CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

KNOWLEDGE AND ATTITUDE OF PREGNANT WOMEN TOWARDS ANTENATAL CARE SERVICES AND ITS UTILILIZATION

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DECLARATION

Students' Declaration

We have read the university regulations relating to plagiarism and certify that this report is all our own work and do not contain any unacknowledged work from any other source. We also declare that we have been under supervision for this report herein submitted.

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Supervisor's Declaration

I hereby declare that the preparation and presentation of this dissertation was supervised in accordance with the guidelines on supervision laid down by Christian Service University College.

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ABSTRACT

Appropriate antenatal care is one of the pillars of safe motherhood initiative, a worldwide effort launch by the World Health Organisation and other collaborating agencies aimed to reduce the number of death associated with pregnancy and child birth.All pregnant women are recommended to go for their first antenatal check up in the first trimester to identify and to manage any medical complication that may affect the progress and outcome of their pregnancy.The study was conducted at Nkawie Toase Government Hospital. The study employ quantitative approach and descriptive exploratory design to examine the level of knowledge of attitude of pregnant women towards antenatal care service and its utilization.Purposive sampling techniques was used in selecting 150 respondents from the ANC clinic. Questionnaires were given to respondents and SPSS tool in Microsoft Excel were used in analysing data collected. In our findings it was revealed that the knowledge and importance of A&C does not seem to be directly related to early initiation or utilization of ANC.This study identify that expectant mothers had positive attitude towards ANC service despite the intimidation they face from health care providers during clinic. It was concluded that majority of women are aware of ANC services but they have low level of knowledge about the service rendered.

DEDICATION

This piece of work is dedicated to God almighty who through His blessings has led us through this research and to our families for their efforts with which this project work has been a success.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Theoretically, Adesokan (2010) describes antenatal services as the attention, education, supervision and treatment given to the pregnant women from the timeconception is confirmed until the beginning of labour, in order to ensure safe pregnancy, labour and puerperium. Quality antenatal care services are given to pregnant women by a skilled or trained health provider to promote the health and survival of mother and child (Adesokan, 2010). Antenatal services requires a minimum number of four antenatal clinic visits, each of which has specific items of client assessment, education and care to ensure early detection and prompt management of complication (Ekabua et al, 2011).

Appropriate antenatal care is one of the pillars of Safe Motherhood Initiatives, a worldwide effort launched by the World Health Organization (WHO, 2009) 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 & 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 deaths. 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 (GHS/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, anaemia etc. (WHO and UNICEF, 2008).Knowledge was identified as a major structural variable that could influence the decision on whether to utilize ANC services hence reducing pregnancy related complications (Barnet *et al* 2003, Lesser et al 2003).Inadequate knowledge concerning health related matters usually lead to poor utilization of antenatal care services (Igbokwe, 2012).Knowledge is the sum of conceptions, views and propositions which have been established and tested that is having adequate information and understanding of the concept of antenatal care services (Magadu, et al, 2006). It is important for women to have adequate information about pregnancy and ANC services during their pre conception period so that they can make informed decisions when pregnant. Health education programmes during ANC services should inform the women about reproductive health, knowledge related to sexuality, pregnancy, nutrition, family planning, malaria, S.T.I's, HIV/AIDS etc. (Barnet et al 2003, Lesser et al 2003). Information should indicate where these services are offered, including

the requirements for attending ANC. In Ghana, ANC including family planning services is provided by both public and private health facilities.

Additionally, expectant mothers in the urban area utilize antenatal services better than their counterparts in the rural area 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)

Attitude is the person's affective feelings of like and dislike. Attitude emerges out of personal experience and can be positive or negative. It is positive when a person develops a strong attraction of likeness for the situation, objectives or other persons or groups while it is negative when the person develops dislike for such situations, objectives, group or any other identifiable aspects of our environment. Thus the pregnant women's personal experience to antenatal care services can be positive or negative, it is indicated that urban and rural locations have great impacts on the utilization of antenatal services (Igbokwe, 2012).

1.2 Statement of the problem

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 2005 and 3.3 in 2006. In addition, there was a fall in the number of women who attended at least four visits from 62% in 2005 to 58.5% in 2006.

Antenatal care service coverage recorded in 2006 at Nkawie-Toase Government Hospital, the proposed study area, shows 43.3% (3,102) out of 6115 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% (382) of the total antenatal registrants. Out of the 6115 pregnant women, 22.7% were registered with anemia. Thus anecdotal 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, 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.

