

## Utilization of focused Antenatal care services among women of reproductive age in Adeoyo maternity Teaching Hospital, Yemetu, Ibadan, Oyo State

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**Abstract:** The value of women's health is paramount in societies due to the productive roles they undertake. About 580,000 women of reproductive age die each year from complications arising from pregnancy worldwide. The objective of this study is to assess the level of knowledge of women towards focused antenatal care services, determine their perception towards focused antenatal care services; determine the level of practice of focused antenatal care and identify factors influencing the utilization of Focused antenatal care services. Non-experimental design using descriptive method was used to get information on the utilization of focused antenatal care services among women of reproductive age attending Adeoyo Maternity Teaching Hospital, Ibadan. Those that has heard of the term said they got the information from health institutions (72.5%), 135(97.8%) agreed that focused antenatal care emphasizes quality of care rather than quantity (number) of care, Majority (48.6%) of the respondents does not agree that focused antenatal care is used for all women, 46.4% agreed and 5.1% undecided. Factors that influences the utilization of focused antenatal care as identified by the respondents includes: high cost of services, husband's acceptance of the services rendered, low/high socio-economic status and poor pregnancy outcome such as still birth and low birth weight in previous pregnancies.

**Keywords:** Utilization, Focused antenatal care, practice, reproductive age women, services.

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### I. Introduction

The health status of women is a major component in the socioeconomic development of societies. The value of women's health is therefore, paramount in societies due to the productive roles they undertake. About 580,000 women of reproductive age die each year from complications arising from pregnancy worldwide, and almost half of these deaths occur in the sub-Saharan Africa face a 1:16 life risk of dying in pregnancy and childbirth, compared with 1:2800 chances for women in the developed world (Akowuah, Baffour and Dadson, 2018).

Every day, about 1500 women across the globe die because of complications during pregnancy or childbirth, and 98% of these deaths occur in developing countries. Sub-saharan Africa leads this death toll, accounting for 50% of all maternal death worldwide. This is one of the shameful failures of world's development. Studies on risk factors of maternal mortality have shown that lack of antenatal care increases the risk of maternal mortality (Gidey, Hailu, Nigus, Hailu, Woldegebriel and Gerensea, 2017).

Etuk, Awodeyi and Ekponne (2017), stated that antenatal care is one of the basic components of maternal care on which the life of mothers and babies depend. ANC is an umbrella term used to describe the medical procedures and care that are carried out during pregnancy. It is the care a woman receives throughout her pregnancy and is important in helping to ensure a healthy pregnancy state and safe childbirth.

It is known that ANC help to reduce the occurrence of maternal morbidity and mortality by providing chances for health promotion and information about danger signs, birth preparedness and where to seek care for pregnancy complications (Ayalew and Nigatu, 2017)

Focused Antenatal Care (FANC) recognizes that every pregnant woman is at risk for complications, and therefore should receive basic care so as to prevent complications facilitate early detection and treatment of complications. Focused Antenatal care recommends that all healthy pregnant women should have a minimum of four scheduled comprehensive antenatal visits during pregnancy. It is guided by five principles which are quality of care rather than quantity of visits, individualized care, disease detection contrary to risk categorization, evidence based practices, and birth/complication readiness. During their visits, women are counseled on topics such as birth preparedness, complication readiness, danger signs in pregnancy; nutrition, exclusive breastfeeding, and family planning, women are also immunized against tetanus. They are tested and treated for anaemia, malaria, human immunodeficiency virus/ acquired immune-deficiency syndrome

(HIV/AIDS), and sexually transmitted infections (STI's). The FANC model suggests that visits should take place before 16weeks, between 16 and 28weeks, at 28-32weeks and about 36weeks (Gitonga, 2017).

Focused Antenatal care focuses on quality of antenatal care than the frequency of visits, emphasis is laid on providing individualized care accordingly rather than categorizing groups of women into high risk or low risk, the FANC assumes that all pregnant women are at risk of developing complications therefore care is focused on early identification of complication as they arise, targeted and individualized care and the use of evidenced based practice in developing care.

## **II. Objectives**

The objective of this study is to assess the level of knowledge of women towards focused antenatal care services, determine their perception towards focused antenatal care services; determine the level of practice of focused antenatal care and identify factors influencing the utilization of Focused antenatal care services.

## **III. Related Literature**

Oshinyemi, Aluko and Oluwatosin (2018), stated that focused Antenatal care was instituted in 2002 by the WHO in an attempt to overcome the challenges posed by the traditional antenatal model of care such as classifying pregnant women into high risk or low risk group based on pre-identified criteria, and the possibility of the low risk group developing complications at delivery. For the adoption of the FANC model to be evidenced based, a multi-country randomized trial was conducted in 2001 to assess the effectiveness of the focused antenatal care, compared to the traditional antenatal care model, findings revealed that health care providers tolerated the focused antenatal care model, women in both models of care were generally satisfied with services, and FANC financial implications were the same or lesser than the traditional antenatal care.

