

**KNOWLEDGE AND ATTITUDE OF PREGNANT WOMEN
TOWARDS ROUTINE ANTENATAL CARE IN EGOR PRIMARY
HEALTH CENTER, BENIN CITY, EDO STATE**

BY

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FACULTY OF EDUCATION
UNIVERSITY OF BENIN
BENIN CITY**

JANUARY,2023

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH,
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF
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FOR THE AWARD OF BACHELORS DEGREE (B.Sc. Ed) DEGREE IN
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JANUARY, 2023

CERTIFICATION

We the undersigned certified that this research work was carried out by **Rachael Onivenu AJAYI**, with matriculation number **EDU1703599** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Nigeria in partial fulfillment for the award of the B.Sc (Ed) Degree in Health Education.

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Project Supervisor

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Date

Date

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Dean, Faculty of Education

DATE

DEDICATION

This research work is dedicated to God Almighty for his guidance throughout my studies. To my parents Mr and Mrs. Ajayi for their utmost support throughout the period of this course.

ACKNOWLEDGEMENTS

The researcher's profound gratitude goes to her most wonderful supervisor Dr. Mrs. J.A Agbonifoh of the Department of Health, Safety and Environmental Education, University of Benin for her high depth of interest and intellectual contributions to this work. She was always there to listen, she was never too busy, she created time out of her busy schedule to give her attention to this work and gave her sincere corrections where necessary and for this I'm indeed grateful. May God bless you beyond measures and uplift you beyond your expectations Ma Amen.

I am highly delighted to acknowledge and appreciate my head of department Dr. Enoma Omorogieva Igudia for his dedication towards the affairs of the department and my academics.

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ABSTRACT

The study was to investigate the knowledge and attitudes of pregnant women towards routine Antenatal care on Egor primary health center, Benin City, Edo State. Three research questions were raised to guide the researcher. Various literatures were reviewed to the study.

Descriptive survey design was adopted for the study. The population of the study of the total number of pregnant women registered under Egor primary health center, Benin City, Edo State in 2022 is 104. The sample size for the study is 104. They were selected by simple random sampling technique. The study utilized a validated questionnaire that was designed by the researcher. From the data collected in the study, it was revealed that majority of the respondents agreed that they have high level of knowledge about routine antenatal care services as they firmly agreed that routine antenatal care helps in promoting healthy pregnancy, first antenatal checkup be on the first 3 months, antenatal care helps in pregnancy preparedness, antenatal class is good to prepare pregnant women mentally, antenatal care helps in complications prevention, antenatal care services deals with each woman's specific needs, that high blood pressure affect the foetus growth, pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy

Also, majority of the respondents have a positive attitude towards routine antenatal care services as they agreed that: early antenatal booking is good for pregnancy, they plan to deliver in the hospital if they are pregnant again, prefer antenatal clinic because seeing other women in the clinic relives anxiety, feel antenatal care is an opportunity for individualized care, antenatal follow up is good to monitor mother's and foetus' health, drinking alcohol will affect fetal growth, would prepare early for the delivery.

CHAPTER ONE

INTRODUCTION

Background of the Study

Different scholars gave different meanings to Antenatal care (ANC). “Antenatal care means care before birth and includes education, counseling, screening, and treatment to monitor and improve the well-being of the mother and foetus” (Adewoye, 2013). Antenatal care is an opportunity to promote the importance of skilled birth care and encourage women to seek out postpartum care for themselves and their newborns. This is also an ideal time to counsel women about the advantages of spacing (Ye, Harun, Rashid & Sakamoto ,2010).

According to the United Nations Millennium Development Goals, at least 500,000 women and girls die each year from complications during pregnancy, childbirth, or within six weeks after giving birth. Almost all of these deaths (99%) occur in developing countries. This shows that antenatal care in developing countries is very weak. The main reasons for banning antenatal care vary from country to country. In developing countries,

hemorrhage is observed followed by eclampsia, infection, abortion complications and obstructed delivery. Another issue is the lack of knowledge and readiness of families, communities and health facilities for reproductive health (Ojo, 2014). To mitigate these factors, antenatal care is the most important way to discover pregnancy problems early. This is because antenatal care is the best mechanism for minimizing maternal mortality and providing pregnant women with good information about their birth and how to prevent related problems. The best and most important benefit of antenatal care is to protect the health of women and babies and to point out any red flags that may arise and need to be treated by front-line health workers (Effendi, Isaranurug & Chompikul, 2008).

