

## **Utilization of Antenatal Care (ANC) Services and Place of Delivery among Market Women in Ebonyi State**

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### **ABSTRACT**

**Background:** Antenatal care is a basic but specialized care given to every pregnant woman for a positive pregnancy experience and better outcome. Adequate health education, adequate provision of basic health facilities in every community and affordability of the services will go a long way to improving the acceptability and uptake of this essential services with resultant improvement in the fetomaternal outcome.

**Aim:** The aim of the study was to determine the level of utilization of antenatal services among the market women in Abakpa Main Market of Abakalikki, Ebonyi State.

**Methodology:** The study was a cross-sectional study of consenting market women of child bearing age who were either pregnant or had had a baby in the past 5 years.

**Data analysis:** Data collected from the study was analyzed with the Statistical Package for Social Sciences (SPSS) computer software Version 20.0 for Windows. Results were presented using tables, frequencies and percentages.

**Results:** The result from the study showed that of the 200 women sampled, 165(82.5%) attended ANC in a certified health facility whereas 35(17.5%) did not. It also revealed that 195(97.5%) of the women were willing to deliver or delivered in a certified health facility while only 5(2.5%) were willing to or delivered in their home, traditional birth attendants or a church.

**Conclusion:** Antenatal care is a critical aspect of maternal health with implications on the eventual fetomaternal outcome. Proper health education and provision of basic health facilities in every community will improve ANC uptake among our women for a positive pregnancy experience and better pregnancy outcome.

**KEYWORDS:** Utilization, ANC, Place of Delivery, Market Women.

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### **INTRODUCTION**

Antenatal care (ANC) is the care provided by skilled healthcare professionals to women throughout pregnancy. It includes risk identification and screening, prevention and management of pregnancy-related or concurrent diseases and health education and promotion.<sup>1</sup> According to WHO/UNICEF it is the care a woman receives during pregnancy which helps to ensure a healthy outcome for the woman and her newborn.<sup>2</sup> It is a specialized form of care given to a pregnant woman and her baby starting from the time of conception up to the delivery of the baby. It includes regular monitoring of the woman and her unborn baby

throughout pregnancy using various means which include routine history, examinations and a number of laboratory and radiological investigations. This has been found to be one of the most effective health interventions for preventing fetomaternal and perinatal morbidities and mortality particularly in places where the general health status of women is poor.<sup>3</sup> The rationale for the widespread introduction of ANC is the belief that it is possible to detect and effectively manage early signs of, or risk factors for, illness and death during pregnancy.<sup>4</sup> With the presence of a skilled birth attendant the possibilities of death owing to intrapartum related complications or stillbirth can be reduced by 20%.<sup>5</sup> Elevating

## Utilization of Antenatal Care (ANC) Services and Place of Delivery among Market Women in Ebonyi State

skilled birth attendants rates for women can therefore contribute substantially towards the realization of the Sustainable Development Goal 3(SDG-3).WHO suggests that in countries with very high maternal mortality rate, the goal should be at least 40% of all births assisted by skilled birth attendants by 2005, 50% by 2010 and 60% by 2015.<sup>6</sup>However, the current rates in most developing countries of Africa have remained below the WHO projection. The rate was 29.2% in Ethiopia in 2019,<sup>7</sup>45.2% in Sierra Leone, 32.6% in Niger, 39.9% in Mali.<sup>8</sup> According to 2013 National Demographic Health Survey, ANC utilization rate in Nigeria revealed that about 61% of pregnant women visited a skilled provider at least once during their pregnancy compared with the documented average of 79% for all lower middle income countries.<sup>9,10</sup> However, in 2018 only 57% of women had 4 or more antenatal care visits and there were significant differences among the states. States like Osun and Ogun from southwest Nigeria had more than 90% visit while Zamfara and Bayelsa had about 26%.<sup>11</sup> Awusi and his team found a utilization rate of 57% among rural women of Emevor village in delta State.<sup>12</sup>In Nnewi, southeast Nigeria, it was found to be 97.2%,<sup>13</sup>Utilization of antenatal services is believed to be associated with improved maternal and neonatal health outcomes but does not necessarily equate to delivery at health facility. In developing countries a good number of deliveries occur at home and is not assisted by skilled attendants; and despite the benefits of antenatal care and delivery in health facility many women still do not access proper antenatal care or deliver in health facilities.<sup>14</sup> Hence this study is important to assess the level of utilization of the antenatal care services among our women.

### Aim of the study

The aim of the study was to determine the level of utilization of antenatal care services among the market women in Abakpa Main Market of Abakalikki, Ebonyi State

The objectives of the study were to determine:

1. The proportion of the women who had antenatal care in a certified health facility.

## RESULTS

Table 1. Distribution of the respondents according to their bio-data

Age (years)	Frequency (%)
20-25	15(7.5)
26-30	71(35.5)
31-35	41(20.5)
36-40	50(25)
41-45	23(11.5)
<b>Total</b>	<b>200(100)</b>
Marital status	Frequency
Married	186(93)
Separated	2(1)
Divorced	4(2)
Widowed	6(3)

2. The preferred place of delivery among the target population.

## MATERIALS & METHOD

**Study Area:** The study was conducted in Abakpa Main Market in Abakaliki, Ebonyi state, southeast Nigeria. The market was established in 1978; however, expansion of the market took place in 1982.