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. The odds of utilizing ANC were more than three times for those with better knowledge of danger signs of pregnancy than those with poor knowledge. Sufficient knowledge of the benefits of ANC and of the complications associated with pregnancy plays an important role in the utilization of ANC services (Ali, Dero, Ali, and Ali, 2018)

FANC shifted the focus of care from the quantity to the quality of visits. Rather than identifying women as "high risk" or "low risk" and providing care accordingly, this model operates under the principle that all women are potentially at risk for developing complications and should receive individualized care and essential evidence-based interventions throughout their pregnancies (Haruna ,Dandeebo, and Galaa, 2019)

Distance from the facility, employment status, religion, age, spouse's education and occupational status and negative culture /traditions were the main demographic factors associated with utilization of FANC. Religion also affects the utilization of services among those of Muslim faith. Demand side barriers such as transport and cost of maternal health services are a major challenge affecting utilization. Poor pregnancy outcome which include low birth weight and still birth was associated with failure to attend four or more ANC visits (Chorongo, 2016)

According to Faiz et al, (2016) the major hindrances to utilize the antenatal care services are illiteracy, mobility issues, non-cooperative behaviour of in laws, lack of resources and time. It is also found that there is a direct relationship between educational status of the mother and her husband and better access towards maternity care.

## **IV. Methodology**

Non-experimental design using descriptive method was used to get information on the utilization of focused antenatal care services among women of reproductive age attending Adeoyo Maternity Teaching Hospital, Ibadan. One hundred and Thirty-eight women of reproductive age (15-49) were purposively selected from those attending antenatal clinic at Adeoyo Maternity Teaching Hospital, Ibadan were the focus of the study. Self-constructed questionnaire was used as instrument for collection data. Questions were interpreted to those who had no formal education while those with formal education were given the questionnaire and picked the appropriate questions as applicable to them and same was collected immediately after the completion from the subjects. Respondents were assured of confidentiality of the information they supplied and they are free to opt out of the study.

## **V. Results**

According to findings in table 1, about three-quarter of the participants in this study claimed to have heard about focus antenatal care before. Those that has heard of the term said they got the information from health institutions (72.5%), radio/television (17.4%) and 10.1% got the information from other sources. Getting to know what they actually know about focus antenatal care, 21(15.2%) defined it as a frequent visits that categorize pregnant women into low and high risk group, 85(61.6%) defined focus antenatal care as the

qualitative care given to a pregnant woman by skilled birth providers and 32(23.2%) said it is the care that prevents and treats potential health problems during pregnancy. Majority (61.6%) of them believed that focused antenatal care involve 4 visits and 129(93.5%) said the visits were made during the 16<sup>th</sup>, 24<sup>th</sup>, 32<sup>nd</sup>, and 36<sup>th</sup> weeks of pregnancy.

**Table 1 on Respondent Knowledge about Focused antenatal care**

Variable	Frequency	Percentages
Have you ever heard of Focused Antenatal care?		
Yes	104	75.4
No	34	24.6
If yes, Sources of Information		
Health Institution	100	72.5
Radio/TV	24	17.4
Others	14	10.1
What do you understand by Focused Antenatal care?		
It is frequent visits that categorize pregnant women into low and high risk group	21	15.2
It is the qualitative care given to a pregnant woman by skilled birth providers	85	61.6
It is the care that prevents and treats potential health problems during pregnancy	32	23.2
Focused Antenatal care involves.....number of visits		
2	5	3.6
3	27	19.6
4	14	10.1
5	85	61.6
	7	5.1
Focused antenatal visits are during 16 <sup>th</sup> , 24 <sup>th</sup> , 32 <sup>nd</sup> , and 36weeks of pregnancy		
Yes	129	93.5
No	9	6.5

Table 2 shows that among the women that participated in this study, 113(97.4%) agreed that focused antenatal care is an approach based on individualized care and not number of routine visits, 135(97.8%) agreed that focused antenatal care emphasizes quality of care rather than quantity (number) of care, and 117(84.8%) agreed that access to quality focused antenatal care reduces the number of visits without affecting outcomes for mother and baby. Although, significant proportion (47.8%) disagreed that focused antenatal care is much costly and less effective than traditional antenatal care but half of them agreed. Lastly, 80.4% agreed that focused antenatal care addresses the most prevalent health issues affecting women and newborns.

