

THE UTILIZATION LEVEL OF ANTENATAL CARE SERVICES AMONG PREGNANT WOMEN IN DHARKENLEY DISTRICT OF MOGADISHU

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Abstract

The study investigates the utilization level of ANC services among pregnant women in Dharkenley district in Mogadishu. The main objective which guided the study was; to determine the causes of low utilization level of ANC services among pregnant women in Dharkenley district; to identify complications related to low utilization of ANC service among pregnant women in Dharkenley district and to increase awareness of pregnant women to utilize antenatal care services in Dharkenley district of Mogadishu. The study adopted cross sectional descriptive design using both qualitative and quantitative approach. The study used a purposively sampling of non-probability method to collect a data from 60 respondents from three health center in the study area. The majority of the respondents of this study was aged between the 15-24 years of age, had no education or at least completed primary education. While most of the pregnant women who had atleast four ANC visits were primipara women, because primipara women may be afraid of pregnancy complications and outcomes since they have had no prior delivery experience. Women who did not attend the required number of ANC services responded that 50% did not know they had to attend several times, while 33% did not attend antenatal care service because of no time to attend and only 16% said health facility is too far. The study concludes that the majority of the women knew that low ANC utilization could cause pregnancy complications such as (30%) infections, 23% anemia and only 21% neonatal mortality.

Keywords: Antenatal care, Utilization Level of Antenatal care services, Dharkenley district

1.0 Background

Antenatal care (ANC) is the care a pregnant woman receives during her pregnancy through a series of consultations with trained health care workers such as midwives, nurses, and sometimes a doctor who specializes in pregnancy and birth. Somalia is among the countries

with high maternal and neonatal mortality, therefore adequate utilization of antenatal care will reduce the mortality rate (Fagbamigbe & Idemudia, 2015). An analytical review of the recent World Health Statistics showed that countries with low ANC coverage are the countries with very high MMR.

ANC is a critical element for reducing maternal mortality, and for providing pregnant women a broad range of health promotion and preventive health services, one of the most important functions of ANC is to offer health information and services that can significantly improve the health of women and their infants (Agus & horiuchi, 2012). The risk of stillbirth in neonatal death in the first week of life is higher among new born of mother. Maternal and prenatal death and related complications can be averted by timely and adequate utilization of antenatal care service (Upadhyay *et al*, 2014).

According to Singh *et al*, (2014), the utilization of maternal healthcare is a complex phenomenon influenced by several factors. Several studies from developing countries have recognized socioeconomic factors and service delivery environment as important determinants of healthcare utilization. The coverage of full antenatal care is low among illiterate mothers. Husbands were the most influential persons in the woman's decision to utilize ANC and delivery care, particularly in teens and young adults. Influence of the husband as the main decision maker for a woman's utilization of maternal health services found in this study was also found in previous studies in Bangladesh (Upadhyay *et al*, 2014). In-adequate prenatal care has been caused preterm birth, low birth weight among pregnant Women, maternal or fetal morbidity. This result identified poor compliance of prenatal care as the main independent risk factors associate with both preterm birth and low birth weight, in both immigrants and non-immigrants of pregnant women (Zulueta *et al*, 2015).

The maternal mortality ratio (MMR) in developing regions is 15 times higher than in the developed regions (MDG Report, 2012) and sub Saharan African countries have the highest MMR in the world with an average of 500 maternal deaths per 100,000 live births, accounting for half of the world's total maternal deaths, most of women die because they give birth without the assistance of skilled birth attendant (UNFPA, 2013). Sub-Saharan Africa is the region with the lowest coverage of skilled delivery utilization, with only 45% of women having skilled delivery attendants (UNFPA, 2013).

The specific objectives of this research are:-

1. To determine the causes of low utilization level of ANC services among pregnant women in wardi health centers and badbaado Health center in dharkenley district.
2. To identify complications related to low utilization of ANC services among pregnant women in wardi health centers and badbaado Health center in dharkenley district.
3. To assess awareness of pregnant women to utilize ANC services among pregnant women in wardi health centers and Badbaado Health center in dharkenley district.

2.0 Methodology

2.1 Study design

The study adapted cross sectional descriptive design using both qualitative and quantitative approaches. The data were collected from representative sample of 60 pregnant women who had atleast one previous pregnant history.

2.2 Study site and Target Population

The study is carried out in dharkenley district of Mogadishu. Mogadishu is the capital city of Banadir region and consists of seventeen districts. Dharkenley district has four villages namely Dhama-yasiin artan, dhagahtuur, saeed roraye and hanano bulsho. Mogadishu is the most popular city in Somalia, Although no official census has been carried out, the united nations development program projects that the estimated population of Dharkenley district in 2014 is about 75,047.(UNDP, 2014).

