



Awareness and the Practice of Focused Antenatal Care among Pregnant Women Attending the Antenatal Clinic in a Tertiary Healthcare Facility in Southern Nigeria

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Abstract

Background: Focused Ante - Natal Care (FANC) is a new, goal-oriented model of antenatal clinic attendance introduced by W.H.O. which intends to stem the persistent global problem of high maternal morbidity and mortality, particularly in the developing world by providing focused services which have been shown to improve maternal outcomes at a record four antenatal visits to the hospital throughout the gestation period. **Aim:** This study assessed the awareness and the practice of FANC among pregnant women attending the ante – natal clinic at Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State. **Methods:** The study employed a descriptive cross-sectional design to study 154 conveniently sampled pregnant women. Relevant data were collected with a structured questionnaire analyzed with descriptive and inferential statistical techniques at statistical significance of $p < 0.05$. **Results:** The mean age of the respondents was 29 ± 7 years. Most (99.4%) were aware of Focused Antenatal Care (FANC) and 66.9% had good practice of FANC. Awareness, proximity to health facility, affordability and occupation of pregnant women all influenced the practice of FANC (at $p < 0.05$). **Conclusion:** This study document good awareness and good practice of FANC. There is therefore the need to focus more on the quality of care received by pregnant women during ante-natal clinic. It is imperative that more holistic health care is given. Also, the capacity of teaching hospitals to deliver maternal and child health care should be improved upon so as to help reduce the increase maternal and child mortality in Nigeria.

Keywords: *Antenatal Care, Awareness, Maternal Health, Pregnant Women.*

Introduction

Focused Ante-Natal Care (FANC) is a new, goal-oriented model of antenatal clinic attendance, introduced by World Health Organisation in 2002, which reduces the number of required antenatal visits to four,

and provides focused services shown to improve maternal outcomes (Chorongo & Okinda, 2016). FANC refers to 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 complications. It was instituted in an attempt to overcome the challenges posed by the traditional antenatal model of care such that women who are at lower risk of developing complications at delivery only visit the maternity centre only four times for focused antenatal care (Assegid et al, 2017). It is also an important determinant of safe delivery which provides an opportunity for women to be educated to recognize and act on symptoms associated with potentially serious conditions like preeclampsia or malaria infection and obstructed labour as a strategy for reducing maternal mortality (Chorongo & Okinda, 2016). FANC is an opportunity to promote the use of skilled attendance at birth and healthy behaviours such as breastfeeding, early postnatal care, and planning for optimal pregnancy spacing (Idang et al, 2015).

Every day, approximately 830 women die in sub-Saharan Africa from preventable peri - Natal causes (WHO, 2018) and between 90 – 95% of worldwide pregnancy-related complication came from developing countries including Nigeria in 2012 (Chorongo et al, 2016). Also in Nigeria, the maternal mortality ratio is 545 per 100,000 live births and according to W.H.O, neonatal mortality is equally high in Nigeria at about 48 per 1000 live births in 2012 and most of these mortalities are of preventable and treatable causes (Ajayi et al, 2013). The launch of the Safe Motherhood Initiative was seen as a major milestone in the race to reduce the burden of maternal mortality throughout the world, particularly in developing countries. Appropriate antenatal care (ANC) is one of the pillars of this initiative. It highlights antenatal care as an important element in maternal healthcare as appropriate care will lead to successful pregnancy outcome and healthy babies (Patel et al, 2019).

Efforts have been made by the Government and Non – Governmental Agencies to reduce maternal mortality. The Government of Nigeria, in response to the existence of this problem, adopted FANC to check the threat of pregnancy complications among her Citizens

(Etuk, Awodeyi, & Ekponne, 2017). These efforts have yielded little or no impact in Nigeria, evidenced by soaring figures of maternal and child mortality, because of poor awareness and ineffective operation of antenatal care service delivery. FANC initiative prioritizes quality care rather than quantity of care visits providing a platform for individualized, focused care from a skilled provider over a minimum of four visits only. Despite the benefits of FANC over traditional antenatal care, there is no evidence about the level of adoption of the FANC practice in many of the Federal and State health facilities (Ftile, et al 2016).

