International Journal of Medicine, 5 (1) (2017) 37-40

International Journal of Medicine

Website: www.sciencepubco.com/index.php/IJM
doi: 10.14419/ijm.v5i1.7152
Research paper

Factors associated with the delay in seeking first antenatal care service among pregnant women at Katutura state hospital, Khomas region

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Abstract

The purpose of this study was to identify the factors associated with the delay in seeking first antenatal care (ANC) service among pregnant women at Katutura state hospital, Khomas region. A qualitative, explorative and descriptive design was used to gain the data from pregnant women started first antenatal care later than twelve weeks of gestation.
Data was collected through in-depth interview among pregnant women during their first visit at Katutura state hospital antenatal clinic, Khomas region. The data analysis was done in line with thematic analysis and themes and sub-themes were identified.
The study findings concluded that most pregnant women attend their first ANC later than twelve weeks gestation because of work commitment, long distance to health facilities, and lack of knowledge about the important of starting ANC in first trimester of pregnancy.
The study recommends the establishment and implementation of a community based health education programs about the antenatal care services in order to create awareness and knowledge in the community about the importance of starting antenatal care services during the first trimester of pregnancy.

Keywords: *Antenatal Care; Delay; Pregnant Women; Trimester; Hospital.*

1. Introduction

Antenatal care (ANC) is a key element aimed at improving maternal and newborn health (Pell et al., 2013).
Many health problems in pregnant women can be prevented, detected and treated by trained health workers during early antenatal care visits. Furthermore, early ANC attendance promotes early detection and treatment of complications during pregnancy which results in proper management during delivery and puerpuerium(Kisuule et al.,2013).Meanwhile, the World Health Organization (WHO) (2016) recommended the first ANC visit to occur during the first trimester. However, in Namibia, there is a higher prevalence of pregnant women started the first ANC visit later than 12 weeks of gestation, as reported that only 1 in 5 pregnant women reported to start ANC during the first trimester (Ministry of Health and Social Services,2011).
The aims of early ANC booking are identification of complications or risk factors for complications which enables early interventions to alleviate or mitigate the effects of such complications on the mothers and unborn babies, (Kisuule et al.,2013). However, in many countries especially in developing countries, pregnant women seeks ANC first visit after the first trimester (Wado et al., 2013). According to Uganda Demographic and Health Survey (2011) only 21% of pregnant women attended first ANC visit at or just before 16 weeks of pregnancy (Kisuule et al., 2013) which is translated to be at second semester. In South Africa late ANC booking is the common cause of maternal mortality and poor or no antenatal care was listed as the most cause of maternal death (Muhwava et al., 2016).
Several literatures identified factors influencing delay in ANC first visit, such as demographic factors, parity, lack of health information, health care provider's attitudes as well as misconceptions towards ANC care (Tran, 2012). Furthermore, unintended pregnancy, young age, marital status, high parity, lack of formal education is also reported as factors related to late ANC booking (Gebremeskel et al., 2015). In the study conducted in Ethiopia to assess the factors associated with timing of first ANC attendance among pregnant women, 82.6% of the pregnant women initiated ANC at or after 16 weeks gestation. Similar sentiment were reported by Ndidi and Oseremen's (2010) study conducted in Nigeria which investigated the factors related to late initiation of ANC, which shows that 73.6% of pregnant women had their ANC first visit in the 2ndsemester, while 26.4 % booked in the third trimester.
Namibia has been among countries with higher maternal and neonatal mortality rate. In 2006 the maternal mortality rate was 449 per 100,000 while 69 per 1000 live birth recorded infant mortality rate (Ministry of Health and Social Services, 2009). Although there was a decrease in the maternal mortality rate to 200 per 100,000 in 2010 maternal mortality rate remains unacceptably higher (Ministry of Health and Social Services, 2012). The Namibia Demographic and Health Survey (2013) based on the WHO recommendation stresses the first ANC visit at 12 weeks gestation or before. The antenatal care package included screening for syphilis, HIV counseling and testing, nutrition supplement, tetanus toxoid immunization, health advice, physical examination, malaria prophylaxis, iron supplement for anemia prevention (Namibia Demographic and Health Survey, 2013).However, the majority of

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pregnant women are still initiating the first ANC during the second trimester.

In Namibia, antenatal care services is provided free of charge from Monday to Friday. According to the Health Information System of Namibia (Ministry of Health and Social Services, 2014/2015) Katutura state hospital antenatal care clinic has been recording high percentages of pregnant woman starting ANC during the second trimester (from 13week of gestation and above) which is a risk to unhealthy pregnant women. Therefore, there is a need to investigate the factors related to seeking ANC first visit later than first trimester among the pregnant women.

2. Aims and objectives

The aims of the study were to identify, explore and to describe the factors associated with the delay in seeking first antenatal care service among pregnant women in Katutura state hospital, Khomas region.