**Table 2 on Perception of women towards Focused antenatal care**

Variable	Frequency	Percentages
Focused Antenatal care is an approach based on individualized care and not number of routine visits		
Agree	113	96.4
Disagree	5	3.6
Undecided	0	0.0
Focused Antenatal care emphasizes quality of care rather than quantity (number) of care		
Agree	135	97.8
Disagree	3	2.2
Undecided	0	0.0
Access to quality focused antenatal care reduces the number of visits without affecting outcome for mother and baby		
Agree	117	84.8
Disagree	18	13.0
Undecided	3	2.2
Focused Antenatal care is much costly and less effective than traditional antenatal care		
Agree	69	50.0
Disagree	66	47.8
Undecided	3	2.2
Focused antenatal care addresses the most prevalent health issues affecting women and newborns		
Agree	111	80.4
Disagree	26	18.8
Undecided	1	0.7

Table 3 shows that Focused antenatal care practice emphasizes goal-oriented and women centered care by skilled birth attendants according to 132(95.7%) respondents. A little above half of the participants agreed that practice of focused antenatal care is fully embraced by all health care facilities, 33.3% disagreed and 8.0% undecided. Majority (48.6%) of the respondents does not agree that focused antenatal care is used for all women, 46.4% agreed and 5.1% undecided. Lastly, focused antenatal care practice gives evidenced based interventions according to 81.9% of the respondents.

**Table 3 on Practice of Focused Antenatal Care**

Variable	Frequency	Percentages
Focused antenatal care practice emphasizes goal-oriented and women centered care by skilled birth attendants		
Agree	132	95.7
Disagree	6	4.3
Undecided	0	0.0
Practice of Focused antenatal care is fully embraced by all health care facilities		
Agree	81	58.7
Disagree	46	33.3
Undecided	11	8.0
Focused Antenatal care is used for all women		
Agree	64	46.4
Disagree	67	48.6
Undecided	7	5.1
Focused antenatal care practice gives evidenced based interventions		
Agree	113	81.9
Disagree	16	11.6
Undecided	9	6.5

According to table 4, 115(83.3%) respondents, difficulty in changing from the present traditional mode of ANC to the practice of focused antenatal care influence focused antenatal care utilization. Other factors that influences the utilization of focused antenatal care as identified by the respondents includes: high cost of services (75.4%), husband's acceptance of the services rendered (93.5%), low/high socio-economic status (84.8%) and poor pregnancy outcome such as still birth and low birth weight in previous pregnancies (60.1%).

**Table 4 on Factors Influencing the Utilization of Focused Antenatal Care**

Variable	Frequency	Percentages
Difficulty in changing from the present traditional mode of ANC to the practice of focused antenatal care influence Focused antenatal care utilization		
Yes	115	83.3
No	23	16.7
High cost of services is associated with decrease antenatal care use		
Yes	104	75.4
No	34	24.6
Husband's acceptance of the services rendered influence focused antenatal care		
Yes	129	93.5
No	9	6.5
Low/High socio-economic status affects the utilization of focused antenatal care		
Yes	117	84.8
No	21	15.2
Poor pregnancy outcome such as still birth and low birth weight in previous pregnancies affects the utilization of focused antenatal care		
Yes	83	60.1
No	55	39.9

## VI. Discussion

### What is the knowledge of women of reproductive age towards focused antenatal care services?

Table 1 shows clearly that about three-quarter of the participants in this study claimed to have heard about focused antenatal care before while 24.6% claimed not to have heard of the term. Those that has heard of the term said they got the information from health institutions (72.5%), radio/television (17.4%) and 10.1% got the information from other sources. Getting to know what they actually know about focused antenatal care,

21(15.2%) defined it as a frequent visits that categorize pregnant women into low and high risk group, 85(61.6%) defined focused antenatal care as the qualitative care given to a pregnant woman by skilled birth providers and 32(23.2%) said it is the care that prevents and treats potential health problems during pregnancy. Majority (61.6%) of them believed that focused antenatal care involve 4 visits and 129(93.5%) said the visits were made during the 16<sup>th</sup>, 24<sup>th</sup>, 32<sup>nd</sup>, and 36<sup>th</sup> weeks of pregnancy. On the contrary, it was affirmed by Etuk, Awodeyi and Ekponne (2017), that pregnant women had low level of knowledge of FANC stating that 63.4% of the total respondents actually did not have knowledge of FANC. Residential location, education status and income status were factors that influence the women's utilization of FANC. Level of knowledge of women varied due to their educational status. The level of education tended to influence the way in which women acquire and utilize information about antenatal services.

