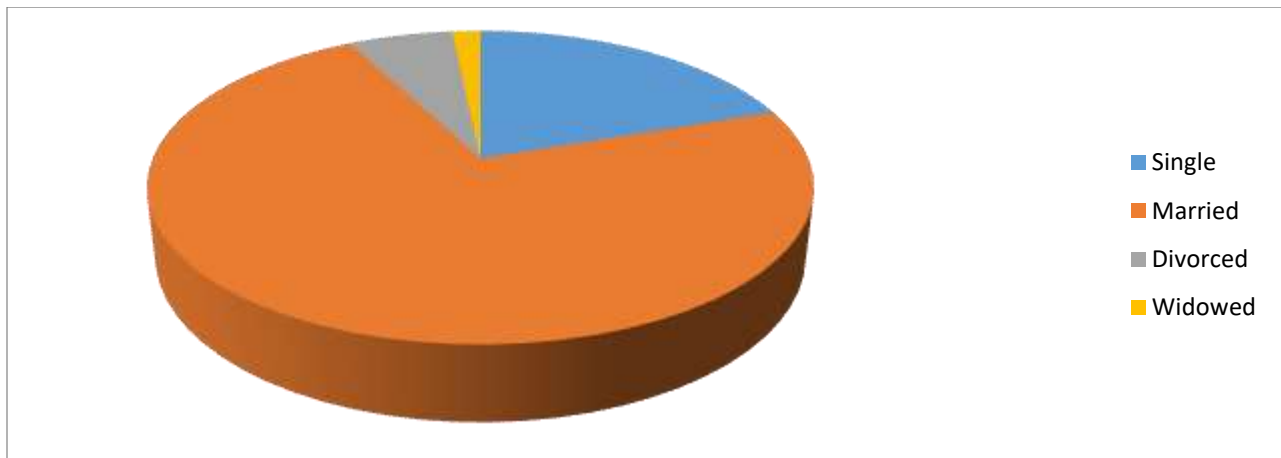


Fig 2: showing a pie chart representation of the marital status of respondents

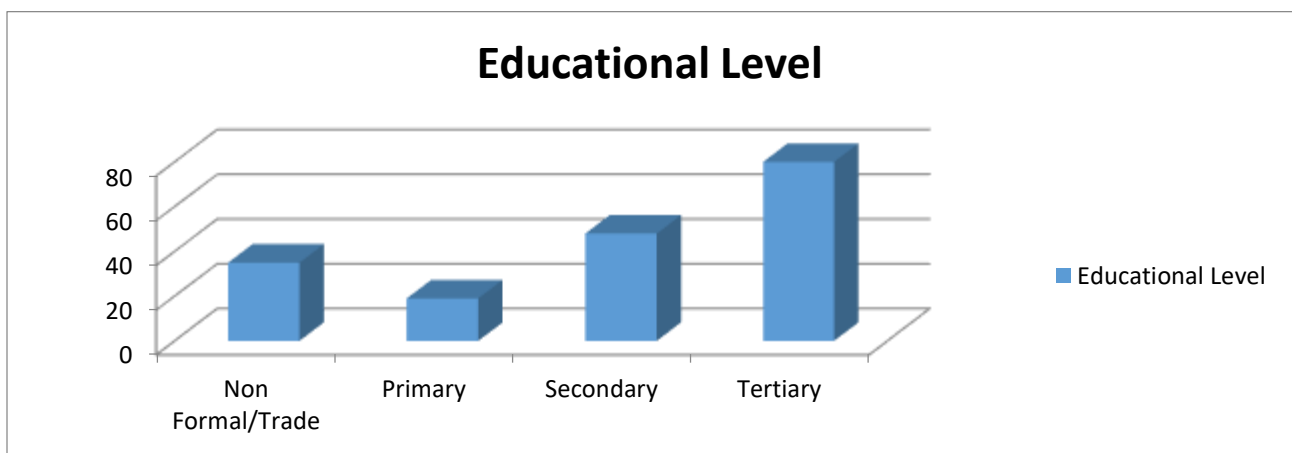


Fig 3: showing a bar chart representation of the level of education of the respondent

© Chinelo, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Table 1 above presents the socio demographic characteristics of the respondents according to age, marital status and level of education. The table shows that 18-22 years has 30(16.5%) respondents, 23-27 years has 99(54.4%) respondents while 28 and above years has 53(29.1%). The table also shows that 36(19.8%) were single, 132 (72.5%) married, 11(6.0%) divorced while 3(1.7%) widowed. Table 4.1 Above shows that majorly 70(38.5%) of the respondents attained tertiary level of education, 58(31.9%) attained secondary level, 35(19.2%) attained non formal/trade while 19(10.4%) attained primary level of education.

