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Factors Affecting the Attendance and Utilization of a Dental Care Services among Pregnant Mothers at Kiryandongo General hospital, Kiryandongo District, Uganda

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ABSTRACT

The study aimed to assess the factors influencing the attendance and utilization of antenatal care services among pregnant women at Kiryandongo General Hospital in Uganda. The research was conducted using a descriptive cross-sectional study design, focusing on maternal, socio-demographic, and health facility factors. A total of 200 pregnant women were included in the study. A semi-structured questionnaire was developed to collect quantitative data from pregnant mothers. Factors affecting attendance and utilization of antenatal care services included maternal-related factors such as age, education level, knowledge of ANC services, parity, sociodemographic factors like marital status, number of dependents, male support, employment status, distance to health facilities, and ability to afford transportation costs, and health facility-related factors. This study reveals that antenatal care attendance is low in Uganda. Factors influencing ANC attendance include age, educational level, parity, knowledge about ANC, number of dependents, marital status, partner involvement, partner educational level, distance to the health center, waiting time, health education, attitude of health workers towards pregnant mothers, and perceived quality of ANC services. Mothers age and possession of higher education are associated with higher ANC attendance. Socio-demographic factors also contribute to ANC attendance, with married mothers and housewives are more likely to attend ANC services. Health facility-related factors also influence ANC attendance, with mothers who receive health education, have a positive attitude from health workers, and have a positive perception of ANC services more likely to attend.

Keywords: Antenatal care services, Pregnant women, Health facility factors, Socio-demographic factors, Uganda

INTRODUCTION

According to the World Health Organisation [1], antenatal care (ANC) is "care before birth" and includes education, counselling, screening, and treatment to monitor and promote the well-being of the mother and foetus. The aim of ANC is to assist women to remain healthy, to find and correct adverse conditions when present, and thus aid the health of the unborn. Antenatal care deals with the pre-symptomatic diagnosis of general medical disorders, nutrition, immunology, health education, and social medicine, in addition to the prevention and early detection of pregnancy disorders. It is of utmost importance to maintain provide adequate care for pregnancy to forestall deleterious outcomes [2,3] However, many mothers have gone ahead and delayed their booking [4]. Early commencement of antenatal care by pregnant women, as well as regular visits, has the potential to affect maternal and foetal outcomes positively [5]. On the other hand, poor ANC utilisation is a global problem in both developing and developed countries [6]. UNFPA [7] reported that regional averages range from a low of 68% in South Asia to a high of 95% in Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS). In addition to CEE/CIS, more than 9 in 10 pregnant women attend at least once in Latin America, the Caribbean, East Asia, and the Pacific. However, late booking rates are higher for countries in Sub-Saharan Africa [8] due to a lack of transport to health facilities and inadequate knowledge about when and why it is vital to book early for antenatal care [9]. Each year in Africa, 30 million women become pregnant, and about 250,000 of them die from pregnancy-related causes, and these are more prevalent in sub-Saharan Africa [10,11]

Though timely ANC visits help improve maternal health outcomes, in sub-Saharan Africa, ANC utilisation is low; pregnant women who had at least one ANC visit are about 69%, and pregnant women who get ANC within 0-3

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months of pregnancy are only 20%, which is low coverage compared to other parts of the world [12] In Uganda, records from the Uganda Demographic and Health Survey (UDHS) revealed that on average, only 17% of mothers initiated the first antenatal visit in the first trimester [13] The UDHS report further states that factors related to delayed booking included low educational level, poor economic status, inability to access media, and poor infrastructure, among others, which could either be maternal-related, health-related, or socio-demographic factors [13,14]. According to the Essential Maternal and Newborn Clinical Care Guidelines goal-oriented ANC Protocol recommends eight contacts: one in the first trimester, two in the second, and five in the third trimester [15]. Bad health-seeking behaviour, limited or difficulty in access to health facilities, and poorly structured health systems, which are interrelated with cultural norms and societal influence, are important factors to understand and address in order to encourage the use of ANC services by pregnant women for the well-being of both mothers and infants [16].

According to the Uganda Demographics and Health Survey [13], almost all women (97%) aged 15–49 with a 'live birth in the past 5 years received antenatal care (ANC) from a skilled provider during their most recent pregnancy. However, only 29% of women had their first ANC visit during the first trimester of pregnancy, while the majority (71%) delayed seeking ANC services, and only 60% achieved a minimum of our ANC visits. Records obtained from Kiryandongo Hospital showed that among women who accessed antenatal care in 2020, 62.9% delayed accessing antenatal care services, therefore hindering pregnant women from achieving the target of eight contacts as recommended by the WHO and MoH. At Kiryandongo Hospital, there were no studies that had been carried out about the factors affecting the utilisation of ANC, which could be used to generate baseline data that may be used by health workers to formulate local policies aimed at increasing early booking by pregnant mothers. The researcher aims to conduct a study about the factors affecting the attendance and utilisation of antenatal care services by pregnant mothers at Kiryandongo Hospital, Kiryandongo district, Western Uganda, to fill the gap. These factors may include maternal-related factors, socio-demographic factors, and health-related factors. The study aimed to evaluate the factors influencing the attendance and utilization of antenatal care services among pregnant women at Kiryandongo General Hospital in Uganda, focusing on maternal, socio-demographic, and health facility factors.