The objectives of this study were to:

- Determine the gestational age at which pregnant women initiated first ANC.
- Identify the reasons for late first ANC attendance by pregnant women.

3. Methodology

A cross sectional, qualitative, descriptive design was conducted in August 2016 to gain insight regarding the factors associated with the delay in seeking first ANC service among pregnant women in Katutura hospital, Khomas region irrespective of the gravidity. Katutura hospital is a referral intermediate hospital located in Khomas region with the bed capacity of 830. The hospital is consisted of different departments which include Obstetrics and Gynecology department which offers maternal health care services including antenatal care. The target population for this study included pregnant women who started first ANC visit later than 12 weeks gestation who visited Katutura ANC clinic during data collection time. The ANC clinic Registered nurse in charge assisted in the recruitment of the participants. The inclusion criteria was pregnant women of a gestation age of more than 12 weeks gestation with no prior history of ANC attendance during the current pregnancy who could speak English or Oshiwambo and willing to participate in the study. Sample size was determined by saturation of data.

Data was collected based on the gestational age from the last normal menstruation or based on the ultrasound scan results for those who did not know the last normal menstruation periods. Abdominal palpation was conducted to confirm the gestation age by fundal height measurement for all participants. Furthermore, the gestational age was also determined by calculating the weeks of amenorrhea from the first day of the last normal menstruation period. Data saturation was reached after interviewed eight pregnant women. The researchers used interview guide research instrument to collect the data. Interviews were conducted in a private office. The interviews were audio recorded after the permission by the participants. Audio recorder data were transcribed verbatim. Data were analyzed using qualitative thematic analysis method through reading, coding, displaying, reducing and interpreting in order to identify emerging themes and sub-themes.

4. Results

4.1. Socio-demographic characteristic of the participants

The participants interviewed were aged between 22 and 26 years. All participants were unmarried and were from the informal settlement around Windhoek. The majority of interviewed participants were unemployed.

4.2. Gestation age women started first antenatal care visit

The study revealed that participants started ANC services at different gestations such as during the second semester and during third trimester. Women described their gestation in months of amenorrhea and it was converted in to gestational weeks by the researchers. Most pregnant women attended their first ANC at 20 weeks gestation.

4.3. Reasons for delay in first antenatal care visit

The study revealed three themes and eight subthemes which lead to the delay in seeking first ANC visit. as displayed in table 1.

Table 1: Themes and Sub Themes Regarding Seeking ANC Later Than First Trimester

Themes	Sub-themes
Theme 1: Lack of knowledge on ANC initiation	• Participants not aware of correct gestational age to start ANC • Lack of knowledge on ANC initiation during the first trimester. • Lack of knowledge on the importance of early ANC visit although the person is not sick. • Knowing the correct gestation to start ANC but ignored.
Theme 2: Socio economic status of the participants	• Long distances between place of residence and ANC clinic • Lack of money for transport • Lack of transport to the ANC clinic
Theme 3: Employment factors	• No permission by the employer to go to the ANC clinic

4.3.1. Theme 1: Lack of knowledge on ANC initiation

Participants give their views that they are not aware on when to start ANC based on their gestational age. Furthermore, participants indicated that they were never informed that they should seek ANC during the first trimester.

This is reflected in the following expressions by the participants:

"I have no idea about the correct time to start ANC".

Oh…, pause.."I don't know the correct time to start ANC"

However, ignorance was also identified as contributing to late seeking of ANC first visit, because some participants indicated that they were aware of when to seek ANC first visit, but decided to come later than first trimester as indicated below:

"I think…… I think… may be is at two months."

"……mhmh……I think mhmh….. is just when you just recognize yourself that there is something wrong here (Smiling), then you should just go and see a doctor."

This indicated that most of the participants have idea about the correct time to book ANC, but decided to start ANC late.

It was also found out that lack of knowledge on the importance of early ANC visit although the person feels healthy as it was stated by some participants as follow:

"Why should I come for antenatal care if I don't have any problem".

Another participant stated:

"……Mhh…. I cannot see the necessity of attending ANC earlier as I already know that I am HIV negative".

This statements by the participants revealed that they lack knowledge on the importance of early ANC initiation and they have the perception that ANC offer curative services.

4.3.2. Theme 2: Socio economic status of the participants

Long distances between the place of residence and ANC clinic was also indicated by some participants as prevented them to start ANC during the first trimester. Furthermore, lack of money for transport and lack of transport to the ANC clinic was also indicated as contributed in the delay in first ANC as indicated below, quoted from the participants.

….Mh"… firstly is because l was staying at the farm , …Mmhh …there was no clinic there and the transport was very difficult for me."
"I wasn't having money transport to go to the clinic since I was far."

