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## Review Article



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## An update on utilization of antenatal care among pregnant Women in Nigeria

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### Abstract

Antenatal care has been defined as the attention, education, supervision and treatment given to the pregnant woman from time conception is confirmed until the beginning of labour in order to ensure safe pregnancy, labour and puerperal. This is essential in order to detect early or any deviation from normal and ensure healthy mother and baby. Antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the lives of mothers and babies depend. Thus, Antenatal care is the care given to a pregnant woman so that she has safe pregnancy and healthy baby. This review revealed that attendance and utilization of ANC by pregnant women was considered satisfactory. They should create awareness of health and related matters especially the activities of antenatal services among pregnant women using seminar/ workshop and out with radio, television and newspaper home visit and using women and church leaders.

**Keywords:** antenatal care, pregnant women, Nigeria, factors influencing the utilization of antenatal care

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### Introduction

Antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the lives of mothers and babies depend. Thus, Antenatal care is the care given to a pregnant woman so that she has safe pregnancy and healthy baby (Obeagu

*et al*, 2014; Ifeanyi and Uzoma, 2018; Obeagu *et al.*, 2022; Okoroiwu *et al.*, 2022;). During this period the foetus grows and undergoes various developmental changes and the pregnant woman is expected to receive antenatal care so her health and the progress of the unborn baby can be observed and maintained (Abou Zahr and Wardlaw, 2013).

Antenatal care is the care provided by skilled health care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. Antenatal care is also defined as the care given to a pregnant woman from the time conception is confirmed until the beginning of labour (WHO, 2016).

### Antenatal Care

Antenatal care is the care provided by skilled health care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (WHO, 2016). The care and supervision given to the women could be recovered in the community either in the hospital, health center or maternity home through a medical doctor and qualified midwife (Fraser and Cooper, 2012). Antenatal care is qualitative care given to a pregnant woman by skilled or trained health providers to promote the health and survival of mother and child to it refers to minimum number of four (4) antenatal visits each which has a specific items of client assessment, education and care to ensure the prevention of or early detection and prompt management of any complication (Adesokan, 2014).

Antenatal care (ANC) is an umbrella term used to describe the medical procedures and care that are carried out during pregnancy (Rooney, 2012). The major goals of ANC are:

- i. Promote and maintain the physical, mental and social health of mother and baby by providing education on nutrition, personal hygiene and birthing process.
- ii. Detect and manage complications during pregnancy whether medical, surgical or obstetrical.
- iii. Develop birth preparedness and complication readiness plan.
- iv. Help prepare mother to breastfeed successfully, experience normal puerperium and take good care of the child physically, psychologically and socially.

### Advantages of Antenatal Services

- To promote the safe motherhood initiative
- To reduce maternal and infant mortality and morbidity rate
- To prepare the woman for labor, lactation and subsequent care of the baby
- Immunize mother against tetanus in order to pass immunity to her baby.

### Schedule of Visits

Follow up visits according to Merriam Webster dictionary says it is the maintenance of contact with or the reexamination of a person such as a patient especially following treatment. It is also a visit made as a follow up to an initial visit.

The schedule is made like this:

- On booking 16 weeks – (initial visit)
- Follow up visits 1<sup>st</sup> 20-24 weeks
- Follow up visits 2<sup>nd</sup> 28-32 weeks
- Follow up visit 3<sup>rd</sup> 32-36 weeks then Weekly visit from 36 weeks till delivery).

### Activities of The First Visit

The visit should start as pregnancy is diagnosed until she delivers. She should register for antenatal care which helps to prevent early fetal loss or information.

1) Booking: Booking is done on the first visit to obtain a baseline information or record received from the pregnant woman involving blood pressure, blood grouping, hemoglobin level etc. which is compared during subsequent visit.