Several studies have shown that antenatal care utilization remains low due to a number of factors that require further study, such as socio-demographic factors and knowledge of social support. They concluded that addressing such factors is important for increasing women's participation in antenatal care. Access to health care is improving in Ethiopia, but increasing access to health care is challenging and the rate of births among women assisted by skilled midwives is among the lowest in sub-Saharan Africa (Regassa,

2011). Adequate Antenatal Care (ANC) is one of the important ways to reduce maternal and child morbidity and mortality. Unfortunately, many women in developing countries do not have such support (Yetan, 2010). Understanding maternal knowledge and community practices regarding care during pregnancy and childbirth is essential and important. Due to the lack of data on this very important issue in some communities, this study was conducted to evaluate the impact of Antenatal Care among women at the Egor Primary Care Center in Edo State.

Statement of the Problem

Every minute, at least one woman dies from complications related to pregnancy or childbirth that means 529,000 women a year. In addition, for every minute, at least one woman dies from complications related to pregnancy or childbirth that means 529,000 women a year. In addition, for every woman who dies in childbirth, around 20 more suffer injury, infection or disease approximately 10 million women each year. Studies reveal that the cause of maternal mortality in developing countries is mostly due to poor accessibility to maternal health services poor referral to appropriate antenatal

and delivery care units, and inadequacies of available care. These studies suggested that most of the maternal deaths were preventable with improved coverage of antenatal care, safe delivery and postpartum care.

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In addition, women's reproductive health problems are a timely and serious matter of concern, for any health professionals, the government as well as society. Antenatal care related problem parameters are very sensitive

because it is directly related with maternal morbidity and mortality, and loss of the fetus. It is a necessary component of maternal health to identify complications. Regular Antenatal Care visits can provide some benefits for the women such as a care provider that can result in reducing complications during pregnancy the absence of this activity affects millions of mothers in the rural as well as urban areas. The Nigerian Demographic and Health Survey (NDHS) in 2013, however, stipulated that approximately 576 women per 100,000 live births die as a result of pregnancy and childbirth related complications.

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Survey (NDHS) in 2013, however, stipulated that approximately 576 women per 100,000 live births die as a result of pregnancy and childbirth related complications. In the same vein, a study by Fagbamigbe and Idemudia (2015) found that accessibility, availability and affordability of Antenatal care providers are the most common issues faced when using Antenatal Care in Nigeria. Public health institutions in Nigeria do not effectively encourage women to participate in antenatal care (Nwosu, Urama & Chigozie, 2012).

In several studies, many women noted that they felt embarrassed when they visited the Antenatal care Center. By improving their knowledge of the benefits of Antenatal care and the importance of having a positive attitude towards it, these women will come to understand that Antenatal Care medical procedures and interventions will go a long way in saving their lives and improving the health of their children. In this way, they will be motivated enough to overcome their hesitation. In many ways, changing attitudes and behaviors is the most difficult task, but also the least expensive. Appropriate educational campaigns and improved dissemination of information are long-term investments (Igbokwe, 2012). Most of the previous research on women's and attitudes about Antenatal care has been

conducted at the community level, usually among women of childbearing age. So far, little is known about the knowledge and attitudes of women who currently use Antenatal Care services.

Therefore, this study will help determine the percentage of women who benefit from this very important women's health service and feel good about antenatal care services. This study examines the extent to which pregnant women use traditional medicine for both nursing and delivery. Therefore, this study aimed to find out the knowledge, attitude, level, and reasons for the use of antenatal clinics in relation to the benefits of pregnant women using antenatal clinics in Egor Local government area, Edo state.

Research Questions

1. What is the level of Knowledge of pregnant women about routine antenatal care services in Egor L.G.A, Edo state?
2. What are the attitudes of pregnant women towards routine antenatal care services in Egor L.G.A, Edo state?
3. What are the factors that may contribute to low utilisation of routine antenatal care in Nigeria?

Purpose of the Study

The main purpose of the study is to determine the knowledge and attitude of pregnant women towards antenatal care services in Egor L.G.A, Edo state.

Other purposes includes:

1. To examine the influence of educational status on the utilisation of routine antenatal care services in Egor L.G.A
2. To examine the factors that may contribute to low utilisation of routine antenatal care in Nigeria.

