

## Knowledge and Perception of Pregnant Women towards Health Education during Antenatal Visit at Selected Primary Health Care Centre in Ibadan

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**Abstract:** Antenatal care (ANC) is a careful, systematic assessment and follow up of pregnant women that include education, counselling, screening and treatment to assure the best possible health of the mother and her fetus. Antenatal care provides an opportunity to inform and educate pregnant women on a variety of issues related to pregnancy, birth and parenthood. The objectives of the study are to assess the level of knowledge and perception of pregnant women on health education during antenatal care visits and determine the attitude of pregnant women towards health education given during antenatal care visits at the selected Primary Health Care centres in Ibadan. A descriptive cross sectional study design was used for the study to determine pregnant women's knowledge and perception of health education as well as the quality of health education during antenatal care visit at Primary Health Care centres, 140 women were sampled and the instrument that was used to collect data is a semi-structured questionnaire. One hundred and ten (78.6%) of the pregnant women replied that it help them identify problems that may arise in pregnancy, one hundred and thirty five (96.4%) of the pregnant women have the knowledge of various danger signs in pregnancy. Eighty nine (63.6%) of them got their information from antenatal clinic. Majority of the respondents also had positive attitude towards health education during antenatal visits. Suggestion was made that their husbands should be allowed to partake in health education and that visual aids should be used to illustrate for proper understanding.

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### I. Introduction

The quality of care is considered as a key element of human rights and the route to equity and dignity of women and children. The provision of quality facility-based maternal healthcare, particularly before and after delivery, is an important input in saving maternal lives and preventing disabilities. Thus, understanding the experiences and expectations of women across the continuum of antenatal, perinatal, and postnatal care is important in assessing the quality of maternal healthcare and determining problematic areas that require improvement. (Amu and Nyarko, 2019)

Antenatal cares (ANC) is a careful, systematic assessment and follow up of pregnant women that include education, counselling, screening and treatment to assure the best possible health of the mother and her fetus. Antenatal care provides an opportunity to inform and educate pregnant women on a variety of issues related to pregnancy, birth and parenthood. (Akinwaare, 2015). The World Health Organization (WHO) reported that in 2015 around 830 women died every day from problems in pregnancy and childbirth. Only 5 of the women who died lived in high income countries, the rest of the women lived in low income countries. (WHO, 2017). Education is an important component of prenatal care, particularly for women who are pregnant for the first time (Al-Ateeq and Al-Rusaies, 2015) Health education can also be defined as a set of learning that encourages voluntary changes in human behaviour that will result in improved health status. (Sabageh, 2015).

During the antenatal period, you can promote the health of the women in your care and the health of their babies before and after birth, by educating mothers about the benefits of good nutrition, adequate rest, good hygiene, family planning and exclusive breastfeeding, and immunization and other disease prevention measures. Your aim is to develop women's knowledge of these issues so they can make better informed decisions affecting their pregnancy outcome — but you should never lose sight of the difficulties some women will face in being able to improve their lifestyles (Open University Module 14).

The aim of health education during antenatal is to provide advice, education, reassurance and support, to address and treat the minor problems of pregnancy and to provide effective screening during pregnancy. (Mohammed and Amal, 2013).

## **II. Objectives**

The objectives of the study are to assess the level of knowledge and perception of pregnant women on health education during antenatal care visits and determine the attitude of pregnant women towards health education given during antenatal care visits at the selected Primary Health Care centres in Ibadan.

## **III. Related Literature**

Knowledge is a vital aspect in compliance; it involves the understanding of relevant information in a clear concise manner. Knowledge also implies being aware, and before a pregnant woman can comply with health education, she must be aware of the benefits of the ANC services and consequences of not complying. Health education is about raising pregnant women's health awareness and working with them to encourage compliance (Ella, Esienumoh and Ojong, 2017)

Othman, et al, (2018) affirmed that a pregnant woman's health behaviors have a life-long influence on her health, and that of her developing baby. Good maternal and fetal outcomes have been associated with healthy nutritional habits and an active lifestyle during pregnancy. Poor pregnancy outcomes such as preterm birth and small or large for gestational age are often associated with maternal body mass index disorders and lifestyle choices, for example, being underweight or overweight, as well as smoking and alcohol consumption which are modifiable risk factors. Unhealthy maternal behavior in pregnancy has been shown to have long-term effects on children and has been associated with conditions such as cognitive defects, obesity, asthma, and cardiovascular diseases.