1.3Objective of the Study

1.3.1 General Objective

The general objective of the study is to assess how knowledge and attitude of pregnant women influence the utilization of ANC service at Nkawie-Toase Government Hospital.

1.3.2 Specific Objectives

1. To examine the level of knowledge of pregnant women towards utilization of ANC service.
2. To examine the attitude of pregnant women towards utilization of ANC service.
3. To establish the impact of knowledge and attitude of pregnant women in the utilization of antenatal care services.

1.4 Research questions

1. What is the level of knowledge of pregnant women towards utilization of ANC service?
2. What is the attitude of pregnant women towards utilization of ANC service?
3. To what extent do knowledge and attitude impact on pregnant women utilization of antenatal care services?

1.5Significance of the Study

The findings of this study will contribute to knowledge and attitude on how antenatal care services are utilized at Nkawie-Toase Government Hospital. Women's health during pregnancies would be improved and maternal mortality would be reduced in the study area if strategies are planned to promote utilization. It will also serve as a tool in detecting early problems associated with pregnancy and delivery and the prompt treatments before it results in complications. Further alleviating the complications resulting from maternal and child mortality rate in Ghana especially in Nkawie-Toase Government Hospital. The women are able to know what to do at each stage of pregnancy and the appropriate time for visit to the hospital. Furthermore, findings from the study would help policy makers in Ghana obtain policy formulation direction based on how Ghanaian women understand the essence of antenatal care.

Findings from this study would further help government to put in place right strategies to apply on the campaign to control maternal and child death during pregnancy and delivery. Moreover findings will also help nurses and other health workers to identify and minimize negative misconceptions about antenatal care and again create a platform to strengthen and promote antenatal care attendance by using the antenatal services, hence reducing mortality rate.

1.6 Limitations of Study

Given that, the data collected on the pregnant women used purposive sampling, it was quite impossible to reflect the analysis on the whole population within the Atwima-Nwabiagya District Assembly. However, this is not to say that the data collected pertaining to the specific district is inaccurate, but merely to pinpoint the problems that potential research workers and other stake holders should consider in the area of antenatal care service. Furthermore, of all the hospitalsrendering antenatal care services in Ghana, only Nkawie-Toase Government Hospital was chosen for the study. The result and the analysis cannot be generalized or applied to other hospitals.

CHAPTER TWO

2.1 Literature Review

2.2Introduction

Antenatal care (ANC) is the care a woman receivesthroughout her pregnancy in order to ensure that both themother and child remain healthy. A healthy diet and lifestyleduring pregnancy is important for the development of ahealthy baby and may have long-term beneficial effects onthe health of the child. Almost 90% of maternal deaths occur in developing countries and over half a million women dieeach 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 (WHO, 2004). 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 300million women – more than one –quarter of all adult women living in the developing world – currently suffer from short – or long – term illnesses and injuries related to pregnancy and childbirth (WHO, 2009).

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).

The chapter presents the literature in terms of knowledge and attitude of pregnant women towards antenatal care and the utilization of service.

2.3Knowledge of pregnant women towards ANC services Utilization

Globally, 180million pregnancies occur each year, 8million suffer pregnancy related complications, more than half (585, 000) a million die (WHO, 2004). 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 300million women – more than one –quarter of all adult women living in the developing world – currently suffer from short – or long – term illnesses and injuries related to pregnancy and childbirth are not knowledgeable about antenatal care services. Additionally, Amosu et al. (2011), studied on the acceptance and practice of antenatal care by health care providers in the South-West zone of Nigeria posited that of 500 participants used in the study, four hundred (80%) of the respondents were not aware of antenatal care services, 60(12%) obtained the information from the internet, 140(28%) by attending seminars while 80(16%) could not remember how they received the information. Four hundred and seventy (94%) of the respondents agreed that the goal of antenatal is to prepare the pregnant mothers for delivery and possible complications, twenty (4%) said it is to ensure adequate exercise while 10(2%) felt it is to encourage the practice of traditional birth attendance.

Moreover, the study on knowledge of antenatal care services among pregnant women and nursing mothers in South-West Nigeria by Fagbamigbe et al. (2013), found out that of 460 study participants, the overall knowledge rate was 74.6%. 117(26%) respondents had good knowledge

of antenatal care, 275(61.1%) had moderate knowledge and 58(12.9%) had poor knowledge of antenatal care services.