4.3.3 Theme 3: Employment factors

Participants indicated that employers are not letting them visit the ANC clinic and they decided not to start ANC early to avoid losing their jobs. Moreover, participant expressed views about their poor understanding on the important of early ANC booking. The extract below confirms challenge at work which leads pregnant women not to start ANC during the first trimester.
"I did not come on time because of the problem of works, it was very difficult for me and l cannot lose my job to come for ANC while am not having any problem with my pregnancy."
"Because I was at work and sometimes I doesn't get time to come to the clinic that's what prevents…, I mean cause me to come and start late."

5. Discussion

5.1. Prevalence of late antenatal care initiation

The World Health Organization (WHO) recommended pregnant women to start first ANC in the first trimester of pregnancy. However, significant number of pregnant women in this current study indicated that they started the first ANC visit during the second trimester. The finding are similar with the study conducted in Tanzania to investigate the usage of ANC and postnatal care by women, which found out that the majority of pregnant women initiated ANC at or after 17weeks (Mrisho et al. , 2009). Similarly, study by Gebremeshel et al., (2015) in Ethiopia found out that the majority (82.6 %) of pregnant women initiated ANC at or after four months of gestation while study by Ndidi and Oseremen (2010) in Ghana found out that 73.6 % pregnant women started first ANC at second trimester. In contrary, study conducted in the United Kingdom, showed that few pregnant women booked late for the first ANC service (Tariq, 2012). Furthermore, study conducted in New Zealand found out that only 26.6 % of pregnant women initiated ANC late. These study finding implies that women in developed countries are likely to start ANC first visit during the first trimester than women in the developing countries which may contribute to higher maternal and neonatal mortality rates in the developing countries.

5.2. Factors associated to the late antenatal care initiation

Pregnant women gave the reasons for starting ANC late as lack of knowledge on when to start ANC , socio economic factors such as lack of transport money and employment factors such as not given the permission by the employer to attend ANC services. The findings are similar with the study conducted by Ifenne and Utoo (2012) in Nigeria who found the reasons for not starting ANC during first trimester as, not sick, not knowing the recommended gestation to start ANC and financial constraints.
However , study conducted by Mrisho et al., (2008) in Tanzania found different reasons for late ANC initiation cited by pregnant women such as avoiding coming to clinic many times, lack of money, unsure of being pregnant, being away and shyness and embarrassment of being pregnant. These findings are implying that socio economic challenges are mostly affecting early ANC initiation.
Participants also indicated that they knew the correct gestation age to start ANC which indicate ignorance among pregnant women when they started first ANC later than first trimester. Similar findings were reported by Kisuule and others (2013) in the study conducted in Uganda, were by pregnant women indicated that they were aware of the correct gestational age to start ANC but prefer to start ANC late. Additionally, study conducted by Ndidi&Oseremen (2010),participants indicated that they were aware that the first ANC visit should be done during the first trimester.
Furthermore, women indicated the lack of money for transport to the ANC clinic hinder the initiating of ANC on time. This current study finding is not in agreement with the study by Kisuule et al., (2013) in Uganda which indicated that many pregnant women gave reason for late ANC initiation as they were busy (13.3%), far distance to the hospital(6.7%) and were lazy (5.0%). The current study implying the economic challenge faced by pregnant women especially those who are unemployed.
Employment was another factor revealed during this current study, as contributing to late ANC first visit. The result implying that although the pregnant women employed in Namibia are given right to attend maternal and child health care some employers are not adhering to the legislations. The study finding supported by the finding of the Ethiopian study which revealed that self-employed women were six times more likely to book antenatal care early as compared to women employed in governmental organizations. Furthermore, house wives were also found to book earlier than employed women (Hamdela et al., 2015).

6. Conclusion

The study concluded that late ANC initiation is a public health challenge which requires intervention. This study showed that most pregnant women attend their first ANC later than first trimester because of different reasons such as lack of knowledge on the right gestation to start ANC, poor socio economic status and denial by the employers. Lack of knowledge on early ANC initiation is hindering service delivery which also affect the maternal and child health.

7. Recommendation

The researcher recommended that community based health education programs about the antenatal care services should be provided in order to create awareness and knowledge in the community about the important of seeking ANC services during the first trimester. Health education could be done through community gatherings, churches and medias.

8. Limitation of the study

The study was only conducted in one hospital and may not be generalised. The study population include only pregnant women who started ANC later than first trimester during the current pregnancy which might limit other pregnant women initiated ANC late during the previous pregnancies.

9. Ethical considerations

Permission to conduct the research was obtained from the Research and Publication Committee in the School of Nursing, University of Namibia. Permission was also obtained from Ministry of Health and Social services research ethical committee division. Participants were voluntary participated after obtained the informed consent. The purpose of the study was explained to the participants and confidentiality and anonymity was ensured.

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