Midwives provide health education for pregnant women during antenatal visits. During antenatal visits, some women prefer verbal advice rather than written information from midwives. It is good practice to first verbally discuss and give an explanation about healthy eating in pregnancy, followed by providing written information to help women understand more clearly. Therefore, written material is a complementary source of information.

Midwives have an important public health role and provide health education to pregnant women and new mothers (Othman, et al, 2018).

Compliance to health education among pregnant women is a major health concern affecting almost all women, particularly in pregnancy period. There are a lot of factors that may promote or inhibit health education compliance among pregnant women, such as factors in women themselves, social and economic factors, and health staff and setting factors. Moreover, follow up and signs are the satisfactory topics in health education compliance as mentioned by study subjects (Mohammed and Kandeel, 2017). They stated further attaining optimal support for safe maternal health, all health sectors in maternity and women healthcare facilities, should focus on promoting health education and instructional activities that expand knowledge, attitudes and practices of mothers, their families and the community in relation to healthy pregnancies and childbirth.

Food and nutrition education is a fundamental tool to promote health and aims to encourage the autonomy of individuals to value and respect cultural specificities and empower these people regarding their health care (Oliveira, Fernandes, et al, 2018)

Amoah, Anokye, Boakye, Acheampong, Budu-Ainooson, Okyere, Kumi-Boateng, Yeboah and Afriyie, (2019) affirmed that patients complained about their relationship with the nurses and the way the nurses attend to them influence their attitude towards health education.

Al-Ateeq and Al-Rusaiesh, 2015 stated that a study done in a rural area of Bangladesh, which assessed knowledge, attitude, and the practice of mothers regarding maternity care and nutrition during pregnancy and lactation showed that the health of the mothers was affected by false beliefs and misconceptions about foods and food consumption during and after pregnancy.

## **IV. Methodology**

A descriptive cross sectional study design was used for the study to determine pregnant women's knowledge and perception of health education as well as the quality of health education during antenatal care visit at Primary Health Care centres, 140 women were sampled and the instrument that was used to collect data is a semi-structured questionnaire. Data was analysed using Statistical Package for Service Solution (SPSS) software version 25.0. Measure of central tendency and dispersion such as means and modes and standard deviation was computed. The result of data analysis was represented in form of tables, percentages and appropriate charts.

**V. Results**

**Table 1: Knowledge on what health education during antenatal visit is.**

| Statement/Question        | Response  | Frequency (n) | Percentage (%) |
|---------------------------|---|---------------|----------------|
| What is health education? | a) It is a kind of education given at antenatal clinic                | 140           | 100%           |
|                           | b) It is a kind of information given during pregnancy                 |               |                |
|                           | c) Information given to pregnant women in order to have safe delivery | 140           | 100%           |
|                           | d) Education given in school for students                             | 140           | 100%           |
|                           |   | 1             | 0.7%           |

The respondents were interviewed on what health education is and all of them (100%) responded well, they know that health education are the information given at the antenatal clinic to help know more about what should be done for themselves and the baby, to have a safe delivery and live a healthy life.