METHODOLOGY Study Design

We used a descriptive cross-sectional study design that included quantitative methods of data collection. The chosen study design enabled the researcher to simultaneously compare numerous variables and establish preliminary evidence for a causal relationship.

Study Setting

We conducted the study at Kiryandongo District Hospital, one of Uganda's largest and oldest district hospitals, established in 1974. It is situated in Kiryandongo District, along the Kampala-Gulu Highway. The hospital is in Kikube parish, Kiryandongo Town Council, Kibanda County. Apac, Nwoya, and Masindi border the district. Additionally, it serves some neighbouring districts like Masindi, Nakasongora, Oyam, Amuru, Nwoya, and Apac. The hospital has 109 beds with an occupancy rate of 75%. It serves a population of 400,000 people. The hospital has a variety of services it offers to the community, which, among others, include antenatal care, postnatal care, immunisation, family planning, prevention of mother-to-child transmission of HIV, management of sexually transmitted diseases, and adolescent health-friendly services. The hospital, a referral facility serving numerous pregnant mothers, serves as the chosen study setting.

Study Population

The study involved all pregnant mothers attending the antenatal clinic in Kiryandongo General Hospital, Kiryandongo District.

Sample Size Determination

Kish Leslie developed a sample size formula for cross-sectional studies to determine the study sample size. $N=Za^{2}P(1-P)$

Where,

N=Project Sample Size for Others Who Attend the Antenatal Clinic P is the assumed number of mothers who do not attend eight contacts from Kiryandongo Hospital, so P = 0.44. 1-P = probability of having a mother who has not attended at least 4 ANC visitsso 1-P = 1-0.44Za is the standard normal deviation at a 95% confidence interval, which corresponds to 1.96. $N = 1.96 \times 1.96 \times 0.44 (1-0.44)$ 0.05×0.05

N=200

Sampling Procedure

The researcher received 50 files of mothers attending the ANC who were willing to participate in the study, using a simple random sampling method. We numbered these from 1 to 50.

We placed small pieces of paper numbered 1-50 in a box and randomly selected 20, which corresponded to the 20 files. We then conducted interviews with the owners of the files. We conducted these interviews for 10 days, resulting in a total of 200 participants.

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Inclusion Criteria

All pregnant women attending the antenatal clinic in Kiryandongo General Hospital, Kiryandongo District, who were available and gave consent during the days of data collection.

Exclusion Criteria

The study excluded all pregnant women who were clinically unstable during data collection and voluntarily consented to participate.

Data Collection Instruments

We developed a semi-structured questionnaire to collect primarily quantitative data from pregnant mothers. We arranged the questionnaire in the following format.

- Maternal-related factors affecting attendance and utilisation of ANC services include age, education level, knowledge of ANC services, and parity, among others.
- Socio-demographic factors affecting attendance and utilisation of ANC services include marital status, number of dependents, male support and involvement, employment status, distance to health facilities, and ability to afford the transportation costs.
- Health facility-related factors affecting attendance and utilisation of ANC services include wasting time, perceived ambiance, the attitude of health workers towards mothers, and the quality of antenatal care services.

Data Collection Method

The researcher personally collected data by administering the questionnaire to respondents. After giving respondents, a reasonable amount of time to share their views and responses, the researcher collected the questionnaires. For the respondents who did not know English, the researcher translated the questionnaire into local languages before collecting data from them.

Data Management and Analysis

After filling in their views and responses, the researcher collected the questionnaires from the respondents and checked them to ensure that all questions were answered. For questionnaires that were not fully filled in, the researcher sought out more information from those particular respondents and ensured completeness. Later, the researcher coded, stored, and entered the data into Microsoft Excel, which assisted in tallying and converting frequencies to percentages. The information was presented in tables. The data was analysed using a computer programme, Microsoft Excel, and then interpreted.

Quality Control

To avoid errors, the researcher carried out the research herself, along with other trained research assistants. Before submitting the questionnaire to respondents at Kiryandongo District Hospital, Kigumba Health Centre III ANC pretested it to ensure its reliability and validity. Any errors identified were immediately corrected.

Ethical Consideration

Kampala International University Western Campus approved the research in an introductory letter to the Medical Superintendent of Kiryandongo District Hospital and the In-Charge of Antenatal Clinic, who then introduced the researcher to the Antenatal Clinic department and the respondents. The researcher explained the purpose of the research, assured the respondents of the utmost confidentiality of their responses, and requested their voluntary participation in the study.

