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INTRODUCTION

Antenatal care is the care that a woman experiences during pregnancy, it helps to ensure healthy outcomes for women and newborns (1). Ante-natal care is recognized as a major component of comprehensive maternal health care and World Health Organization (WHO) recommended 4-5 visits for pregnant women who are not having medical problems (1). Antenatal care utilization in the developing countries is low (65%) when compared to that of the developed countries which is 97%. Skilled attendance at delivery is 53% in developing countries while it is 99% in the developed countries and postpartum care utilization is 30% compared to 90% in developed countries. The

Challenges faced by pregnant women in accessing antenatal services in Oka Akoko, Ondo State, Nigeria

Abstract

Aim: This study aims to evaluate the challenges faced by pregnant women in accessing antenatal services at Comprehensive Health Centre Oka Akoko, Ondo State.

Materials and methods: Descriptive survey design method was adopted to assess the challenges encountered by pregnant women in accessing antenatal services in the selected health center in Akure. Structured questionnaire was used for the collection of demographic data.

Results: The results showed that 60% (n=60) of the participants have access to antenatal services and 40% (n=40) did not have access to antenatal services in Comprehensive Health Center Oka-Akoko, Nigeria. Of these 60 participants, 63.3% of them were Christians, 56.7% were Muslims while 50% belonged to other religion. It was also observed that the highest access (74%) to antenatal services was noted among the Yoruba ethnic group while the least access was recorded among the Hausa ethnic group (30%). The results further showed that pregnant women who are educated especially those with tertiary qualification, all (100%) have access to antenatal services while the uneducated pregnant women had the least access to antenatal services. In addition, 80% of the civil servants had access to the antenatal services while students especially those within the age group 15-20 years had the least access (40%) to the antenatal services. Generally, poor access to antenatal care was common among the poor and less educated respondents in the study area.

Conclusions: The study identified poverty and poor education as major factors that led to poor access to antenatal clinic in Oka Akoko Local Government Area of Ondo State, Nigeria. To combat this problem, government at all levels must make antenatal care free and further increase the public awareness on the importance of antenatal clinic to the pregnant women.

Keywords: Maternal care, pregnant women, antenatal

wide disparity in maternal health care indicators might explain the wide difference in maternal mortality ratio between the developed and developing countries of the 210 million women who become pregnant each year, 30 million or about 15% developed complications which are fatal in 1.7% up cases.

Maternal and child mortality has dropped nearly to 50% since the 1990s (2). Where the approximate global lifetime risk of maternal death fell from 1 in 73 in 1990 to 1 in 180 in 2015 (3). Despite these progresses, stillbirth rates have not measurably changed over Millennium Development Goals (MDGs) time and thousands of newborns still suffer preventable deaths. Stillbirth rate has also declined globally from 24.7 in 2000 to 18.4 in 2015

day from largely preventable causes during childbirth (2).

Amongst maternal deaths recorded worldwide in 2015, about 99% occurred in developing country where sub-Saharan Africa alone accounts for roughly 66%. Statistics of pregnancy or childbirth in sub-Saharan Africa shows that in 2015, about 2.6million babies were stillborn while low- and middle-income countries alone accounted for roughly 98% of the still births. Thus, maternal and newborn mortality remains a major public health issue in developing countries, particularly those in sub-Saharan Africa and remains one of the key indicators of the Sustainable Development Goals set for the continuation of the unfinished business of Millennium Development Goals (MDGs). In Nigeria, Access to antenatal care is reported to be 63% (4).

Prenatal or ante- natal care is realized as a major element of comprehensive maternal health care. It includes services that monitor the progress of the pregnancy to assess fetal and maternal health, offer preventive treatment such as immunization against tetanus or iron for anemia and advise women on a range of important health subjects such as identification of warning signals in pregnancy and when to seek care (5).