Significance of the Study

The study will act as a tool in detecting early, the problem associated with pregnancy and delivery and prompt treatments before it results on complications. It will alleviate the complications resulting from maternal and child mortality rate in Nigeria especially Edo state. The women will also be able to know what to do at each stages of pregnancy and the appropriate time of visit. The study will also be of benefits to the midwives and nurses by assisting in planning and educating pregnant women attending antenatal

clinic in Egor Local Government on the importance and uses of routine antenatal care services in Nigeria. It will help the nurses carry out intensive mobilisation for the community in the benefits of routine antenatal care to mothers, family and the community at large. It will so acts as a guide for further studies.

Scope and delimitations of the Study

The study will be based on knowledge and perceptions of pregnant women towards routine antenatal care in selected health care facilities, a case of study of Egor Local Government, Edo state

Limitation of the Study

The main limitation of the study will be refusal of the respondents to give their responses to enhance the study

Another limitation will be the low educational level or illiteracy among the pregnant women and as such one needs to interpret to receive their responses will can result into bias response from the respondents.

Definition of Terms

Attitude: In this study, attitude can be seen as the way pregnant women think or feel about antenatal care services and how it affects their behavior toward it.

Routine: Routine in this study, is the sequence of actions followed under regular procedure at specific intervals.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviews the various literature related to the research topic, the chapter is referred to be discussed in the following headings:

- Concept of antenatal care
- Concept of routine antenatal care
- Concept of Knowledge
- Objectives of routine antenatal care
- Component of antenatal care
- Attitude towards routine antenatal
- Benefits of antenatal care
- Factors influencing the routine antenatal care
- Maternal health status
- Pregnancy and risk
- Summary of related literature

CONCEPT OF ANTENATAL CARE

Antenatal care is routine health monitoring (screening) of healthy, asymptomatic pregnant women to asymptotically diagnose disease or complex obstetric conditions and provide information about lifestyle, pregnancy, and childbirth. Antenatal care (ANC) is a general term used to

describe medical care and procedures for pregnant women (Ekabua, Ekabua, Njoku , 2011). It is medical care provided to pregnant women throughout pregnancy and until the birth of the child, with the goal of identifying problems that pre-exist and/or may arise during pregnancy and thus affect the mother and/or Foetus (Pattinson, 2007).Management includes a variety of screening tests, diagnostic procedures, and preventive treatment, some of which are routine, while others are given to women based on identified problems and risk factors.

Finally, according to the World Health Organization (2012), antenatal care is screening for health and socioeconomic conditions that may increase the likelihood of certain adverse pregnancy outcomes. Provides therapeutic interventions known to be effective. Inform expectant mothers about safe delivery planning, emergencies during pregnancy and how to deal with them. In brief, antenatal care in both developed and developing countries is the regular monitoring of the mother's condition during pregnancy to promote maternal health and achieve healthy pregnancy outcomes.

CONCEPT OF ROUTINE ANTENATAL CARE

Regular antenatal care is an evidence-based, client-focused, targeted care delivered by trained healthcare professionals with a focus on quality rather than frequency of visits is an approach that should be adopted worldwide. This approach takes the view that all women are at risk of complications and so should receive the same basic care and monitoring for complications (World Health Organization, 2011).

Obionu (2012) postulates several justifications for routine antenatal care. This includes that all pregnant women are at risk of developing complications, with a greater focus on those at higher risk, but a risky approach to antenatal services increases the likelihood that skilled health care professionals will be present at birth. Key Antenatal care interventions include detection and management of obstetric complications such as pre-eclampsia, tetanus toxin vaccination, intermittent malaria prophylaxis during pregnancy (IPTp), detection and treatment of infections including HIV, syphilis and other sexually transmitted infections (STIs). Antenatal care also provides opportunities to promote skilled childbirth participation

and the use of healthy lifestyles such as breastfeeding, early postpartum care and optimal gestational spacing.

CONCEPT OF KNOWLEDGE

Knowledge has been defined in many ways. Hornby (2012) describes knowledge as the information, understanding, and skills that individuals acquire through education or experience. Knowledge is very important to the quality of human life because everything depends on it. Knowledge is the sum of established and tested concepts, opinions and statements. Knowledge in this study means the act of having sufficient information and understanding about the concept of routine antenatal care.