Two hundred and seven (45.0%) of the respondents stated that health workers were their source of information on antenatal facility, while 12.4%, 19.1%, 19.3% and 2.2% stated family, friends, relatives and news categorically is how they got to know about antenatal care.

Furthermore, Rosaliza and Muhammad (2011) in their study on knowledge, attitude and practice on antenatal among Orang Asli women in Jempol, NegeriSemilan recorded that, of 104 women who participated in the study that the knowledge score of the respondents ranged between 7-18 with the mean of 13.5 and the median of 14.0). The proportion of respondents with good knowledge was 44.2 percent with 95% confidence interval of 34.7 to 53.7%. The study recorded that majority of women know that pregnant women need to go for antenatal checkup should be done in the first three months. About a quarter did not know, half of the women did not know the complication which may arise with hypertension and diabetes in pregnancy. Only 80% of the Orang Asli women knew that primigravidas' should deliver in the hospital.

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).

Educated women tend to have greater awareness of the existence of ANC services and the advantages of using such services. Educated women are therefore according to Bashour et al. (2008) in a position to use the skills they acquired through schooling to communicate with health

professionals and be more demanding about healthcare services. Ren (2011) adds that younger mothers have more education and knowledge, and are more likely to accept modern healthcare, while older mothers depend more on experience of pregnancy and childbirth, and are less willing to attend formal ANC services.

Health knowledge is an important factor. It enables women to be aware of their rights and health status in order to seek appropriate health services (Zhao et al., 2009). In investigating women's knowledge of ANC, Ye et al. (2010) questioned women on complications that may occur during pregnancy and the benefits of ANC. A score of above 80% on women's responses indicated that they were knowledgeable, while those who scored 80% and less were not knowledgeable. Results of their study showed that of the women who had received ANC, 54.5% did not have sufficient knowledge of the service, and only 45.5% had good knowledge.

Ye et al. (2010) compared women with good knowledge and those with poor knowledge of ANC. The results revealed that sufficient knowledge of the benefits of ANC and of the complications associated with pregnancy plays an important role in the utilization of ANC services. Being knowledgeable about ANC was associated with higher utilization of ANC services, as more knowledgeable women were 6.5 times more likely to utilise ANC services than those who had poor knowledge (Ye et al. 2010).

Knowledge on the importance of ANC, however, does not seem to be directly related to initiation of ANC early. Sunil et al. (2010), in their study in Texas, found that although women in their research reported that they were aware of the importance of ANC and had the money to pay for the service, some of them did not initiate ANC early. Rosliza and Muhammad (2011) found no significant relationship ($p = 0.279$) between knowledge of ANC and early antenatal

booking. In their cross-sectional survey in Malaysia they discovered that pregnant women's level of knowledge of the importance of ANC, screening tests, and complications of diabetes and hypertension during pregnancy was poor (Rosliza&Muhammad 2011).

Hossain (2010) speculated that the low proportion of women with knowledge of complications of pregnancy in their study in Bangladesh was because healthcare workers were not instructed to impart such knowledge to pregnant women or there was not enough time during ANC visits to discuss such complications. On the other hand, Openshaw et al. (2011) argued that poor education leads to decreased knowledge of medical problems during pregnancy, resulting in women from Pretoria (who were less educated than their Birmingham counterparts) being able to mention only a few medical problems that affect women in pregnancy. A study on rural-urban migrant women in China identified education, husband's residence and annual family income, number of ANC visits and delivery experiences as the main factors affecting women's knowledge of maternal health (Zhao et al. 2009).

2.3Attitude of pregnant women towards ANC services Utilization

According to Akpan-Nnah (2011), 68(56.7%) women were classified as those with negative attitude towards the benefits of antenatal care while 52(43.3%) women had positive attitude towards the benefits of antenatal care. Amosu*et al.* (2011) opined that 42% respondents considered frequent routine as the norm and that women should be classified by risk category. It has been observed that visits were often irregular with long waiting time, little feedback to mothers and little or no communication with obstetrical or labour units. This is a component of traditional antenatal care resulting from poor attitude. Yang et al. (2010), reported that

192(61.9%) of 310 study participants harbored a negative attitude towards the antenatal care services.