The study is carried out three health centers in dharkenley district: (2) Wardi Health centers and (1) badbaado health center. These health centers provide primary health care services including maternal and child health services, these health services are provided by team of nurses, doctors, pharmacists, midwives, laboratory technicians and community health workers. The study subjects were pregnant women seeking antenatal care who gave atleast one birth.

2.3 Sample Size and Instrument for data collection

All patients attending antenatal care with in the period of survey and who gave consent were recruited until a total of 60 women were recruited using purposive sampling. 10 participants were non respondents as they did not provide full information regarding the utilization level of ANC services, hence total sample size were 60 respondents. Only women with previous antenatal experience were enrolled so as to capture their antenatal experiences. The number of days for data collection was 10days, from 1st to 10th July, 2016.

Questionnaire was used to collect data from respondents. The questionnaire was translated into local Somali language, in order to maintain the quality of data collected, the supervisor trained the researchers and pre-test is performed before the actual data collection.

2.4 Data Processing and Analysis

Data collected was compiled, and then analyzed using the statistical package for social scientists (SPSS) version 17.

2.5 Ethical Consideration and Approval

The research was done in the way that no one can harm or suffer adverse consequences from research activities. Respondents will not be forced to respond. The research will be conducted with respect to ethical values, confidentiality and moral expectation. The Ethical approval was obtained from Ethical Review Committee of Jamahiriya University of Science and Technology (JUST). Informed consent was obtained from all participants, they were informed about their right not to participate or withdraw anytime at the time of data collection.

3.0 Results

The results of the study were presented using frequency tables and figures.

3.1 Respondents by the outcome of last delivery

Outcome of last delivery	Frequency	Percent %
live birth	38	63.3
still birth	11	18.3
Abortion	11	18.3
Total	60	100.0

Table 3.1: Respondents by the outcome of the last delivery in three health centers in dharkenley district

From the Table 3.1 Majority of respondent 63% had delivered live birth while only 18% equally had both abortion and still birth during their last pregnancy.

3.2 Respondents by the mode of last delivery

The mode of your last delivery	Frequency	Percent %
spontaneously vaginal delivery	27	45.0
Assisted vaginal delivery	21	35.0
c\section	12	20.0
Total	60	100.0

Table 3.2: Respondent by the mode of last delivery in three health centers in dharkenley district

From the Table 3.2: Nearly 45% respondents had spontaneously vaginal delivery, while 35% of the respondents were assisted vaginal delivery and only 20% undergone c/section during last pregnancy.

3.3 Respondents by the Number of ANC visits during last pregnancy

ANC Visits during last pregnancy	Frequency	Percent %
less than four	22	36.7
four visits	26	43.3
no visits	12	20.0
Total	60	100.0

Table 3.3: Respondents by the number of ANC visits during last pregnancy in three health center in dharkenley district

From the Table 3.3 the majority of the respondents (43%) had four ANC visits, while 37% had less than four ANC visits and only 20% had no ANC visits.

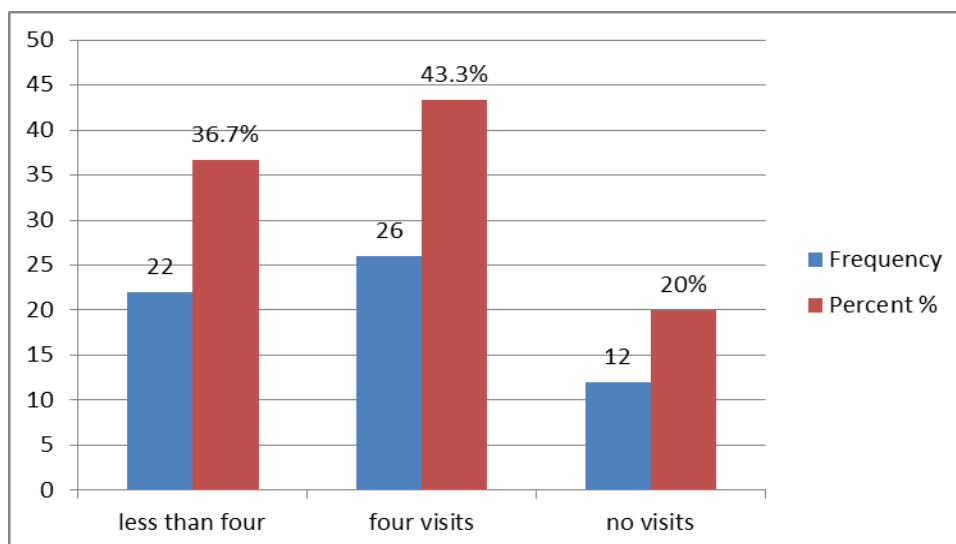


Figure 3.3 Respondents by the number of ANC visits during last pregnancy in three health center in dharkenley district