**Table 2: Respondent Perception on Health Education during Antenatal Visit (N=140)**

| Statement/Question  | Response   | Frequency (n) | Percentage (%) |
|---|--|---------------|----------------|
| Have you heard of health education/talk during pregnancy before | Yes  | 124           | 88.6           |
|   | No   | 16            | 11.4           |
| If yes, what was the source of your information                 | Antenatal clinic   | 89            | 63.6           |
|   | Friends  | 8             | 5.7            |
|   | Media  | 8             | 5.7            |
|   | Parent   | 27            | 19.3           |
|   | Others   | 8             | 5.7            |
| What are the benefits/advantages of health education            | To keep us informed of various problems that may arise in pregnancy to inform us of how to prepare for child birth to keep us engaged until more people arrive | 72            | 51.4           |
|   | to tell us of how to take care of the baby when it comes   | 37            | 26.4           |
|   | to tell us what to eat and what not to eat   | 3             | 2.1            |
|   | to tell us of how to recognize danger  | 16            | 11.4           |
|   | to tell us of how much delivery will cost  | 6             | 4.3            |
|   |  | 5             | 3.6            |
| Do you think health education is necessary during ANC?          | Yes  | 140           | 100            |
|   |  | 1             | 0.7            |

Larger percentages (88.6%) of the pregnant women have heard about health education/talk during pregnancy before. Those (11.4%) that are not aware may be because they never visit ANC. Those that attested that they have heard of health education have their sources of information from different means. Eighty nine (63.6%) of them got their information from antenatal clinic, eight (5.7%) from friends, eight (5.7%) from the media and twenty seven (19.3) from parent. Their stated purpose of health talk varies, as forty one (29.3%) of them stated that it helps to know how to improve health in pregnancy, ten (7.1%) respondent says it is to prepare one for delivery, ten (7.1%) respondent claim that the purpose of health education is to know things to do during pregnancy and delivery. As to the advantages or benefits of health education, seventy two (51.4%) of the pregnant women say is to keep them inform of various problems that may arise in pregnancy, thirty seven (26.4%) say is to inform them of how to prepare for child birth, sixteen (11.4%) say is to inform them of how to take care of the baby when it comes. All (100%) of the pregnant women think health education is necessary during ANC. Table. 2 above give more detail account of the pregnant women perception on health education during antenatal visit.

**Table 3: Respondent’s Attitude towards Health Education at ANC (N = 140)**

| Attitude   | Frequency (Percentage) |              |              |              |              |
|--|------------------------|--------------|--------------|--------------|--------------|
|  | S/Agreed               | Agreed       | Neutral      | Disagreed    | S/Disagree   |
| Health education is for the uneducated   | 7<br>(5.0)             | 24 (17.1)    | 8<br>(5.7)   | 62<br>(44.3) | 39<br>(27.9) |
| health education should be given just once   | 4<br>(2.9)             | 17 (12.1)    | 14<br>(10.0) | 69<br>(49.3) | 36<br>(25.7) |
| health education should be made voluntary  | 16<br>(11.4)           | 36 (25.7)    | 29<br>(20.7) | 48<br>(34.3) | 11<br>(7.9)  |
| only first time pregnant women needs it  | 6<br>(4.3)             | 17 (12.1)    | 23<br>(16.4) | 62<br>(44.3) | 32<br>(22.9) |
| health education is a waste of time  | 9<br>(6.4)             | 12<br>(8.6)  | 23<br>(16.4) | 55<br>(39.3) | 41<br>(29.3) |
| health education is a tool to improve maternal mental health   | 45<br>(32.1)           | 61 (43.6)    | 22<br>(14.7) | 8<br>(5.7)   | 4<br>(2.9)   |
| health education help pregnant women in their preparation for birth  | 47<br>(33.6)           | 62 (44.3)    | 21<br>(15.0) | 6<br>(4.3)   | 4<br>(2.9)   |
| it increase greater satisfaction between couple and parent-infant relationship   | 35<br>(25.0)           | 75 (53.6)    | 19<br>(13.6) | 7<br>(5.0)   | 4<br>(2.9)   |
| It can allay/reduce anxiety  | 26<br>(18.6)           | 74<br>(52.9) | 26<br>(18.6) | 11<br>(7.9)  | 3<br>(2.1)   |
| health education increases breast feeding initiation and continuation  | 29<br>(20.7)           | 68<br>(48.6) | 27<br>(19.3) | 11<br>(7.9)  | 5<br>(3.6)   |
| health education addresses pregnant women values, attitude and beliefs   | 32<br>(22.9)           | 64<br>(45.7) | 30<br>(21.4) | 11<br>(7.9)  | 3<br>(2.1)   |
| health education address social pressure and influence among pregnant women  | 26<br>(18.6)           | 71<br>(50.7) | 24<br>(17.1) | 14<br>(10.0) | 5<br>(3.6)   |
| health education provides adequate time of instruction and learning provide opportunities to reinforce pregnant women's skills | 32<br>(22.9)           | 67<br>(47.9) | 25<br>(17.9) | 9<br>(6.4)   | 7<br>(5.0)   |