Rosliza and Muhammad (2011), opined that the attitude level of the Orang Asli women ranged from 46 to 70 with the mean score of 66.2 and median of 64. The proportion of respondents with good attitude was 53.8% with 95% confident interval of 44.3 to 63.1 percent. They noted that there was a good response to the statement on the importance of early antenatal care booking where 88.5% of the respondents agreed to it. About 82.7% of the respondents strongly agreed to go for their first antenatal booking before the third month of their pregnancy. Almost all of the respondents (102 of 104) agreed that vitamin supplements are important for their pregnancy. In terms of their attitude regarding smoking and alcohol drinking during pregnancy, about three quarter of the women agreed that both practices might have harmful effects to the fetus. Majority of the women agreed to be screened if they need to go for antenatal care check-up.

In a study by Sunil et al. (2010), service-related barriers were identified as the most significant factors that influenced pregnant women's decisions on when to initiate ANC. The odds of starting ANC late were 1.7 times more on women who reported service-related concerns as problematic. The factors that were of most concern to the women included 'not having child care', 'not having transportation', having to wait too long to get an appointment and having to wait too long in the waiting room to see a doctor or a midwife.

In another study, Gross et al. (2012) found that women attended ANC late because of inability to recognize pregnancy early (29%), poor accessibility to health facility owing to distance, difficulties in crossing rivers or poor road conditions (17%), illness or other obligations (14%), and negligence and apathy (13%). Simkhada et al. (2008) carried out a systematic review of

twenty-eight papers to identify and analyze the main factors that affected the utilization of ANC services in developing countries. Maternal education, husband's education, marital status, availability, costs, household income, women's employment, media exposure, a history of obstetric complications, cultural beliefs and ideas about pregnancy and parity were identified. These findings are discussed below, indicating how some of these factors are associated with timing of the first ANC visit.

In the analysis of age, results from an analysis of demographic health surveys of 21 countries in sub-Saharan Africa (Magadi et al., 2006) found little or no variation between timing of ANC and age of the pregnant mother. A few countries with significant variations were Senegal, Côte d'Ivoire, Cameroon, Mali, Nigeria and Togo. However, after controlling for background characteristics, the authors discovered that teenagers in sub-Saharan Africa generally tend to experience poorer maternal healthcare than older women. The teenagers were more likely to initiate ANC late, had inadequate ANC visits, delivered outside health facilities, and had unskilled birth attendants, compared with older women (Magadi et al. 2006).

In the study of socio-economic factors, Sunil et al. (2010) identified that when women have higher incomes, they tend to start ANC early. Costs and distance to travel to the antenatal clinic have proved to be a problem that tends to limit access to the antenatal service for both urban (Openshaw et al. 2011) and rural pregnant women (Myer & Harrison 2003). Ye et al. (2010) found that distance to ANC services, availability of transport, and cost of transportation were significant predictors of ANC service utilization ($p<0.05$). In their study, women who lived far from ANC services had the lowest rate of visits (OR = 2.9, 95% CI = 1.1—7.6). Women who had daily access to public transport to the nearest ANC service were 4.5 times more likely to visit ANC services than those women who did not have such access. In addition, women who

had high transport costs to the nearest ANC service had the lowest utilization of ANC (OR = 2.5, 95% CI = 1.1—5.7). A strong association between distance to the health facility and utilization of ANC services (with $p<0.05$) was reported by Onasoga et al. (2012). In trying to explain the association, the researchers argue that many pregnant women find it distressing to walk long distances or take two or more taxis to a health facility; therefore they tend to utilize ANC services less regularly than those who live close by.

In the explanation of marital status, a study by Sunil et al. (2010) confirmed that marital status was a predictor of initiation of ANC. They discovered that women who were living alone were 2.4 times more likely to initiate ANC late than those who were married. Women in polygamous unions (78.7%) were more likely to initiate ANC late than those in monogamous relationships (80.8%; $p<0.05$) (Adekanle&Isawumi 2008). However, Gross et al. (2012) found no significant association between marital status and early or late timing of ANC ($p = 0.532$).

Furthermore in the area of ethnicity, studies have indicated that timing of ANC differs across ethnic groups. Alderliesten et al. (2007) in their prospective cohort study in the Netherlands observed delays1 in the timing of first ANC by non-Dutch groups compared with ethnic Dutch groups of women although that the service was universally accessible. The risk factors associated with delay were age below 20, poor language proficiency in Dutch, maternal education less than five years, multiparity, unplanned pregnancy, and unhappiness with pregnancy. Women from other Western European countries that closely resembled the Dutch ethnic group had no significant difference with the Dutch ethnic group. For the non-Dutch speaking and non-Western group of women, the high prevalence of the risk factors explained all (for Turkish women) or the greater part of the delay (on Moroccans, Ghanaian and other non-Westerners) in initiating of first

visit. The delay in initiation of ANC by Dutch-speaking women who were not ethnic Dutch (Surinamese and Antillean) was not explained by the listed risk factors.