Table 2: Stage of Pregnancy at Registration

Stage at Registration	Response	Percentage %
Before 2 months	12	6.6
Between 3-5 months	105	57.7
Between 6-8 months	48	26.4
After 8 months	17	9.3
Total	182	100%

Table 2 above presents data that shows that majority 57.7% of the respondents registered or book at 3-5 months, 26.4% register at 6-8 months, 9.3% registered after 8 months while 6.6% register before 2 months. Row totals were computed based on n =182 but because of multiple response which will yield total more than population (n)

Pregnancy stage	Once (%)	2 times (%)	3 times (%)	4 times (%)	Remark
Before 2 months	108 (59.3)	70 (38.5)	4 (2.2)	0 (0)	Accept
3-5 months	13 (7.1)	63 (34.6)	106 (58.3)	0 (0)	Reject
6-8 months	48 (26.4)	43 (23.6)	24 (13.2)	67 (36.8)	Accept
After 8 months	13 (7.1)	6 (3.3)	48 (26.4)	115 (63.2)	Accept
TOTAL	182	182	182	182	

Table 2 presents data on the frequency of attendance and utilization of antenatal care. The table shows that at 2 months 108 (59.3%) people attended once, 70 (38.5%) people attended twice, 4 (2.2%) person attended thrice and none attended four times. At 3-5 months 13 (7.1%) people attended once, 63 (34.6%) people attended twice, 106 (58.3%) people attended thrice and none attended four times. At 6-8 months 48 (26.4%) people attended once, 43 (23.6%) people attended twice, 24 (13.2%) people attended thrice and 67 (36.8%) people attended four times while after 8 months 13 (7.1%) people attended once, 6 (3.3%) people attended twice, 48 (26.4%) people attended thrice and 115 (63.2%) people attended four times.

Table 3: factors influencing attendance and utilization of ANC by the respondents

Factors	Very much (%)	Moderately (%)	Slightly (%)	Not applicable (%)	Total
Distance	107 (58.8)	52 (28.6)	15 (8.2)	8 (4.4)	182
Financial constraints	96 (52.7)	47 (25.8)	28(15.4)	11 (6.0)	182
Parity	75 (41.2)	66 (36.3)	32 (17.6)	9 (4.9)	182
Attitude of health staff	51 (28.0)	58 (31.9)	44 (24.2)	29 (15.9)	182
ignorance	50 (27.5)	62 (34.1)	43 (23.6)	27 (14.8)	182
Other competing engagement	48 (26.4)	75 (41.2)	51 (28.0)	8 (4.4)	182
Husband's attitude	32 (17.6)	51 (28.0)	52 (28.6)	47 (25.8)	182
Conflict with cultural belief	7 (3.8)	11 (6.0)	46 (25.3)	118 (64.8)	182
GRAND TOTAL	466	422	311	257	

CUMULATIVE MEAN	58.3	52.8	38.9	32.1	
-----------------	------	------	------	------	--

Table 3 above presents data on factors affecting the utilization of antenatal care. The table shows that Distance affected these women very much with 107(58.8%), moderately affected 52(28.6%) people, slightly 15(8.2%) people and non-applicable 8 (4.4%) people. Financial constraint affected very much with 96 (52.7%) people, moderately 47(25.8%) people, slightly 28(15.4%) people and non-applicable 11 (6.0%) people. Parity affected very much with 75(41.2%) people, moderately 66(36.3%) people, slightly 32(17.6%) people and non-applicable 9(4.9%) people. Attitude of health staff affected very much with 51(28.0%) people, moderately 58(31.9%) people, slightly 44(24.2%) people and non-applicable 29(15.9%) people. Ignorance affected very much 50(27.5%) people, moderately 62(34.1%) people, slightly 43(23.6%) people and non-applicable 27(14.8%) people. Other engagements affected very much with 48(26.4%) people, moderately 75(41.2%) people, slightly 51(28.0%) people and non-applicable 8(4.4%) people. Husband's attitude affected very much with 32(17.6%) people, moderately 51(28.0%) people, slightly 52(28.6%) and non-applicable 47(25.8%) .While Conflict with cultural belief affected very much with 7(3.8%) people, moderately 11(6.0%) people, slightly 46(25.3%) people and non-applicable 118(64.8%) people.