The market is the biggest in Abakaliki with 1982 lock-up stores and open stalls. It also serves the entire state capital, the surrounding local government areas and neighboring states of Enugu, Cross-River and Abia states. It is a daily market running from Mondays to Saturdays excluding Sundays as most of the traders are Christians.

**Study Design:** The study was a cross-sectional study of consenting market women of child bearing age who were either pregnant or had had a baby in the past 5 years. The stalls were selected at random and any woman of child-bearing age who was pregnant or had a baby in the past 5 years was administered the questionnaire. Those who were not literate were guided by the researcher to answer the questions in the questionnaire.

**Sample size:** A total of 200 women calculated after adjustment in the value using Fischer formula for sample size calculation:

$N = Z^2p(1-p)/d^2$  where N is the minimum sample size for a significant sample survey, Z is normal deviant at the proportion of 95% confidence interval = 1.96 and p is prevalence value of antenatal use among women in Emervor, Delta state (57%)<sup>12</sup> and d is the margin of error acceptable or measure of precision = 0.05.

### Data analysis

Data collected from the study was analyzed with the Statistical Package for Social Sciences (SPSS) Computer Software Version 20.0 for Windows. Results were presented using tables, frequencies and percentages.

## Utilization of Antenatal Care (ANC) Services and Place of Delivery among Market Women in Ebonyi State

Single	2(1)
<b>Total</b>	<b>200(100)</b>
<b>Educational status of respondents</b>	<b>Frequency</b>
Primary	24(12)
Secondary	115(57.5)
Tertiary	60(30)
No formal education	1(0.5)
<b>Total</b>	<b>200(100)</b>

**Table 2. Proportion that attended ANC in index/Previous Pregnancies**

<b>Attendance of ANC</b>	<b>Frequency</b>
Yes	165(82.5)
No	35(17.5)

**Table 3. Preferred Place of Delivery**

<b>Place of Delivery of last pregnancy</b>	<b>Frequency</b>
Private/mission hospitals	135(67.5)
General hospitals	44(22)
Primary health center	10(5)
Maternity homes	6(3)
Traditional birth attendant homes	2(1)
Church	2(1)
Home	1(0.5)

### DISCUSSION

The study above showed that majority of the sampled women were aged 26-30 years, 186(93%) of them were married and 175(87.5%) had at least secondary education. This demographic distribution could be a major factor in the outcome of the study and affect the interpretation of the overall results.

The result revealed that 165(82.5%) were aware of antenatal care whereas 35(17.5%) were unaware; similarly, 195(97.5%) women sampled were willing to deliver in a conventional hospital while only 5(2.5%) were willing to deliver either at home, traditional birth attendants, house or church. These values were above the WHO projection of 60% by 2015 for developing countries<sup>6</sup> and much higher than the values from many other African countries such as Ethiopia, Sierra-Leone, Niger and Mali.<sup>7,8</sup> This could be interpreted to mean that the awareness and uptake of ANC have improved in Abakaliki area of Ebonyi state and that the facilities are accessible. However, the study was done in the urban area of the state which may differ when compared with what is obtainable in the rural areas for the reasons of unavailability of basic facilities. This could be due to activities of the state government in the recent past to improve primary healthcare in Ebonyi state. This also agrees with a study in Enugu on multiple antenatal bookings among pregnant women<sup>15</sup> in 2010 where 87.5% of the women were booked in a hospital as against 12.5% that booked in a TBA centre. These 2 studies were done in the urban areas and in the same geopolitical zone. The significant difference

observed when compared with other African countries mentioned above could be due to regional and economic differences. It could also be due to differences in data collection and record keeping. However, the report from our study was just a local study while those of the other African countries quoted were national figures.

When we compare the result from our study with the National Demographic Health Survey result of 2013 where 61% of the women visited a skilled care-giver at least once during their pregnancy,<sup>9,10</sup> our result showed that there was improved ANC uptake in Abakaliki even though the result is from a local study. Locally, the result is similar to the result (97.2%) from Nnewi, a town in Anambra state in the same south-east geopolitical zone. This could mean that the awareness, availability and uptake of antenatal care services are well improved in the south-eastern region of Nigeria. Similarly, results from the south-western region (Osun and Ogun states) had greater than 90% visit to a certified antenatal care-giver;<sup>11</sup> showing a high level of awareness and uptake. On the other hand, when compared with results from other regions such as south-south and north-western regions which had values of around 26% visit to certified facilities,<sup>12</sup> there is a wide variation. These variations in values from different regions may be responsible for the national values of 61%. Hence, there is still need for further education and awareness among our women on the benefits of proper antenatal care for a positive pregnancy experience and better outcome.

## Utilization of Antenatal Care (ANC) Services and Place of Delivery among Market Women in Ebonyi State

### CONCLUSION

Antenatal care is a critical aspect of maternal health with implications on the eventual fetomaternal outcome. Proper health education and provision of basic health facilities in every community will improve ANC uptake among our women for a positive pregnancy experience and better outcome.

### RECOMMENDATION

1. A policy of free maternal care by all tiers of government
2. Provision of basic health facilities in every community.

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