A study by Gross et al. (2012) found that late perception of being pregnant was a factor that was independently associated with initiating ANC late by two weeks ($p = 0.002$). About 30% of the women in their study confessed to late recognition of their pregnancies, citing reasons such as continued bleeding during pregnancy and previous use of contraception. Having a spouse or partner who is not supportive was reported to be associated with initiating ANC late for both adolescents and adult women (Gross et al. 2012). In their study, the researchers concluded that women who had no support from their spouses or partners initiated ANC almost three weeks later than those who were given support. Women were reported to initiate ANC late owing to perceived bad quality of service at the healthcare facility (Gross et al. 2012). The women's criticisms were related mainly to lack of service, citing reasons such as being sent home without receiving services owing to insufficient staff, and having to purchase drugs, cards or diagnostic tests, although the service was supposed to be free. Although the women who criticized ANC were few (9%), they tended to initiate ANC three weeks later than the women who were satisfied with the services offered at the health facility (Gross et al. 2012).

This chapter discussed the literature that is relevant to the study. Previous studies revealed that pregnant women initiate ANC later than the prescribed guidelines of the WHO in sub-Saharan Africa and globally. Several factors were identified, which affect utilization of ANC positively or negatively. These include age, socio-economic status, education, planning of pregnancy, marital status, distance and transport to healthcare and quality of care. A discussion was presented on whether knowledge and attitude about ANC was associated with utilization of ANC services.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the steps that were used in conducting the research. It discusses the research design, the target population, sample size and sample selection technique and data analysis procedures.

3.2 Research Approach

This study employed quantitative approach, to examine the level of knowledge and attitude of pregnant women towards antenatal care services and its utilization; The quantitative approach was adopted based on its convenient, simplicity and reliability in explaining the causal effects of one variable on another.

3.3 Research Design

A descriptive exploratory study with a cross sectional design was used to assess the knowledge and attitude of pregnant women towards ANC services and its utilization at Nkawie –Toase government hospital.

3.4Sampling technique and sample size

Convenience and purposive sampling techniques were used to select the participants.Using the system survey software, a confidence level of 95% and confidence interval/ margin of error of +-5% were adapted in calculating for the sample size. With apopulation size of 300, a sample size of 169 participants was chosen for the study.

3.5 Data collection

Data collection for the study comprised primary sources. Primary data for the study was collected through structured questionnaires. The structured questionnaires were designed to enable us accomplish our objectives .It comprises of three sections which are on the socio-demographic characteristics which includes the marital status, educational background, religious background, the knowledge of pregnant women towards ANC services which also includes knowledge on antenatal care services needed when pregnant, maternal health service given at ANC and on attitude of pregnant women towards ANC services which includes cultural and religious factors that does not permit them to utilize ANC and the intimidation by health care providers and co-patients during ANC visit.

3.6 Data analysis procedure

Data was analysed with SPSS 16.0 version and Microsoft Office Excel 2007 to obtain percentages of closed end responses. This was to identify trends that appeared from responses and to enhance clearer view.

3.7 Study area / Scope of study

3.7.1 Geographical characteristics

AtwimaNwabiagya District is one of the largest districts in the Ashanti Region. The District lies approximately on latitude 60 75'N and between longitude 1o 45' and 20 00' West. It is situated in the Western part of the region and shares common boundaries with AhafoAno South and AtwimaMponua Districts (to the West), Offinso Municipal to the North, Amansie–West and

Bosomtwe-AtwimaKwanwoma Districts to the South, Kumasi Metropolis and Kwabre Districts to the East. It covers an estimated area of 294.84 sq km. The district capital is Nkawie.

3.7.2 Demographic characteristics

3.7.2.1 Population Size, Age distribution and sex ratio.

The population of the District, according to the 2009 annual report was two hundred and four thousand, six hundred and one (204,601). The district is predominantly urban, 64.0 % live in the urban/peri-urban areas of the District. Only 36.0% of the population lives in the rural areas. Major settlements in the District include Abuakwa, Nkawie, Toase, Asuofua, Barekese, AtwimaKoforidua and AsenemasoAkropong. The proximity of the district to the Kumasi Metropolis greatly accounts for this situation. Kumasi is already choked so people are now moving toward these peri-urban towns. The age structure of the population in the District is skewed towards the youth. The highest proportions are in the Age groups 0-4 years (15.5%) and 5-9 years (15.8%). Cumulatively, 43.2% of the population in the District is below 15 years. This, coupled with a 6.2% population above 64 years means a high potential demand for social services and facilities. The employable age constitute 50. 65%. The employable youth (15-29) constitute 24.1% of the total population. There are slightly more males (51.0%) than females (49.0%).