DISCUSSION

The table shows that majority of the respondent were aged between 23-27. This finding is not surprising as the respondents were still in their reproductive stage. It was also expected that majority were married (69.8%) marriage is a popular traditional practice among the Igbos where Umuna is located. The findings on education attainment are also expected because Umunna Orlu is a socio urban area inhabited mainly by civil servants, traders and teachers so it should be expected that those patronizing the clinic services are relatively educated. Similar studies conducted by Dairo and Owoyokan [12], similarly women who were 25 years and older were more than two times more likely to utilize antenatal care than women who were 25 years or younger (cor=2.26, 95%cl. 106,4.107). They recommended that effort towards ensuring that utilization should be targeted towards rural areas, the importance of modern antenatal care should be emphasized even in the religion. From the findings presented in table 2 shows that majority of the respondent 105(57.7%) of the respondents were registered or book at 3-5 months, 48(26.4%) register at 6-8 months, 17(9.3%) registered after 8 months while 12(6.6%) register before 2 months. This finding is expected because of the level of education of the respondent and at that stage issues or problems that comes with pregnancy tend to disturb which will make them want to book for antenatal care at 3-5 months.

Similar studies conducted in a cross-sectional survey study conducted by Iyaniwura and Yusuf [13], on utilization of antenatal care and delivery service in Sagamu, south western Nigeria with the aim of determining the pattern of use of maternal service and assess factor that may affect the observed pattern. The sample size was 210 and population of women was 450 of child bearing age who had at least one pregnancy carried to term. Random selection was employed and using structured questionnaire and interviews to generate information which were analyzed using statistical package for social science version 10. Result showed that majority of the women received antenatal care (84.6%) during their last pregnancy, four fifth of those who received antenatal care first attended the clinic during the second trimester (79.6%). The study shows that at 2 months 108 (59.3%) people attended once, 70 (38.5%) people attended twice, 4 (2.2%) persons attended thrice and none attended four times. At 3-5 months 13 (7.1%) people attended once, 63 (34.6%) people attended twice, 106 (58.3%) people attended thrice and none attended four times. At 6-8 months 48 (26.4%) people attended once, 43 (23.6%) people attended twice, 24 (13.2%) people attended thrice and 67 (36.8%) people attended four times while after 8 months 13 (7.1%) people attended once, 6 (3.3%) people attended twice, 48 (26.4%) people attended thrice and 115 (63.2%) people attended four times. The table shows that Distance affected these women very much with 107(58.8%), moderately affected 52(28.6%) people, slightly 15(8.2%) people and non-applicable 8 (4.4%) people. Financial constraint affected very much with 96 (52.7%) people, moderately 47(25.8%) people, slightly 28(15.4%) people and non-applicable 11 (6.0%) people. Parity affected very much with 75(41.2%) people, moderately 66(36.3%) people, slightly 32(17.6%) people and non-applicable 9(4.9%) people. Attitude of health staff affected very much with 51(28.0%) people, moderately 58(31.9%) people, slightly 44(24.2%) people and non-applicable 29(15.9%) people. Ignorance affected very much 50(27.5%) people, moderately 62(34.1%) people, slightly 43(23.6%) people and non-applicable 27(14.8%) people. Other engagements affected very much with 48(26.4%) people, moderately 75(41.2%) people, slightly 51(28.0%) people and non-applicable 8(4.4%) people. Husband's attitude affected very much with 32(17.6%) people, moderately 51(28.0%) people, slightly 52(28.6%) and non-applicable 47(25.8%) While Conflict with cultural belief affected very much with 7(3.8%) people, moderately 11(6.0%) people, slightly 46(25.3%) people and non-applicable 118(64.8%) people.