This knowledge can be acquired through health education, electronic media, print, and health education programs. Magadu, Maduse, and Rodignes (2012) may have interpreted the above assertion to argue that knowledge of the expectant mother is an important factor in determining access to obstetric services. According to this, the educational status of expectant mothers is a determinant for effective utilization of maternal and child health services (MCH).

OBJECTIVES OF ROUTINE ANTENATAL CARE

The purpose of antenatal care is to ensure a woman has a successful pregnancy, which does not mean that she will be free of disease during this period. Antenatal care can help screen for pre-eclampsia, fetal malformations, and other prevention strategies to be incorporated.

Antenatal care is not only a regular health checkup for expectant mothers, but also has its own purpose. The purpose of antenatal care is to ensure a woman has a successful pregnancy, which does not mean that she is disease-free during this period (Masued & Islam, 2018).

Johnson (2008) stated that the purpose of antenatal care is to monitor maternal and fetal well-being during pregnancy and to identify and treat conditions that may threaten the health of the fetus/newborn and mother. We also provide you with all the right options to realize your optimal potential and all the support and preparation you need for a quality life after giving birth. Another objective of antenatal-care is to help women approach pregnancy and birth as positive experiences.

The objective of Antenatal Care:

Antenatal-care refers to the care of pregnant women. The main objectives of antenatal-care are:

- Maintenance of health of the mother during pregnancy.
- Promote physical, mental, and social well being of mother and child.
- Ensure delivery of a full-term healthy baby.
- Early detection of high-risk cases and minimize risks by taking appropriate management.
- Prevent the development of complications through health education, adequate nutrition, exercise, vitamin intake, and appropriate medical and pharmaceutical intervention.
- Screening for conditions and diseases such as anemia, STIs, HIV infection, mental health problems, and domestic violence.
- Teach the mother about child care, nutrition, sanitation, and hygiene.
- Decrease maternal and infant mortality and morbidity.
- Remove the stress and worries of the mother regarding the delivery process.

- Provide safe delivery for mother and educate mother about the physiology of pregnancy and labor by demonstrations, charts, and diagrams so that fear is removed and physiology improved.
- Advice family planning and motive the couple about the need for family planning.
- Predict possible problems during pregnancy and provide appropriate treatment.
- Provide information on pregnancy and birth and discuss with the couple about the place, time, and mode of the delivery provisionally and care of the newborn.
- Ensure continued medical surveillance and prophylaxis.
- Advice the mother about breastfeeding, postnatal care, and immunization.
- Advice and support to the woman and her family for developing healthy home behaviors.

COMPONENTS OF ANTENATAL CARE

Antenatal care visits should include components of health care such as blood pressure measurement, fetal growth monitoring, urine analysis, iron and folic acid supplementation, tetanus vaccination, at least 3 doses of intermittent sulfadoxine/ pyrimethamine prophylaxis(IPTp), and care consisting of anthelmintics from the 1st trimester onwards element must be included. Blood typing, HIV and syphilis testing, if not previously done (Federal Ministry of Health, 2016)

ANC components can be an important factor in quality assessment, especially in situations where structural inputs are lacking. Blood pressure measurement helps diagnose, prevent and treat hypertensive conditions during pregnancy, including chronic hypertension, gestational hypertension, preeclampsia, eclampsia, and preeclampsia superimposed on chronic hypertension (Turner & Hameed, 2017). Urine analysis plays an important role in the early diagnosis, prevention and treatment of urinary tract infection, gestational diabetes, preterm birth, low birth weight, and preeclampsia (Shave, Wingert & Featherstone, 2019).

Urine analysis is also helpful in determining whether to initiate ANC due to early detection of pregnancy (Moroni & Moodley, 2006). The ANC tetanus vaccine shot helps prevent fatal tetanus in women and children. Providing a blood sample helps screen for and timely treatment of anemia that can lead to low birth weight and maternal death. Maternal infections that are harmful to the woman and fetus, such as malaria, hepatitis B, syphilis, HIV, gonorrhea, and chlamydia, are detected by providing blood samples in the first trimester (Gomez, Berkely, Wangwr & Stewart, 2008). HIV testing during prenatal care, often performed with a blood sample, is the entry point for eliminating mother-child transmission (MTCT), prevention and treatment for partners and the community as a whole.