This study was therefore designed at assessing the level of awareness and the practice of FANC among pregnant women attending antenatal clinic in Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State.

Methodology

Study design

This study used a descriptive cross-sectional survey to study pregnant women attending the ANC of the selected tertiary healthcare facility.

Study Location

The study was conducted at Olabisi Onabanjo University Teaching Hospital, which is a tertiary healthcare facility, situated in Sagamu, Ogun State, South – West, Nigeria. It is a hospital designed to focus on providing high-quality healthcare services to Ogun State Indigene in particular and Nigeria as a whole. It is located at latitude 12^o N and Longitude 6^o E. The hospital is headed by a Chief Medical Director.

Study Population

The study comprises of consenting pregnant women in Sagamu who are attending antenatal clinic at Olabisi Onabanjo University Teaching Hospital, Sagamu for antenatal care services

Sample Size

Sample Size was calculated using the sample size determination formula by Taro Yamane's (1967). A total of consenting – 154 pregnant

women attending Ante – Natal Care clinic at Olabisi Onabanjo University Teaching Hospital participated in the study

Sampling Technique

Purposive and convenient sampling techniques were used to select the study participants. All the pregnant women who visited the ante-natal clinic for ante-natal care in February 2020 were purposively selected for the study. A convenient sample was used to select consenting available pregnant women to participate in the study.

Instrument of data collection

A structured self-administered questionnaire was used to elicit information from the respondents. The questionnaire consisted of four sections to assess awareness, practice and factors influencing the practice of FANC. Face, content, and construct validity were ensured by subjecting the instrument to peer and expert (in the field of maternal health nursing) review in order to ascertain that the variables in the instrument could significantly measure the objectives of interest. Reliability was ensured by pre-testing the study instrument among 20 pregnant women at Iperu General Hospital, Ogun State and a Cronbach Alpha measure of 0.79 was gotten which was accepted to be reliable. However, after the reliability test, the instrument was also re-structured and ambiguous questions were either reframed or removed.

Data collection procedure

A written letter of intent was written to the Chief Medical Director and Head of the Maternity unit of the teaching hospital used for the study. After seeking written approval from them, the questionnaires were administered by the researcher and research assistants to the participants who expressed willingness to participate in the study after they have been informed of the content and purpose of the research. Information on how

to fill the questionnaire was provided to ensure the participants give accurate information needed for the study. Also, the questionnaire was read out to respondents who could not read and write, or understand English and their responses were taken by the research assistants.

Method of Data Analysis

Retrieved questionnaires were coded, and the researcher utilized descriptive statistics (frequency, mean, percentages, and standard deviation) to describe the demographic characteristics of respondents, their awareness, practice and factors influencing practice of FANC. IBM SPSS Statistics Version 22 was used to run the data analysis. Relationship between variables was tested using the Chi-square test at $p < 0.05$

Ethical Consideration

Ethical clearance was obtained from the Research Ethics Review Board of Babcock University Health Research Ethics Committee (IRB NO: BUHREC/662/19). Oral informed consent was sought from the participant and participation was entirely voluntary. Anonymity and confidentiality of participants' responses were guaranteed as no individual coding or method of individual identification was used. There was no direct harm to those who chose to participate in the study. The study will be beneficial in the sense that, the results will inform policy and government actions on FANC.

Results

Socio – demographics

Table 1 presents the demographic characteristics of the respondents in this study. Their mean age is 29 ± 7 years with minimum and maximum ages of 20.0 and 49.0 years respectively. Most, 139 (90.3%) were married, 133 (86.4%) identified their marriage type as monogamy and 21 (13.6%) identified to be in a polygamous marriage setting.