The use of maternal health services is revealed to be amongst the leading means to reduce the risks of maternal and newborn morbidity and mortality (6). Thereby, the World Health Organization (WHO) promotes basic antenatal care (ANC) in response to maternal and newborn preventable deaths. Good care during pregnancy is important for the development of the mother and the unborn baby. It links the woman and her family with the formal health system and facilitates future health services attendance. Although, the new model of the WHO recommendations on antenatal care for a positive pregnancy experience released in 2016 recommends at least eight contacts, the present study relied on the old WHO guidelines released in 2013 recommending at least four visits (2). Good ANC helps to lower maternal deaths occurring during pregnancies and identify women subjected to female genital mutilation as a key factor behind complications during childbirth (6). Therefore, this research assessed the challenges of pregnant women in accessing ante- natal services at Comprehensive Health Centre in Oka Akoko Local Government Area of Ondo State.

MATERIALS AND METHODS

Study Area

The study area was carried out in Oka Akoko Local Government Area of Ondo State. The population of study comprises of pregnant women and some of the health workers in Comprehensive Health Centre in Oka Akoko Local Government Area of Ondo State.

Study Design

This study adopted descriptive survey design method to assess the challenges of pregnant women in accessing ante-

natal services at Comprehensive Health Centre in Oka Akoko Local Government Area of Ondo State. Questionnaire was the instrument used for data collection. The questionnaire consists of two types and two sections. One was meant for pregnant women and the other was meant to be administered to the health workers. Section A assessed the demographic characteristics of the respondents while section B assessed the challenges of pregnant women in accessing ante-natal services at Comprehensive Health Centre in Oka Akoko Local Government Area of Ondo State.

Ethics approval and consent to participate

The ethics approval for this study was obtained from the State Health Review Ethical Committee, Ondo State Ministry of Health, Akure with the reference number OSHREC/22/01/2019/090. Also, the consent of the pregnant women was obtained before the commencement of this research.

Sample Collection

One hundred (100) staff out of the health workers and pregnant women in the Comprehensive Health Centers at Oka Akoko Local Government were randomly selected through convenience sampling method.

Statistical Analysis

The data collected were analyzed using Chi-square with the level of significance of $p \leq 0.05$ enough for the purpose of the study. The entire questionnaire administered was retrieved and analyzed using percentage frequency table with the aid of Statistical Package for Social Sciences (SPSS) 20.0. Descriptive statistics was used to analyze data that relates to assess of pregnant women in accessing ante- natal services at Comprehensive Health Centre in Oka Akoko Local Government Area of Ondo State.

RESULTS

The results presented in Table 1 showed age distribution and access to antenatal service in the study area. The results showed that the age distribution of the participants included in the study ranged from 15 to over 40 years. The results further showed that participants with age group 36-40 years accessed the antenatal services provided in the maternity center the most (83.3%) while the least access (40%) was observed in the participants with the age group 15-20 years. However, it was observed that access to antenatal services increases as the age increases from age 15 to 40 years and later declined at 40 years. Generally, 60% of the participants had access to the antenatal services while 40% did not have access to the antenatal services provided in Comprehensive Health Center Akoko, Nigeria.

The results in Table 2 showed the access to antenatal services based on religions. The results revealed that the highest accessibility (63.3%) was observed among the Christians which

was closely followed by the pregnant women who practice Muslim religion (56.7%) while the least accessibility (50%) was noted among other religions such as traditional religion, free thinkers etc.

The accessibility to antenatal services was also examined using ethnicity, the results showed that participants who are of Yoruba origin had the highest access (74%) to antenatal services, closely followed by the Igbo participants (60%) while the least accessibility was observed among the Hausa participants (30%). However, other participants (Igbira, Igala, Itsekiri and Tiv) recorded 50% accessibility to the antenatal services (Table 3).

The accessibility based on educational background as presented in Table 4 showed that all (100%) the pregnant women with tertiary education made use of the health center for their antenatal services during pregnancy. The tertiary educated participants are the participants who attended colleges of education, polytechnics and universities. The least accessibility (33.3%) was observed among the uneducated participants. However, among the educated participants, those that attended only primary school had the least accessibility (57.5%). It was noted the access to antenatal services increases as the educational background increases from primary to tertiary (Table 4).