Provision of Deworming services helps treat infections in the mother that also affect the unborn baby, especially in areas where worms are endemic. Iron and folic acid supplements play an important role in preventing anemia, including adverse effects such as postpartum hemorrhage, premature birth, and low birth weight (Elliott, 2014). Some components of ANC, such as counseling, help improve early initiation of exclusive breastfeeding, infant immunization coverage, and attendance at postpartum care.

ATTITUDE TOWARDS ROUTINE ANTENATAL CARE

Attitude is a state of readiness or tendency to respond in a certain way when faced with a particular stimulus, mostly resting, and expressed in words or actions only when confronted with an object or situation (Banda, Michelo & Hazemba, 2012). These are the emotional feelings a person likes and dislikes. Therefore, attitude in this study means the pregnant women's emotional feelings about likes and dislikes of antenatal services. Therefore, a pregnant woman's personal experience in prenatal care can be both positive and negative.

Expectant mothers in the urban area utilize antenatal services better than their counterparts in the rural area who have the problems of accessibility to Maternal and child health services; some pregnant mothers in the rural area may have basic knowledge of the importance of antenatal services but due to problems of accessibility to health facilities will hinder them from such services (Igbokwe, 2012). Also inadequate knowledge concerning health related matters usually lead to negative attitude towards the health issue. Attitude is the person's affective feelings of like and dislike. Attitude emerges out of personal experience and can be positive or negative. It is

positive when a person develops a strong attraction of likeness for the situation, objectives or other persons or groups while it is negative when the person develops dislike for such situations, objectives, group or any other identifiable aspects of our environment (Igbokwe, 2012).

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Attitude can be defined as a positive or negative evaluation of a person, object, event, action, idea, or anything in the environment. Attitude is an expression of goodwill or dislike for a person, place, thing or event (Whitley, 2010). Park (2009) views attitude as an acquired characteristic that makes an individual respond in a specific way. In this context, attitude refers to the pregnant woman's emotional feelings about likes and dislikes of routine prenatal care services. Therefore, a pregnant woman's experience in routine antenatal care can be both positive and negative. Ojo (2014) argues that education level has a significant impact on pregnant women's attitudes toward prenatal care. Pregnant women who have received basic education usually have a positive attitude.

BENEFITS OF ANTENATAL CARE

Antenatal care contributes to good pregnancy outcomes and often the benefits of antenatal care depend on the timing and quality of care provided (WHO and UNICEF, 2003). Regular antenatal care has been shown to be essential for building trust between women and health care providers, personalizing health-promoting messages, and identifying and treating maternal complications or risk factors (Hollander 2011). Basic services such

as tetanus toxin vaccination, iron and folic acid tablets, and nutrition education are also provided at antenatal visits.

Regular antenatal checkups are essential to monitor your baby's growth and development and to identify adverse health conditions for your baby. For example, pre-eclampsia and urinary tract infections may have no symptoms initially but can be detected with routine blood pressure tests and urine tests.

There is no doubt that the timely and appropriate application of evidence-based methods during Antenatal care can improve maternal and fetal health.

To prioritize people-centered care and well-being, the World Health Organization (WHO) has published comprehensive guidelines for antenatal care to ensure a positive experience for pregnant women and adolescents during pregnancy.

Some of the benefits include: Assess maternal and fetal health in early pregnancy. It is very important that mothers consult a health care professional early in pregnancy for evaluation and counseling. To prevent unwanted complications during pregnancy. No customers during pregnancy.

Pregnant women should receive antenatal care to prevent adverse complications and to prevent maternal and infant deaths. There is no doubt

that access to and use of antenatal care has significantly reduced maternal and fetal mortality worldwide.

Improve the health of mothers and children. Classes, discussions and communication during antenatal care are very helpful in improving the health of mother and baby. To promote good relations between husband, wife and children. Antenatal care promotes family interaction and bonding between husband, wife, and children. To prevent unwanted pregnancies and other postpartum complications. Quality antenatal care prepares families for the foetus and life after birth.

FACTORS INFLUENCING THE ROUTINE ANTENATAL CARE

Irma (1992) attributes poor use of these antenatal care services to their absence, inaccessibility, poor care quality, poor communication, and other socio-demographic factors. In Nigeria, access to antenatal care is a common routine for all pregnant women and has dramatically reduced maternal mortality per delivery to 0.3% (Harrison, 2005). However, rural Nigeria lacks some modern maternal health facilities and services, and where they are available, pregnant women do not have access to them (Kabir, 2005). In

this regard, Abuzar and Wardlaw (2000) argue that there is a large gap in maternal health care between developing and developed countries.