Table 1: Socio-demographic characteristics of respondents

N=154			
Variables	Responses	Frequency	Percentage
Age (in years)	20-29	84	54.5
	30-39	56	36.4
	40-49	14	9.1
Marital Status	Single	11	7.1
	Married	139	90.4
	Divorced	1	0.6
	Separated	3	1.9
Family Setting	Monogamy	133	86.4
	Polygamy	21	13.6
Parity	No child yet	42	27.3
	Less than 3 children	78	50.6
	3 children and more	34	22.1
Religion	Islam	43	27.9
	Christian	109	70.8
	Traditional	2	1.3
Ethnic Group	Yoruba	117	76.0
	Igbo	23	14.9
	Hausa	8	5.2
	Others	6	3.9
Level of Education	Primary	11	7.1
	Secondary	49	31.8
	Tertiary	89	57.8
	None	5	3.3
Occupation	Civil servant	46	29.9
	Self Employed	69	44.8
	Unemployed	39	25.3

Respondents' Level of Awareness of FANC

Table 2 shows the level of respondents' awareness of FANC. Most (99.4%) of the respondents have heard about Ante Natal care visit before. The majority (72.7%) of the respondents were aware of the benefits of FANC. Furthermore, 73.4% of the respondents indicated that the FANC goal is health promotion and disease prevention.

It can be concluded that majority of the respondents were aware of the elements of ANC FANC elicited for in this study. The respondents reported sources of their information to be friends (24.7%), health workers (67.5%) and mass media (7.8%).

Table 2: Respondents' Responses on Awareness of Focused Antenatal Care (FANC)

N=154			
Items	Yes (%)	No (%)	Don't know (%)
Ever heard about Antenatal Visit	153(99.4)	1 (0.6)	0(0.0)
Do you know there are different types of Antenatal Care that can be rendered during Antenatal Visit?	130(84.4)	16 (10.4)	8 (5.2)
There are two major Antenatal Visits.	89(57.8)	10 (6.5)	55(35.7)
Focused Antenatal Care (FANC) is one of the two major Antenatal Care rendered during Antenatal Visit	108(70.1)	46 (29.9)	0(0.0)
Are you aware of the benefits of FANC?	112(72.7)	18 (11.7)	24(15.6)
FANC helps detect possible complications during pregnancy	110(71.5)	1 (0.6)	43(27.9)
FANC reduce maternal and neonatal morbidity and mortality	110(71.4)	5 (3.2)	39(25.4)
FANC has minimum of four antenatal visits	97(63.0)	5 (3.2)	52(33.8)
FANC emphasizes quality of care rather than quantity of care	116(75.3)	4 (2.6)	34(22.1)
FANC deals with each woman's specific need	117(76.0)	2 (1.3)	35(22.7)
FANC goal is health promotion and disease prevention	113(73.4)	41 (26.6)	0(0.0)

Respondents' Practice of FANC

Table 3 shows the respondents' practice of FANC. The majority (66.9%) had good practice score while 33.1% had poor practice score on FANC. Findings show that 67.5% of the respondents started antenatal visit around 8 – 16 weeks. Those who received ANC services twice throughout their pregnancy

were 30.5% of the respondents, 44.8% received it four times and 24.7% indicated to have received ANC services more than four times. The majority (67.5%) of the respondents reported that the nature of their job enables them to comply fully with the requisites of FANC.

Table 3: Respondents' Practice of Focused Ante-natal care

N=154			
Item	Responses	Frequency	(%)
When did you start your Antenatal Visit?	8 – 16 weeks	104	67.5
	16 – 24 weeks	47	30.6
	24 – 32 weeks	3	1.9
Do you go for Antenatal Visit regularly?	Yes	98	63.6
	Sometimes	41	26.7
	Not Regular	15	9.7
What time is your working days	All through the week	78	50.6
	Anytime I like	36	23.4
	I do not work	40	26.0
What is your working time	In the morning	45	29.2
	Throughout the day	43	27.9
	Anytime I like	66	42.9
How flexible is your work?	Flexible	78	50.6
	Not Flexible	45	29.3
	Constant	31	20.1
How many times in total have you received FANC services?	Twice	47	30.5
	Fourth	69	44.8
	More than four	38	24.7
The nature of my job will enable me to comply more to FANC	Yes	104	67.5
	No	50	32.5
My home is far from the Antenatal Clinic, that's why I don't go for ante-natal clinic	Yes	58	37.7
	No	96	62.3
My working place is far from the Antenatal Clinic	Yes	52	33.8
	No	102	66.2
*Total Practice Score (TPS)	Good practice	103	66.9
	Poor practice	51	33.1