Table 1. Access to antenatal services based on age distribution of the respondents

Age (Years)	No	No Who Access ANS	Percentage (%)	No Who Did not Access ANS	Percentage (%)
15-20	10	4	40	6	60
21-25	50	26	52	24	48
26-30	20	15	75	5	25
31-35	10	8	80	2	20
36-40	6	5	83.3	1	16.7
>40	4	2	50	2	50
Total	100	60	60	40	100

No: Number; ANS: Antenatal service

Table 2. Access to antenatal services based on religion status of the respondents

Religion	No of Participants	No of Participants With Access to ANS	Percentage (%)	No of Participants Without Access to ANS	Percentage (%)
Christian	60	38	63.3	22	36.7
Muslim	30	17	56.7	13	43.3
Others	10	5	50.0	5	50.0
Total	100	60	60	40	40

No: Number; ANS: Antenatal service

Table 3. Access to antenatal services based on ethnicity of the respondents

Ethnicity	No	No Who Access ANS	Percentage (%)	No Who Did not Access ANS	Percentage (%)
Yoruba	50	37	74	13	26
Hausa	20	6	30	14	70
Igbo	20	12	60	8	40
Others	10	5	50	5	50
Total	100	60	60	40	40

No: Number; ANS: Antenatal service

Table 4. Education background of pregnant women and their access to antenatal services

Educational Background	No	No Who Access ANS	Percentage (%)	No Who Did not Access ANS	Percentage (%)
Primary	40	23	57.5	17	42.5
Secondary	20	17	85	3	15
Tertiary	10	10	100	0	0
No education	30	10	33.3	20	66.7
Total	100	60	60	40	40

No: Number; ANS: Antenatal service

Table 5. Occupational status of pregnant women and their access to antenatal services

Occupation Status	No	No Who Access ANS	Percentage (%)	No Who Did not Access ANS	Percentage (%)
Civil Servants	15	12	80	3	20
Traders	45	28	62.2	17	37.8
Housewife	20	12	60	8	40
Students	20	8	40	12	60
Total	100	60	60	40	40

No: Number; ANS: Antenatal service

Table 6. Categories of the health workers attending to the pregnant women

Staff categories	Number	Percentage (%)
Doctors	10	10
Nurses	25	25
Midwiferies	20	20
Auxiliary nurses	12	12
Cleaners	20	20
Receptionists	13	13
Total	100	100

The accessibility based on the occupational status of the participants showed that 80% of the civil servants attended antenatal in the Comprehensive Health Center, 62.2%, 60% and 40% of the traders, housewives and students respectively used the health center for their antenatal services (Table 5). The current study also accessed the categories of health workers available in the health center. It was observed 10% (n=10) of the workers were doctors, 25% (n=25) of the staff were nurses, 20% (n=20) were auxiliary nurses, 20% (n=20) and 13% (n=13) were cleaners and receptionists respectively (Table 6).

DISCUSSION

This research work assessed various challenges encountered by pregnant women in accessing ante- natal services at

Comprehensive Health Centre in Oka Akoko Local Government Area of Ondo State. The study identified that 60% of the women that get pregnant at early age did not make use of the antenatal services provided in the health center. This might be because some of them are too shy to go to the health center in order to avoid societal stigmatization. The few that eventually attended the antenatal services, went during second and third trimesters. In addition, many of the pregnant women in this category got pregnant before marriage, hence, the pregnancy was unplanned. In addition, many of them tried to hide the pregnancy from their parents and guardians in the first trimester to avoid being scolded by their parents and guardians. It should be noted that pregnancy without marriage is considered as a promiscuous art in the southern part of Nigeria where the study was carried out.

In addition, majority of the respondents interviewed believed that, religion, ethnicity and attitude of pregnant women affects their access to ante- natal services at Comprehensive Health Centre in Oka Akoko Local Government Area. The study showed that pregnant women who are Christians accessed antenatal services more than other religions such as Muslim and traditional religions.

These findings agreed with the studies conducted by Eze (7) on factors affecting access to antenatal care services among women, Eze highlighted socio-cultural beliefs and economic factors, age, illiteracy, religion, occupation and rural locations of maternal health services as factors affecting pregnant women in accessing antenatal services.