Developing countries are struggling to provide quality antenatal care, especially in rural areas. Competition for staff and funding, and lack of communication with other programs or components (malaria, HIV, emergency obstetric care) can be found at many levels of the health system, particularly when policies are not well defined (Baffour, Awuahb and Richter, 2015). The lack of communication among health care providers and the perception that pregnancy is a natural life process for some women, families and communities may underestimate the importance of routine antenatal care (Baffour, 2015).

In addition, lack of knowledge about the extent and impact of traditional household and community beliefs and customs, suboptimal maternal nutrition and infant feeding practices as well as the attitudes and behaviours of healthcare providers in antenatal care clinics such as failing to respect the privacy, confidentiality and traditional beliefs of the women negatively influence the use of antenatal services (Baffour, 2015). The belief and role of witches, a supernatural force that has the tendency to control and

manipulate individuals and family towards an evil gain, is a widespread belief in most parts of the African societies. The general belief in this particular evil spirit has the potential to prevent early disclosure of pregnancy and may limit the chance of seeking early focused antenatal care service.

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In addition, Oladapo and Osiberu (2009) investigated whether the socio-demographic characteristics of pregnant women in Nigeria, such as birth control, number of babies, and Islam, affected their perception of routine antenatal care. In conclusion, routine antenatal care is the level of availability of effective management in health care settings. This depends on a number of aspects such as

- (1) The facility in which care is provided.
- (2) The manner of the health care provider.
- (3) The knowledge and skills needed to meet the needs of pregnant women satisfactorily.

MATERNAL HEALTH SERVICES

Maternal health refers to the health and well-being of women before, during and after pregnancy, and includes aspects of physical, mental, emotional and social health. The World Health Organization defines maternal health as “women's health during pregnancy, childbirth and the postpartum period”.

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. In most cases, maternal health encompasses the health

care dimensions of family planning, preconception, prenatal, and postnatal care in order to ensure a positive and fulfilling experience. In other cases, maternal health can reduce maternal morbidity and mortality(WHO,2020). Maternal health revolves around the health and wellness of pregnant women, particularly when they are pregnant, at the time they give birth, and during childraising. WHO has indicated that even though motherhood has been considered as a fulfilling natural experience that is emotional to the mother, a high percentage of women develop health problems and sometimes even die.

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a high percentage of women develop health problems and sometimes even die.

Therefore, it is necessary to invest in women's health. Investment can be achieved in a variety of ways, the main ones being subsidizing health care costs, educating mothers on maternal health, encouraging effective family planning, and ensuring progressive monitoring of the health of women with children (Cohen & Murray, 2017). Maternal morbidity and mortality particularly affects women of color and those living in low and middle-income countries.

Maternal health also includes absence of maternal morbidity, serious maternal morbidity and maternal mortality. Maternal morbidity is a medical condition that complicates pregnancy and childbirth or has a negative impact on a woman's health and well-being. Severe maternal morbidity (also called acute maternal morbidity) refers to labor and delivery outcomes that have significant negative consequences for the mother's short- and long-term health. Maternal death is the death of a woman directly related to pregnancy, childbirth, or complications within 12 months of childbirth.

PREGNANCY AND RISK

Every pregnancy carries its own risks. However, these risks can be minimized with good Antenatal care and support. Factors such as age and general health can increase the chance of complications during pregnancy and they include:

Reproductive Malformations

Structural problems in the uterus or cervix can increase the risk of complications such as miscarriage, abnormal position of the fetus and difficulty in labor. These problems also increase the risk of caesarean section.

Women under the age of 20

Women under the age of 20 have a significantly higher risk of serious pregnancy-related complications than women over the age of 20. Adolescent mothers are more likely to experience:

- Preterm birth
- Low birth weight
- Experience high blood pressure due to pregnancy
- Develop preeclampsia

Some risk factors associated with young age include:

The pelvis is underdeveloped

Young women's bodies are still growing and changing. An underdeveloped pelvis can cause difficulties during childbirth.

Undernutrition

Younger women are more likely to have poor eating habits. Undernutrition can place an additional strain on the body, which can lead to additional complications for both mother and child.