2) History taking: history taking should take the form of a friendly discussion with the client and the following should be gotten:

- Medical history this gives idea on the general health condition of the client
- Menstrual history this determines the expected date of delivery
- Obstetrical history this gets information about past and previous pregnancies

- Family history to determine any genetic problem or disease
  - Personal data this gives the age, height, LGA, address
- 3) Investigation: Check client's urine or conduct urinalysis to check for glucose, protein and acetone check client's vital sign

### Factors associated with utilization of antenatal care

- ) Distance of facility
- ) Attitude of health staff
- ) Ignorance
- ) Husbands attitude
- ) Financial constraints
- ) Conflict with cultural belief practice
- ) Awareness of importance of antenatal care
- ) Other competing engagement
- ) Maternal education
- ) Parity

#### 1) Distance to the health care facility:

Research has also revealed a very strong association between distance and attendance of antenatal care. Generally the distance has been identified as an important barrier to the use of services especially in rural areas. Studies have revealed that there was a decay effect of the distance on the health care service utilization i.e. as the distance increases from the health care facilities, utilization of services was reduced. Many pregnant women find it distressing to walk long distance or take two or more taxi to a health facility, Therefore they tend to utilize ANC services less regularly than those who live close by. (Nisar and White, 2012)

**2) Attitude of health staff:** Nisar and White (2012) noted attitude of health workers. Most health care providers treat patient with no given instructions for instance getting of the midstream urine on every antenatal day and also neglect the patient and not attending them the way they wish to.

**3) Ignorance:** some women have less knowledge about antenatal care which affects the usage of it. (Zhaoet *al.*, 2012).

**4) Husband's attitude and education:** Some husbands don't agree that attending Antenatal Clinics is important thereby they discontinue their wives from going and when the husband is uneducated he can't help encourage and support his wife both financially and otherwise towards utilization of antenatal clinics (Zhaoet *al.*, 2012).

**5) Financial Constraints:** Some pregnant women are financially unstable and earn very low for a living. They find it hard affording for any antenatal services and also transportation fare to the clinics. If the costs of the services are provided at high cost women of low socio economic status may not be able to afford the services rendered. (Nisar and White, 2012).

**6) Conflict with cultural belief practices:** Certain cultural belief affects the utilization of antenatal clinics by pregnant mother for instances some culture forbid pregnant women from eating snails, eggs and certain bush meat which are being asked by pregnant women to be eating during health talk in antenatal clinic and this makes them stop frequently to the clinic because they teach what is against their belief (Zhaoet *al.*, 2012).

**7) Awareness of importance of antenatal care:** The ignorant and uneducated women who don't know the importance of antenatal care will not value going for it and she is unaware that she/her baby could be at risk (Alimental, 2014).

**8) Other competing engagement:** When the pregnant woman is a business woman or has a shop in the market she prefers going for a business to make money and neglect going to antenatal clinics. (Alimental, 2014).

**9) Maternal Education:** This influences utilization in that an educated woman knows the importance of regular visit to the antenatal clinic and so do not need to be reminded of her subsequent visit (Alimental, 2014).

**10) Marital Status:** Married pregnant women tends to utilize the antenatal clinic more than single counterpart because single parent ladies may not have support coupled with shame and social isolation. (Alimental, 2014).

**11) Parity:** Studies have suggested that parity influences initiation of antenatal care as parity increases the experience of timely initiation of antenatal decreases high parity women might tend

to rely on their experience from previous pregnancies and do not feel the need for antenatal care due to greater level of experience these women might feel more confident during pregnancy and consider antenatal care less important (Zhao *et al.*, 2012).

### Empirical studies

In a cross sectional survey study conducted by Iyaniwura and Yusuf (2012), on utilization of antenatal care and delivery service in Sagamu, south western Nigeria with the aim of determining the pattern of use of maternal service and assess factor that may affect the observed pattern. The sample size was 210 and population of women was 450 of child bearing age who had at least one pregnancy carried to term. Random selection was employed and using structured questionnaire and interviews to generate information which were analyzed using statistical package for social science version 10. Result showed that majority of the women received antenatal care (84.6%) during their last pregnancy, four fifth of those who received antenatal care first attended the clinic during the second trimester (79.6%).