The study shows that the total number of one hundred and one (72.2%) of the pregnant women disagreed with the notion that health education is only for the uneducated. Some twenty one (15%) of the respondent think that health education is a waste of time while ninety six (68.6%) disagree to that effect. Other responses as regards the attitude of the pregnant women towards health education at ANC are displayed in table 3 above.

## VI. Discussion

### Respondent knowledge on health education during Antenatal visit

The data analyzed during the course of this study shows that all (100%) of the pregnant women has adequate knowledge of health education. This was observed as their replies of what health education means to them tally with their response on the benefits of health education. Their response include that health education help inform them of various problems they may encounter during pregnancy, also to inform them of how to prepare for childbirth. Preparation on how to take care of the baby was also mentioned as part of what health education is and most importantly recognition of danger sign is a key area the pregnant women define health education to be. Also, those that are at their first pregnancy tend to have more knowledge as suggested by the study. This is in agreement with a report by Al-Ateeq and Al-Rusaies, (2015) who states that multiparous women were found to receive less health education than primiparous women. All of the pregnant women also had positive perception towards health education given in the antenatal clinic in that they believed it is necessary during antenatal visits.

### Respondent’s perception on Health Education during Antenatal Visit

Larger percentages (88.6%) of the pregnant women have heard about health education/talk during pregnancy before. Those (11.4%) that are not aware may be because they have not been pregnant before or they never visit ANC. Those that attested that they have heard of health education have their sources of information from different means. Eighty nine (63.6%) of them got their information from antenatal clinic, eight (5.7%) from friends, eight (5.7%) from the media and twenty seven (19.3) from parent. Their stated purpose of health talk varies, as forty one (29.3%) of them stated that it helps to know how to improve health in pregnancy, ten (7.1%) respondent says it is to prepare one for delivery, ten (7.1%) respondent claim that the purpose of health education is to know things to do during pregnancy and delivery. As to the advantages or benefits of health education, seventy two (51.4%) of the pregnant women say is to keep them inform of various problems that may arise in pregnancy, thirty seven (26.4%) say is to inform them of how to prepare for child birth, sixteen (11.4%) say is to inform them of how to take care of the baby when it comes. All (100%) of the pregnant women think health education is necessary during ANC.

### **Respondent's Attitude towards Health Education at ANC**

The second objective of this study is to assess the attitude of the respondents. Majority of the respondent had positive attitude towards health education during antenatal visits. This was confirmed as most of the respondents (68.3%) disagreed to the opinion that health education given at ANC is a waste of time. Also, it was noticed that the pregnant women showed increased positive attitude towards health education as the number of visit to ANC increases.

### **VII. Conclusion**

This study was carried out to determine the knowledge, perception and attitude of pregnant women towards the qualities of health education given during antenatal visit at the selected primary health care centres in Ibadan. One hundred and forty pregnant women were sampled for the study and the pregnant women had adequate knowledge and positive perception towards health education during antenatal visits.

Majority of the respondents also had positive attitude towards health education during antenatal visits. Suggestion was made that their husband should be allowed to partake in health education and that visual aids should be used to illustrate for proper understanding. The study will like to point out that there is need for staff allocation into antenatal clinics for effective health education. Every hospital must have a written guidance on how to deliver health education to their clients during antenatal care visit and Government should provide tools to the health personnel to aid their teaching e.g. example audio-visual aids for the midwives to be able to demonstrate good and adequate skill for proper dissemination of health education.

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