#### **What is the perception of women towards focused antenatal care services?**

From table 2, it was discovered that among the women that participated in this study, 113(97.4%) agreed that focused antenatal care is an approach based on individualized care and not number of routine visits, 135(97.8%) agreed that focused antenatal care emphasizes quality of care rather than quantity (number) of care, and 117(84.8%) agreed that access to quality focused antenatal care reduces the number of visits without affecting outcomes for mother and baby. Although, significant proportion (47.8%) disagreed that focused antenatal care is much costly and less effective than traditional antenatal care but half of them agreed. Lastly, 80.4% agreed that focused antenatal care addresses the most prevalent health issues affecting women and newborns. In support of this, Fatile, Akpor, Okanlawon and Fatile (2016) carried out a study regarding participants' perception of FANC, stating that majority (68.8%) of the participants alleged that FANC is to ease nurses' work and not to offer quality service. When asked about their opinion on the definition of ANC, most (92%) of the participants knew that ANC is the care given to women throughout pregnancy. The majority (95.9%) also agreed that it is 13 or more visits while 72% of the participants believed that it helps to identify problems early in pregnancy. With regards to definition of FANC, almost two third (69.0%) of the participants assumed that FANC is to ease nurses work. The majority (91.0%) believed that FANC is free ANC whereas 63% perceived it as quality of care in just 4visits.

#### **What is the level of practice of focused antenatal care?**

From table 3, 132(95.7%) respondents focused antenatal care practice emphasizes goal-oriented and women centered care by skilled birth attendants. A little above half of the participants agreed that practice of focused antenatal care is fully embraced by all health care facilities, 33.3% disagreed and 8.0% undecided. Majority (48.6%) of the respondents does not agree that focused antenatal care is used for all women, 46.4% agreed and 5.1% undecided. Lastly, focused antenatal care practice gives evidenced based interventions according to 81.9% of the respondents. This is in line with Ekabua, Ekabua and Ejoku (2011), who identified that the practice of antenatal care in all the hospitals visited was the traditional approach based on earlier Europeans models. Awareness of birth preparedness and complication readiness, by parturients, as a goal-directed intervention during antenatal care was low (21.5%).

#### **What are the factors influencing the utilization of Focused antenatal care services?**

From table 4, findings from the study revealed that 115(83.3%) respondents, difficulty in changing from the present traditional mode of ANC to the practice of focused antenatal care influence focused antenatal care utilization. Other factors that influences the utilization of focused antenatal care as identified by the respondents includes: high cost of services (75.4%), husband's acceptance of the services rendered (93.5%), low/high socio-economic status (84.8%) and poor pregnancy outcome such as still birth and low birth weight in previous pregnancies (60.1%). This was similarly identified by Chorong (2016) who stated that distance from the facility, employment status, religion, age, spouse's education and occupational status and negative culture /traditions were the main demographic factors associated with utilization of FANC. Religion also affects the utilization of services among those of Muslim faith. Demand side barriers such as transport and cost of maternal health services are a major challenge affecting utilization. Poor pregnancy outcome which include low birth weight and still birth was associated with failure to attend four or more ANC visits.

### **VII. Conclusion**

According to the findings of this study, it must be concluded that the respondents in this study showed a significant level of knowledge about focused antenatal care but contrary to this, the utilization was shown to be significantly low. Also some resistance was observed towards focused antenatal care as some respondent does not accept the care due to previous negative pregnancy outcomes. Also, Other factors that influences the utilization of focused antenatal care as identified by the respondents includes: high cost of services, husband's

acceptance of the services rendered, low/high socio-economic status and poor pregnancy outcome such as still birth and low birth weight in previous pregnancies.

Focused Antenatal care is an approach to antenatal care that emphasizes evidenced-based, goal directed-actions, and family-centered care, quality rather than quantity of visits and care by skilled providers. The provider in this case which is usually midwives must be determined to the qualitative intervention works and have significant impact of positive pregnancy outcome.

Worldwide pregnancy related complications contribute to more than half of deaths among women annually. According to World Health Organization, about 90-95% of these come from developing countries. Focused antenatal is a strategy for the prevention of maternal and fetal mortality and morbidity. Nurses' midwives should pick up the challenge to carry out intensive mobilization for the communities on the benefits and utilization of focused antenatal care to the mothers, family and community at large.

Government should develop and implement new policies towards encouraging proper utilization of antenatal care services which will help to reduce maternal and neonatal morbidity and mortality rates.

The utilization of antenatal care services definitely is essential strategy in reducing the risks associated with pregnancy and childbearing in this age group. Antenatal care utilization in the developing countries is low when compared to that of the developed countries. Health care professionals should determine factors causing poor or irregular utilization of focused antenatal care services and how to eradicate it.

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