© Chinelo, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Similar studies conducted in a descriptive survey conducted by Yarzewer [14] on utilization of health care service among women of child bearing age (15-49yrs) in Gwale Kano state northern Nigeria aimed at determining the extent of utilization of health care services by women. One hundred and fifty women participated in the survey. Questionnaire was the instrument for data collection findings revealed that (58%) of the respondents know that health care services are available and (57%) did not use healthcare services due to some factors like societal belief (38%) distance be facility (20%), cost of services (28%), cultural belief (58%) and many other reasons.

CONCLUSION

Based on the findings, attendance and utilization of ANC by pregnant women in Umuna was considered satisfactory as the factors influencing utilization are multifarious and prominent among. Therefore, factors need to be addressed so as to put a halt to the dangerous effects of maternal morbidity and mortality associated with non-utilization.

REFERENCES

1. Obeagu EI. An update on utilization of antenatal care among pregnant Women in Nigeria. *Int. J. Curr. Res. Chem. Pharm. Sci.* 2022;9(9):21-6.
2. Ibebuikie JE, Ojie CA, Nwokike GI, Obeagu EI, Nwosu DC, Nwanjo HU, Agu GC, Ezenwuba CO, Nwagu SA, Akujuobi AU. Barriers to utilization of maternal health services in southern senatorial district of Cross Rivers state, Nigeria. *International Journal of Advanced Multidisciplinary Research.* 2017;4(8):1-9.
3. Obeagu EI, Ezimah AC, Obeagu GU. Erythropoietin in the anaemias of pregnancy: a review. *Int J Curr Res Chem Pharm Sci.* 2016;3(3):10-8.
4. Anyiam AF, Obeagu EI, Obi E, Omosigho PO, Irondi EA, Arinze-Anyiam OC, Asiyah MK. ABO blood groups and gestational diabetes among pregnant women attending University of Ilorin Teaching Hospital, Kwara State, Nigeria. *International Journal of Research and Reports in Hematology.* 2022 Jun 21;5(2):113-21.
5. Obeagu EI, Adepoju OJ, Okafor CJ, Obeagu GU, Ibekwe AM, Okpala PU, Agu CC. Assessment of Haematological Changes in Pregnant Women of Ido, Ondo State, Nigeria. *J Res Med Dent Sci.* 2021 Apr;9(4):145-8.
6. Aboh ZC, Wardlaw T. Maternal mortality_2010: Estimates developed by WHO, UNICEF and UNFPA. Geneva. 2013. Available at <http://www.who>
7. Vicars A. In myles textbook for midwives, fourteen edition, Elsevier science, London , 2013; 251-272
8. World Health Organization. Maternal mortality helping women off the road to avoid death. 2016. <http://www.who.int/hralth/ANC/newsfry/htm/>
9. Jakheng SP, Obeagu EI. Seroprevalence of human immunodeficiency virus based on demographic and risk factors among pregnant women attending clinics in Zaria Metropolis, Nigeria. *J Pub Health Nutri.* 2022; 5 (8). 2022;137.
10. Ibebuikie JE, Ojie CA, Nwokike GI, Obeagu EI, Nwosu DC, Nwanjo HU, Agu GC, Ezenwuba CO, Nwagu SA, Akujuobi AU. Factors that influence women's utilization of primary health care services in Calabar Cros river state, Nigeria. *Int. J. Curr. Res. Chem. Pharm. Sci.* 2017;4(7):28-33.
11. Okorie HM, Obeagu EI, Obarezi HC, Anyiam AF. Assessment of some inflammatory cytokines in malaria infected pregnant women in Imo State Nigeria. *International Journal of Medical Science and Dental Research.* 2019;2(1):25-36.
12. Dairo O, Owoyokun K. Factors associated with the use of maternity service in the north. *Social science medical journal,* 2012; 63(7):1870-1878.
13. Iyanuwura S, Yusuf S. Utilization of antenatal care and delivery services in sagamu, south western Nigeria. *African journal of reproductive health,* 2012; 13(3):111-22
14. Yarzewer I, Said UB. Essential Element of Obstetric care at first referral level. *Ethiopia Journal Health Development,* 2013; 18(3), 217-268.

Chinelo C. N. Vincent (2023). Factors Influencing the Utilization of Antenatal Care among Pregnant Women in Umuna Community, Orlu LGA in Imo State, Nigeria. EURASIAN EXPERIMENT JOURNAL OF MEDICINE AND MEDICAL SCIENCES EEJMMS 4(2):1-8