	Table 1: Table showing maternal characteristics of the participants.								
	VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE (%)					
Age (Years)		15-19	12	6.00					
		20-24	53	26.50					
Page 117		25-29	81	40.50					
		≥30	54	27.00					
	Educational	None	09	4.50					
	Level	Primary	23	11.50					
		SECONDARY	93	46.50					
		TERTIARY	75	37.50					
	Parity	1-3	88	44.00					
		≥ 4	112	56.00					
	Knowledge	Yes	155	77.50					
	About Anc attendance	No	45	22.50					

RESULTS Maternal Characteristics of The Participants. 1: Table showing maternal characteristics of the participants.

In the study, majority of the study participants were aged 25-29(40.50%), attained secondary education (46.50%), parity \geq 4 (56.00%) and had knowledge about ANC attendance (77.50%) as shown in table 1.

Table 2: 7	Fable showin	g Maternal	Factors	affecting	attendance	and	utilization	of ANC	among	pregnant
women att	tending Kirya	ndongo								

VARIABLE	CATEGORY	FREQUENCY	ANC	ATTENDANCE	FREQUENCY
		10	PERCEN	NTAGE (%)	~
Age (Years)	15-19	12	5	41.67	
	20-24	53	31	58.49	
	25-29	81	59	72.84	
	≥30	54	25	46.30	
Educational	None	09	2	22.22	
Level	Primary	23	7	30.43	
	Secondary	93	52	55.91	
	Tertiary	75	61	81.33	
Parity	1-3	88	62	70.45	
-	≥ 4	112	58	51.79	
Knowledge	Yes	155	101	65.16	
About anc					
Attendance	No	45	19	42.22	

According to the study, ANC attendance was more among mothers aged 25-29 (72.84%), those who attained tertiary Education (81.33%), Parity1-3 (70.45%) and those who had knowledge about ANC attendance (65.16%) as shown in table 2.

	VARIABLE			CATEGORY	FREQUENCY	PERCENTAGE (%)
	Number of			1-2	08	4.00
	Dependants			2-3	75	37.50
				≥ 4	117	58.50
e 118	Marital status			Married	163	81.50
				SINGLE	37	18.50
	Partner			Yes	85	42.50
	Involvement			No	115	57.50
	Partner			No	05	2.50
	Educational			Education		
	Level			Primary	19	9.50
				SECONDARY	102	51.00
				TERTIARY	74	37.00
	Employment			Housewife	45	22.50
	Status			Bussiness	67	33.50
				CIVILSERVANT	Г 32	16.00
				OTHERS	56	28.00
	Distance	То	The	<1	03	1.50
	Hospital (Km)			2-5	61	30.50
				6-10	129	64.50
				≥11	07	3.50

In the study, majority of the study participants had ≥ 4 dependents (58.50%), married (81.50%), had no partner involvement (57.50%), partner attained secondary education (51.00%), does business (33.50%) and were staying a distance of 6-10 km from the hospital (64.50%) as shown in table 3.

Table 4: Table showing socio-demographic characteristics affecting attendance and utilization of ANC among pregnant women at Kiryandongo.

	VARIABLE	CATEGO	RY FREQU	JENCY	ANCATTENDAN	CE
					FREQUENCY	PERCENTAGE (%)
	NUMBEROF	1-2		08	6	75.00
Page 119	DEPENDANT	`S 2-3		75	63	84.00
	≥ 4			117	51	43.59
	MARITAL	MARRIEI)	163	103	63.19
	STATUS	SINGLE		37	17	45.95
	PARTNER	YES		85	65	76.47
	INVOLVEME	NT N	0	115	55	47.83
	PARTNER	NO		05	1	20.00
	EDUCATION	AL P	RIMARY	19	5	26.32
	LEVEL SECO	NDARY		102	56	54.90
	TERTIARY			74	58	78.38
	EMPLOYMEN	NT H	OUSEWIFE	45	37	82.22
	STATUS	BUSSINE	SS	67	33	49.25
	CIVILWORKE	CR32			14	43.75
	OTHERS			56	36	64.29
	DISTANCE	<1		03	3	100.00
	FROM 2-5			61	55	90.16
	HOSPITAL(K	M) 6-	-10	129	60	46.51
	≥11			07	2	28.57

According to the study, ANC attendance was more among mothers who had 2-3 dependents (84.00%), married (63.19%), had partner involvement in ANC (76.47%), partner attained tertiary Education (78.38%), Housewife (82.22%) and were living a distance of <1 km from the hospital (100.00%) as shown in table 4.