*A 14-point practice scale was used; a score of ≥ 10 was categorised as good practice while a score of < 10 point was categorised as poor practice

Factors influencing the practice of FANC among the participants

Table 4 presents the factors influencing the practice of FANC among pregnant women

who participated in the study. The majority (90.3%) were influenced by health workers attitude while 77.9% was due to awareness of the FANC.

Table 4: Factors Influencing the Practice of Focused Antenatal Care among Pregnant Women

Factors	Yes	No	p-value
The attitude of the health workers encourage me to attend Focused Antenatal Visit	139(90.3)	15(9.7)	0.012
I live close to the health facility	99(64.3)	55(35.7)	0.001
FANC is accessible because I live close to the health facility	92(59.8)	62(40.2)	0.002
FANC is affordable	134(87.0)	20(13.0)	0.000
My culture doesn't allow the practice of FANC	4(2.5)	150(97.5)	0.325
My religious belief doesn't support FANC	4(2.5)	150(97.5)	0.325
I am educated and aware of FANC	120(77.9)	34(22.1)	0.000
My work/ occupation is stopping me from attending FANC	24(15.5)	130(84.5)	0.255
My health facility does have FANC package	122(79.2)	32(30.8)	0.478

Discussion

This study recorded a high level of awareness and good practice of FANC. According to Girmaye and Berhan (2015), the use of antenatal care services increases with women having awareness of FANC as well as awareness of danger signs of pregnancy. Here, most of the respondents demonstrated awareness about the elicited elements of FANC studied and also practice FANC. These findings are in agreement with the report by Elavarasan et al (2015), who showed a similar result that more than the average number of women had moderate awareness of FANC. However, the study of Etuk, et al (2017) on knowledge and attitude of pregnant women towards FANC in Ikot – Ekpenne Senatorial District, Akwa-Ibom State documented low knowledge and awareness which is in discordance with the findings in this study. This disparity may be probably being due to poor sensitization about FANC in that region. A study that supported this finding in the study by Al Hazmi, et al (2017), indicated that more than half of women have a good awareness about FANC.

On the factors that affect pregnant women utilization of FANC, affordability of FANC, and proximity to health facility were identified ($p=0.000$ and 0.002 respectively). Also, culture and religious belief played a role, as well as awareness of FANC, work/occupation of pregnant women, and availability of FANC package in the health

facility. All these contributed to the practice of FANC among pregnant women. The findings of this study are related to the report by Ojong, Uga and Chiotu (2015) where these same factors were listed to influence the practice of FANC.

This study also revealed a significant relationship between awareness level and practise of focused antenatal care among pregnant women attending antenatal clinic ($p=0.000$). In comparison with other studies, the study agrees with the report by Olamijumilo et al, (2015) in Lagos University Teaching Hospital (LUTH) where most of the pregnant women studied attained tertiary level of education, was aware and also practised FANC when compared with those with a primary level of education and low awareness. It can be concluded that the level of education plays a role in the acceptability of focused antenatal care. This calls for more intensive health education on the components and benefits of FANC during antenatal care sessions. In addition, the study is corroborated by the findings of Etuk, et al (2017) which showed that utilization of focused antenatal care services was influenced by the level of awareness and educational level. The study also revealed that proximity to the health facility, accessibility of FANC and affordability affects the practice of FANC among pregnant women

This study document good awareness and practice of FANC. There is therefore the need to focus more on the quality of care received by pregnant women during the ante-natal clinic. Holistic health care must be given. The capacity of teaching hospitals to delivering maternal and child health care should be improved upon to help reduce the increase maternal and child mortality burden in Nigeria.

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