3.7.2.2 Social and Communication Systems

The main language of the district is Akan. Generally, there is good electricity supply in the district and about 57.30% of total road network are in good condition with 42.70% in bad condition. However, there is an indication that about 97.61% of the farm tracks in the District are in bad condition. There are a number of potable water supply systems in the District. These are

pipe borne from Barekese and Owabi Water Works, boreholes and hand dug wells fitted with pumps. However, about 50% of the rural population in the district still relies on streams and dugouts for their source. Telecommunication facilities are mostly the use of cellular phones that have generally good coverage.

Table 3.1 Population per Sub-Districts – 2010

AtwimaNwabiagya District had the following sub-district; Nkawie, Abuakwa, Akropong, Barekese and Asuofua.Nkawie has the highest population size of 56,060 whiles Asuofua has the least population size of 26,189.

SOURCE: Annual report (2009), AtwimaNwabiagya District.

3.7.3 Health Profile

There are fifteen (15) health facilities in the district. Nkawie – Toase Government Hospital is the district hospital which serves as the main referral point for the rest of the facilities in the district and other sisters' districts. Out of the fifteen (15) facilities, only five are owned .The District has one government hospital, which is the district hospital and two additional private hospitals. There are seven health centres/clinics with three of these being private owned. In addition to these, there are five maternity homes.

Out of the diseases recorded in the district malaria the highest figure (81780) and home accident and injuries recorded the least number (1770). (District health directorate 2009)

3.8 Ethical consideration

Approval from the Department of Nursing was sought and granted. A written and verbal permission was sought from the Administrator of the Hospital as well as the respondents' whiles the purpose of the study was also explained to the Administrator and respondents.

Voluntarily, questionnaire was distributed to respondents. The respondents were assured of confidentiality of information given and were assured of anonymity. The respondents were also assured of the right to withdraw from filling the questionnaire at any point in time. Willingness to fill the questionnaire was taken as consent to participate in the study.

3.9 Validity

Validity refers to the degree to which an instrument measures what it purports to measure (Polit and Hungler 2001). In this study the instrument actually measure the knowledge and attitude of pregnant women towards ANC services and its utilization.The research questions in the questionnaire covered the content of the research in terms of knowledge and attitude of pregnant women towards ANC services and its utilization

3.10 Reliability

A pilot study was conducted on a group of four pregnant women who did not form part of the study. They were given same questionnaires to complete before ANC clinic. In week later same questionnaires were given to the respondents during ANC services. The responses from the first and second questionnaires were the same and there was a correlation.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.0 Introduction

The chapter represents the analysis of data collected on the field based on the objective of the study. Using SPSS statistical tool and Microsoft excel the results of the data analysis presented in tables.169 questionnaires were issued out of which 150 were retrieved for the analysis representing 88.8%

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 4.1 Distribution of demographic data

SOCIO-DEMOGRAPHIC CHARACTERISTICS	PERCENTAGE %
Single	59
Married	41
Educational Background	
Tertiary	30
Senior high School leaver	51
Basic education	10
No education	9
Religious Background	
Christian	51
Tradition	10
Islam	30
Others	4
Ethnic	
Ga	10
Ewe	15
Akan	71
Others	4
Number of pregnancies by respondents	
1 to 4	60
4 to 6	30
7 to 9	9
10 and above	1

Source: Field data 2016

Table 4.1 above shows the marital status of respondents depicting 41% of married expectant mothers and 59% of single women.

Furthermore table 4.1 above shows 51% of the respondents are high school leavers, 30% have tertiary education with 9% having no education. Considering their religion, 51% of the participants were Christians, 30% of Muslims and 9% of other religion. The number of pregnancies experienced by respondents who have had 1 to 4 pregnancies presented 60 % whiles those who have had 10 above had 1% with 4 to6 pregnancies recording 30%. Lastly, table presented the ethnic background of respondents indicating 71% of respondents being Akan, with 15% being Ewes and 4% belonging to other ethnic backgrounds or groups.