Table 5: Table showing health facility characteristics

	VARIABLE CATEC	GORY	FREQUENCY	PERCENTAGE (%)	
	WAITINGTIME	≤ 30MINS	11	5.50	
	1HOUR		81	40.50	
Page 120	2-5HOURS		93	46.50	
	≥5HOURS		15	7.50	
	PROVISIONOF	YES	117	58.50	
	HEALTH	NO	83	41.50	
	EDUCATION				
	ATTITUDEOF	GOOD	125	62.50	
	HEALTHWORKERS	BAD	75	37.50	
	TOWARDSTHE				
	MOTHERS				
	PERCEIVED	GOOD	131	65.50	
	QUALITYOF ANC	POOR	69	34.50	

In the study, majority of the study participants reported a waiting time of 2-5 hours (46.50%), were provided with Health education (58.50%), reported that health workers had good attitude towards pregnant women (62.50%) and had good perception about quality of ANC (65.50%) as shown in table 5.

Table 6: Health facility characteristics affecting the attendance and utilization of ANC among pregnant women at Kiryandongo

VARIABLE CATEGORY		FREQUENCY	ANCATTENDANCE FREQUENCY PERCENTAGE (%)	
WAITINGTIME	30MINS	11	8	72.73
1HOUR ≤		81	64	79.01
2-5HOURS		93	43	46.24
≥5HOURS		15	5	33.33
PROVISIONOF	YES	117	87	74.36
HEALTH	NO	83	33	39.76
EDUCATION				
ATTITUDEOF	GOOD	125	95	76.00
HEALTHWORKERS	BAD	75	25	33.33
TOWARDSTHE				
MOTHERS				
PERCEIVED	GOOD	131	89	67.94
QUALITYOF ANC	POOR	69	31	44.93

The prevalence of ANC attendance was more among mothers who reported a waiting time of 1 hour (79.01%), were provided with Health Education (74.36%), reported good attitude of health workers towards pregnant mothers (76.00%) and had good perception of Quality of ANC (67.94%) as shown in table 6.

DISCUSSION

Maternal-Related Factors Affecting Attendance and Utilisation of ANC Services

According to this study, ANC attendance was higher among mothers aged 25–29 (72.84%). This is consistent with the findings of a study by Choteet et al., [17] At age 25–29, mothers may be more sensitive to their health and receive more social support; therefore, they are more likely to attend an ANC. The study also found that ANC attendance was high among those who attained tertiary education (81.33%). This congruent with a study done in Uganda [18] which revealed that higher maternal education was associated with ANC attendance. Individuals who completed higher education tend to have higher income levels than those who attended lower schools. Higher educational attainment may also contribute to exposure to varsity knowledge. In this study, parity 1-3 (70.45%) was associated with high ANC attendance. To my knowledge, no published study has measured the influence of parity on ANC attendance. Knowledge had a positive impact on ANC attendance given the findings of the study which found out that those who had knowledge about ANC were more likely (65.16%) to attend. This is consistent with the findings of the studies [19] which revealed that mothers who had knowledge were more likely to attend ANC than those who did not. This is because knowledge eliminates misconceptions about ANC services.

Socio-Demographic Factors Affecting Attendance and Utilisation of ANC Services

According to the study, ANC attendance was higher among mothers who had 2-3 dependents (84.0%). Married mothers according to my study were more likely (63.19%) to attend ANC. Mothers can access ANC services, such as transportation, because of the financial support of their spouses. Women whose partners were involved in ANC had a high chance (76.47%) of attending ANC care services. In my study, mothers with partners attained tertiary education and attended ANC more frequently (78.38%). The House wives were more likely (82.22%) to attend ANC services compared to others. This is because housewives have enough time to attend antenatal care services. According to the study, ANC attendance was related to distance from the health center in those women living less than 1 km from the hospital increased the likelihood of attending ANC by 100.00%. UDHS earlier reported that women do not attend antenatal care because they could not afford transport costs to health centers. The distance of<1 km from the health center eliminates transport costs because they can walk to health centers.

Health Facility-Related Factors Affecting Attendance and Utilisation of ANC Services Mothers who reported a waiting time of one hour (79.01%), received health education (74.36%), reported a positive attitude from health workers towards pregnant mothers (76.00%), and had a positive perception of the quality of ANC (67.94%) were more likely to attend ANC. In their 2015 study about the patient-provider relationship, Roberts and colleagues revealed that mothers do not attend prenatal care early, as nurses always shouted and yelled at them.

CONCLUSION

Antenatal care attendance is still very low. Factors influencing ANC attendance were age, educational level, parity, knowledge about ANC, number of dependents, and marital status. Partner involvement, partner educational level, distance to the health centre, waiting time, health education, attitude of health workers towards pregnant mothers, and perceived quality of ANC services.

RECOMMENDATION

- We need community education to inform people about antenatal care services.
- Provision of maternal health education during antenatal care.
- The government should extend antenatal services to the community level.
- Continuous medical education for Health care providers.

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