Adewayeet *al.*, (2012) carried out a descriptive cross sectional study on the knowledge and utilization of antenatal care service by women of child bearing age in Ilorin East local government area, north center Nigeria. Semi structured questionnaire and interviews were used to collect information. A total number of 405 respondents were selected using multistage sampling technique. Data were analyzed using epi-info software package. The study population were all women within the reproductive age group 15 – 49 years in Ilorin East local government area result showed that 355 (87.7%) of the respondent were aware, 248 (69.9%) had good knowledge in the provision of antenatal care services. There was high use of antenatal care with high percentage of government health facilities by over three quarter (86.5%) of the respondents that attended antenatal. In view of this it was recommended that education should be made free for all girls up to secondary school level and antenatal services should be made free for all pregnant women.

A cross sectional study carried out in two random selected local government council areas in Ibadan by Dairo and Owoyokan (2012) on factors affecting the utilization of antenatal care services in Ibadan Nigeria. A pretested questionnaire was administered to 400 women. The aim of this study was to assess the factors that determine the utilization of antenatal care services in Ibadan. Result showed that majority (76.8%) of the respondents attended antenatal care clinic. Women in urban areas were more than two times likely to attend antenatal care clinic than women who are staying in the rural areas. ( $\text{cor}=2.398$  95%cl, 1.264-4.557). Similarly women who were 25 years and older were more than two times more likely to utilize antenatal care than women who were 25 years or younger ( $\text{cor}=2.26$ , 95%cl. 1.064.107). They recommended that effort towards ensuring that utilization should be targeted towards rural areas, the importance of modern antenatal care should be emphasized even in the religion. A descriptive study conducted by Sherbani and Ashaway (2013) aimed to assess the knowledge, attitude and practice of expectant mothers in relation to antenatal care and to find out factors affecting their knowledge, attitude and practice in zaria, northern Nigeria. The questionnaire was used for the study. It showed that majority of working women (90%) were more likely to have good antenatal care knowledge compared to housewives and most of other women (88.3%) were more likely to have poor knowledge, the study also showed that higher income women were twice likely to use antenatal care services (95%). Women receiving antenatal care were more knowledgeable about the importance of dietary (97%) intake of green leafy vegetables for the prevention of anemia. they recommended that women of reproductive age need to recognize the importance of receiving antenatal care in the community and there is a potential need to increase nutritional education highlighting the importance of iron supplementation and appropriate food during pregnancy.

In a descriptive survey conducted by Yarzewer (2013) on utilization of health care service among women of child bearing age (15-49yrs) in Gwale

Kano state northern Nigeria aimed at determining the extent of utilization of health care services by women. One hundred and fifty women participated in the survey. Questionnaire was the instrument for data collection findings revealed that (58%) of the respondents know that health care services are available and (57%) did not use healthcare services due to some factors like societal belief (38%) distance be facility (20%), cost of services (28%), cultural belief (58%) and many other reasons.

A descriptive comparative study was carried out in the North by Adewuyi *et al.* (2017) on the prevalence and factors associated with underutilization of antenatal care services in Nigeria. About 545 of pregnant women did not make the recommended four visits to the extent recommended for ANC during pregnancy the risk of poor utilization of ANC services was higher among women aged 31 years or older (AOR, 1.78; 95% CL: 1.14, 2.78) and among single women (AOR, 2.99; 95% CL: 1.83, 4.75).

A cross sectional study was carried out in Emevor village of delta state by Awusi *et al.* 2019 results show that socio economic and demographic factors such as age, marital status, education, knowledge and distance affects antenatal care utilization. In delta state, 43% non-utilization of antenatal care were due to lack of motivation, non-accessibility, culture and negative role played by husband.

## Conclusion

This review revealed that attendance and utilization of ANC by pregnant women was considered satisfactory. They should create awareness of health and related matters especially the activities of antenatal services among pregnant women using seminar/ workshop and out with radio, television and newspaper home visit and using women and church leaders.

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