4.2Knowledge towards Antenatal Care Service

Table 4.2: Knowledgeof 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

Source: Field data 2016

From the table 4.2 above among the participants who had knowledge about ANC services, 93% (140) acknowledged that antenatal care services are needed when pregnant; only 7% representing the participants did not know that ANC services are needed when one is pregnant.With these high figures only 33% (50) of the respondents know that ANC services should be accessed as soon as pregnancy is confirmed.

Furthermore majority (85%) of the respondents consented to the fact that ANC services should be accessed at the health facility and 74% said a minimum of four visits to the health facility to utilize ANC services must be done by any pregnant woman.

Table 4.3.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	

Source: Field work 2016.

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

According to table 3 above 60% of respondents strongly agreed that much is spent during ANC service delivery with 2% of respondents showing satisfaction to the time spent at the ANC clinic.44% of respondents strongly agreed that they get intimidated by health practitioners anytime they visit the ANC clinic whiles 12% of the respondent disagreed that they get intimidated during their visit to the ANC clinic.With intimidation by co-patients, 6% of respondents strongly agreed to face intimidation by co-patients whiles 70% of respondents strongly disagreed.In relation to culture factors not permitting the utilization of ANC, 60% of respondents disagreed whiles 6% strongly agreed. 82% of respondents disagreed that religious background do not permit them in participating in ANC services whilst 6% agreed that their religion played a role in them not utilisation the ANC services.Majority of the respondents disagreed to the dissatisfaction of the antenatal care services presenting 70% whiles 2% of respondents expressed dissatisfaction of services rendered at the ANC clinic.Hence 90% of the respondents were of the view that antenatal care services should be encouraged whiles 1% disagreed.Majority of the expectant mothers representing 44% were of the view that poor attitude of health care providers and 60% representing the much time spent in queuing during clinic visits with few complaining of transportation. These were the factors preventing them from accessing ANC services.

CHAPTER FIVE

DISCUSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

This is the last chapter of the study and it presents the discussions of findings of the study, recommendation and conclusion.

5.1 Discussion of findings

5.1.1Knowledge of Pregnant women towards ANC Services

In our findings it was figured out that the knowledge on the importance of ANC does not seem to be directly related to early initiation or utilization of ANC as 93% of the participants showed that antenatal services are needed when pregnant whiles 83% of respondents said that mothers should get ANC services at the health facility when pregnant but only 33% of respondents indicating the minority of the participants admitted that ANC services should be access as soon as pregnancy is confirmed. Although most pregnant women may have idea about ANC and its importance but the depth of knowledge and rational behind the services rendered may be shallow or poor hence resulting in late initiation or utilization of ANC services when pregnant. This may also be one of the reasons that made majority (67%) of the respondents answered “no” to the question “ANC services should be accessed as soon as pregnancy is confirmed”. Sunil et al (2010) in their study in Texas, found out that although women(64%) in their research reported that they were aware of the importance of ANC and had money for the services, still majority (70%) did not utilize ANC early. But in another study conducted by Rosaliza and Muhammad (2011) a significant relationship was found between knowledge of ANC and early antenatal booking. In their cross sectional survey in Malaysia, they discovered that pregnant women’s level of knowledge on the importance of ANC, screening test and other pregnancy related complications were poorresulting

in late utilization of the services rendered.However, our study review different findings where knowledge of respondents did not relate their early utilization of ANC services among the women at Nkawie -Toase

It was also realised that health workers did not provide adequate information on ANC services and its benefits to clients resulting in shallow insight on the benefit of ANC services resulting in late utilization of the services. Hosain (2010) speculated that low proportion of women with knowledge on complications of pregnancy in their study in Bangladesh was because health workers were not instructed to impact much knowledge to pregnant women or there were not enough time during ANC visits to enhance effective education. Also Openshaw et al (2011) argued that poor education leads to decrease knowledge on medical problems during pregnancy. Hence when education on ANC becomes effective more expectant mothers will know the urgency in accessing ANC as soon as pregnancy is confirmed.

5.1.2. Attitude of pregnant women towards ANC

It was realised that 60% of the respondents strongly agreed that much time is spent at the ANC visits whiles only 2% disagreed to that. 44% and 26% of participants strongly agree and agree respectively to the intimidation they encounter by health care providers ANC visits.Inspite of the much time spent and the intimidation encountered during ANC visits, majority (80%) of the participant had a positive attitude towards ANC services as 70% of the respondents disagreed to “not satisfy with the services given at ANC” whilst 80% of participants are of the view that ANC should be encouraged.