The study further observed that pregnant women who are educated especially those with tertiary education qualification, frequently accessed the antenatal services in the health centers comparing to the uneducated pregnant women who so much believed in traditional delivery centers such as spiritual homes. It was generally observed from the study that access to antenatal services is education depended. The more the pregnant women are educated the more access they have to antenatal services. Even the pregnant women with the least qualification (primary school) had higher access to antenatal than the uneducated and this access increases as the level of education increases. The authors of the current study believed that the 60% accessibility recorded in this study area was because the research was conducted in the southern part of Nigeria where education is valued. These findings concur with the report of Ogunjimi et al. (8) who reported that education is a major tool for increasing access of pregnant women to antenatal services and encouraged every woman irrespective of their level of education to embrace antenatal care services because it aids healthy and safe delivery. In tandem to this report, the authors of this current study also observed that it is not enough to create maternity centers but people should be enlightened on the importance of early antenatal services.

The result on the occupational status of pregnant women which is a reflection of their economic status, revealed that majority of the respondents have the opinion that occupation of pregnant women affects their access to ante- natal services at Comprehensive Health Centre in Oka Akoko Local Government Area. This is because all the civil servants that participated in this study had accessed to antenatal services in the Comprehensive Health Center Oka-Akoko, this is because all of them are on National Health Insurance provided by the State Government. However, the traders, students and housewives had no access to this insurance scheme.

The result further shows that 55% of the staff in Comprehensive Health Centre, Oka-Akoko are skilled medical personnel which include doctors, nurses and midwiferies. This shows that pregnant women were attended to by the experts. This report is similar to health survey by Azim (9), who indicated that only 58% of pregnant women of child bearing age (15-49 years) received antenatal care from a skilled provider (doctor, nurse, midwife, or auxiliary nurse/midwife) during their last pregnancy. Smith (10) also reported that community clinics provided a variety of general and primary health-care services which include antenatal services to the pregnant women. The study also revealed that antenatal clinics tend to be busy and staff are often overburdened and overworked. In addition, pregnant women, often have to wait for a long time before being attended to by the medical personnel.

Likewise, other studies have also found that an increase in distance to the nearest health facility led to fewer antenatal visits (11). Onasoga (12) explained the association between distance and access to clinic. The researcher argues that many pregnant

women find it distressing to walk long distances or take two or more taxis to a health facility; therefore, they tend to utilize ANC services less regularly than those who live close by. Thus, distance to the antenatal clinics has proved to be a problem that tends to limit access to the antenatal service (13).

The results of Sumera et al. (14) also supported the findings from the current study. The authors identified multiple sociodemographic, reproductive and access related factors which affect the utilization of antenatal care among pregnant women in different countries. Such factors include maternal age, number of living children, education, socioeconomic status, previous bad obstetrical history, support from spouse, quality of care and distance from health care facility are significantly associated with use of antenatal care. The findings of this research could help policy makers and researchers to design some country specific strategies to improve the utilization of antenatal services.

CONCLUSION

Paucity of free maternal health care policy in Nigeria, has further heighten child/mother mortality at pregnancy. This is because maternal care during pregnancy is expensive and beyond the reach of the poor who constitutes large population of Nigerians. These have created health inequalities, a societal problem that must be addressed through effective systems because it undermines the economy, heightens social costs and reduces overall well-being of pregnant women. Even in few states where free antenatal services have been introduced, the expectant mothers still have to pay for other direct and indirect opportunity costs. Therefore, government should make antenatal care free at all levels and further educate the pregnant women on the need to promptly access antenatal services. Beyond free maternal and child health care, poverty must be dealt with at individual and household levels in Nigeria for the country to compete favorably with other countries as far as access to ante- natal services is concerned.

Conflict of interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

No financial support was obtained from private or public institution for this research.

Ethical approval

The ethics approval for this study was obtained from the State Health Review Ethical Committee, Ondo State Ministry of Health, Akure with the reference number OSHREC/22/01/2019/090.

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