3.4 Respondents by the Reasons of not attending the required number of ANC visits

The reasons of not attending required number of ANC visits	Frequency	Percent%
I don't know I had to attend several times	30	50.0
No time to attend	20	33.3
health facility is too far	10	16.7
Total	60	100.0

Table 3.4: Respondents by not attending number of ANC visits in three health centers in dharkenley district

From Table 3.4: Majority of respondents (50%) said I don't know I had to attend many times, while 33% said no time to attend and 17% said health facility is too far

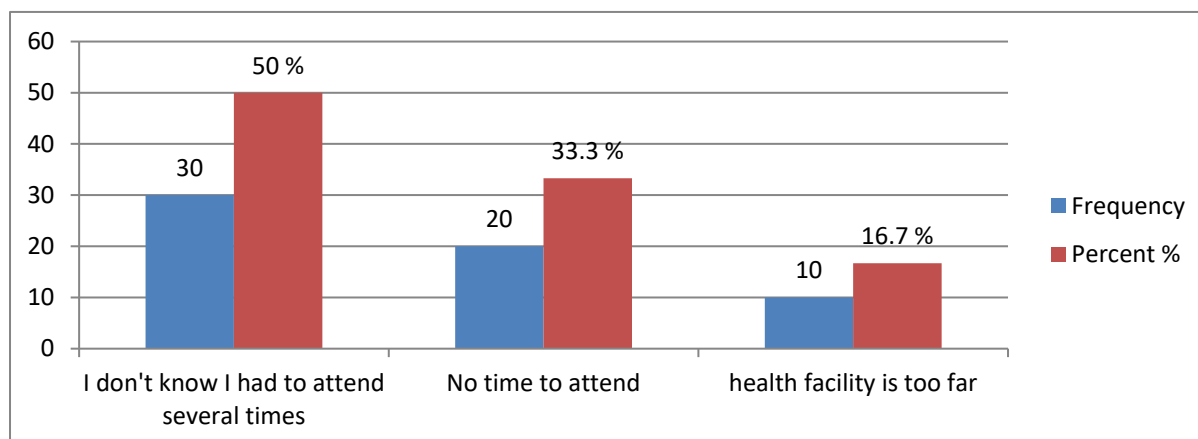


Figure 3.4 Respondents by not attending number of ANC visits in three health centers in dharkenley district

4.0 Discussion

Educated women will be more knowledgeable on the importance of maternal health services (Mengesha *et al*, 2013). Similar study indicated Women whose husbands completed at least secondary school were more likely to use ANC than women of husbands with no education this result is also similar to those reported by Pallikadavath (2004) and Nielsen (2000).

Majority of respondents (90%) believed ANC utilization can benefit both the mother and infant and will decrease pregnancy related complications (76%). The Majority of the respondents who had used antenatal care have experienced less pregnant related complications.

Majority of the respondents 45% had one birth, 28% had 2-3 births and only 21% had 4-5 births. Primi Para women may be afraid of pregnancy complications and outcomes since they have had no prior delivery experience A study in Bangladesh has shown a similar result which found that a woman is more likely to seek maternal health care services for first order than higher-order births because of perceived risk associated with first pregnancy. (Chakraborty *et al*, 2003).

47% of the pregnant women all had positive attitude towards the health care providers and said they were conducted in good manner. Other studies described such findings to the fact that the previous personal experiences with ANC facility staff, or experiences narrated by women's friends or family members, may affect the care-seeking behavior (Glei *et al*, 2003 & Kyei *et al*, 2012).

When asked the exposure of the mass media had influence on the ANC utilization, most of the women answered NO 42% and 30% said YES. A study in Nigeria has shown that community media saturation was found to be a strong predictor of maternal health service utilization (Babalola & fatusi, 2009). However 70% of the respondents believed ANC health education to pregnant women can increase awareness to ANC Utilization.

5.0 Conclusion

45% of the respondents were between the age of 15-25 years and 40%, were between age 26-34 years and only 15% above the age of (>35) years. The majority of the respondents by location were dhagaxtuur 40 respondents 66% and xanaano bulsho 20 respondents 33%. Mother's level of education the majority of respondents 30% had no education or completed primary school and 22% had under on higher education and only 18% had secondary education. Hence: - the level of education is 42% and level of none educated 18%. Place of the last delivery

53% of the respondents delivered their previous pregnancy at health facility (public, private) and only 47% delivered at home. How many ANC Visits during last pregnancy 43% ANC visits during last pregnancy at four visits were 37% less than four visits and 20% had no visits. Decision on the health of the women in your household 52% of the respondents had husband and women making the decision on health of women, while 30% women only, while 10 husband only and 8% others.

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