Could it be that their educational background has any influence on their attitude towards ANC services? Yes .Their educational background have a positive influence on their attitude towards

ANC as was shown in their socio-demographic characteristics that 51% of participants have senior high school education and 30% of them had tertiary education. These depicting that majority of our participants have a good educational background hence a positive attitude towards ANC services because they understood the health benefits of ANC better which compelled them to access ANC services. Affirming the study conducted by Zhao et al (2009) that with the acquired knowledge and skills obtain through education expectant mothers become more aware of their rights hence seek for appropriate health services. Furthermore, health knowledge obtained by expectant mothers towards ANC services influence their attitude towards ANC positively as identified in our study 93% of mothers are aware of ANC services been needed when pregnant whiles 73% of the participants know the implications of not following ANC.As in a study conducted by Bashir et al (2008), educated women are in good position to use the acquired knowledge through schooling to communicate well with health care providers and be more demanding about their health care services.

. 5.2Conclusion

This study was about pregnant women at Nkawie Toase Government Hospital with the aim of assessing the level of knowledge and their attitude towards ANC service and its utilization. It was figured out that majority of women are aware of ANC services but theirdepth of knowledge about ANC services is shallow. Moreover most women with good educational background have positive attitude towards the utilization of ANC services despite the intimidation they encounter from health care providers.

5.3 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.

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APPENDIX

QUESTIONNAIRES

Questionnaire (Pregnant women of reproductive age group)

This questionnaire aims at assessing the attitude and knowledge of pregnant women and utilization of antenatal care services at Nkawie-Toase Government Hospital. Kindly indicate your preference among alternative answers for each question by ticking in the appropriate box. Where alternative answers are not provided, fill in the gaps provided. Respondents are assured of confidentiality of this exercise because it will be solely used for academic purpose. Thank you for your cooperation and contribution.

A. Background (Demographic) Information

1. Maritalstatus? A. Married [ ] B. Single[ ] C. Widow[ ] D. Divorced[ ]
2. Levelofeducation? A. Never been to school[ ] B. Basic education[ ]
   C. Junior High School [ ] D. Senior High School[ ] E. Tertiary [ ]
3. Employment status? A. Employed[ ] B. Unemployed[ ]
4. Religious group?A. Christianity [ ] B. Islamic [ ]
   C. Traditional [ ] D. Other…….
5. Ethnic group? A. Akan [ ] B.Ewe [ ] C. Ga [ ] D. Hausa [ ] D. Other……..
6. How many pregnancies have you had?A. 1 – 3[ ] B.4 – 6[ ] C.7 – 9 D.10 and above[ ]
7. How many children do you have?A.1 – 3 [ ] B.4 – 6[ ] C.7- 9[ ]

B. Assessment of knowledge of pregnant women towards antenatal care (ANC) services.

1. Detection of Pregnancy service is given at ANC.A. YES [ ] B. NO [ ]
2. Antenatal care services are needed when pregnant.A. YES [ ] B. NO [ ]

3. Maternal health service is given at ANC. A. YES [ ] B. NO [ ]
4. Foetal death, maternal death, aspyhxia and many more are some of the health implications of not following ANC. A. YES [ ] B. NO [ ]
5. Mothers should get ANC services during pregnancies at the health facility.

   A. YES [] B. NO [ ]
6. ANC services are given at health institutions and private clinics. A. YES [ ]B. NO [ ]
7. ANC services are given at health institutions and traditional attendant. A. YES [ ] B.NO [ ]
8. ANC services should be assessed with a minimum of four visits. A. YES [ ]B. NO [ ]
9. ANC services should be assessed as soon as pregnancy is confirmed. A. YES [ ] B. NO [ ]
10. ANC services are necessary for every pregnant woman. A. YES [ ] B. NO [ ]

B. Assessment of attitude of pregnant women towards antenatal care.

To what extent do you agree with the following statement on attitude towards antenatal care?

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

Attitude	SA	A	N	D	SD
8. Much time is spent at ANC visits by pregnant women					
9. I get intimidated by health practitioners anytime I visit antenatal care					
10. I get intimidated by co-patients anytime I visit antenatal care					
11. Cultural factor does not permit me to follow ANC					
12. Religious factor does not permit me to follow ANC					
13. Not satisfied with the service given at the ANC visits 14. Should antenatal care services be encouraged?					

1. What factors prevents you from assessing antenatal care services?

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……

2. What measures in your opinion should be put in place to entice you to utilize antenatal care services?

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……..

Thank you