Hypertension

High blood pressure during pregnancy can cause premature birth. This can lead to premature or underweight babies who need special care to survive.

Women over 35

As you get older, your chances of getting pregnant start to decline. Older women who become pregnant are also less likely to have trouble-free pregnancies.

Common problems include:

Comorbidities or presence of underlying conditions

Older women are more likely to have conditions such as high blood pressure, diabetes or cardiovascular disease that can complicate pregnancy. If these conditions are not well controlled, they can contribute to miscarriage, poor fetal growth and birth defects.

Chromosomal problems

Women over the age of 35 have a higher risk of having a baby with birth defects due to chromosomal problems. Down syndrome is the most common chromosomal birth defect. This results in varying degrees of mental retardation and physical abnormalities. Antenatal screening and tests can help determine the possibility of chromosomal complications.

Miscarriage

According to the Mayo Clinic, the risk of miscarriage increases in women over the age of 35. The reason for this is unclear, but it is thought to be due to an increased risk of pre-existing diseases along with a decline in a woman's egg quality as she ages. There is also reliable research showing that father's age can affect miscarriage. If the father is over 40 and the mother is

over 35, the risk of miscarriage is much higher than if the woman alone is over 35. Higher odds of low birth weight requiring caesarean section

Weight

Being overweight or underweight can cause complications during pregnancy.

Obesity

Obese women have a higher risk of having a child with certain birth defects than women of normal weight. Obese women are also more likely to be diagnosed with gestational diabetes or hypertension during pregnancy. This may cause the baby to be smaller than expected and may also increase the risk of preeclampsia.

Underweight

Women who weigh less than 100 pounds are more likely to give birth to a premature or low birth weight baby.

Diabetes

People with both type 1 and type 2 diabetes may experience complications during pregnancy. Poorly controlled diabetes can increase the chances of birth defects in babies and lead to health problems for the mother. Diabetes during pregnancy can be diagnosed if diabetes was not present prior to

pregnancy. This is called gestational diabetes. If you have been diagnosed with gestational diabetes, you should consult your doctor for specific recommendations for blood sugar management. Dietary changes are recommended. It is also recommended to monitor blood sugar levels. You may need to take insulin to control your blood sugar. Women with gestational diabetes have a much higher risk of developing diabetes after pregnancy ends. It is recommended that you get tested for diabetes after your pregnancy ends.

Sexually transmitted infections (STIs)

You should be screened for STIs during your first antenatal visit. Women who have an STI are very likely to transmit it to their baby. Depending on the infection, a baby born to a woman with an STI is at a higher risk for:

- low birth weight
- conjunctivitis
- pneumonia
- neonatal sepsis (infection in the baby's blood stream)
- neurologic damage

- blindness
- deafness
- acute hepatitis
- meningitis
- chronic liver disease
- cirrhosis
- The STIs that are commonly screened for during antenatal visits include:
 - gonorrhea
 - chlamydia
 - syphilis hepatitis B
 - hepatitis C
 - HIV

Not only is there a risk that these infections can be passed from mother to child, but they can also cause serious complications during pregnancy. For example, an untreated gonorrhea infection can increase the risk of miscarriage, premature birth, and low birth weight. Women who have HIV

can transmit the virus to their child during pregnancy, childbirth, or breastfeeding.

To prevent this, mothers with HIV must take medications to treat HIV. Babies born to mothers with HIV can receive this drug for several weeks after birth. The mothers with HIV-positive partners should talk to their doctors about pre-exposure prophylaxis (PrEP) to reduce their chances of contracting HIV.

SUMMARY OF RELATED LITERATURE

The routine Antenatal Care (RANC) 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 (Millennium Development Goals, 2015). According to Bhutta, Chopra, Axelson, Berman, Boerma, Bryce, Bustreo and Cavagnero (2010), Routine Antenatal Care is evidence based, client centred, and goal directed care, provided by skilled health providers with emphasis on quality rather than frequency of visits. The approach submits that every pregnant woman is at risk of complication and that all women should therefore receive the same basic care and monitoring for complications (World Health Organisation,

2001). Essential interventions in Routine Antenatal Care include identification and management of obstetric complications such as preeclampsia, tetanus toxoid immunization, Intermittent Preventive Treatment (IPT) for malaria during pregnancy, and identification and management of infections and other Sexually Transmitted Infections (STI) (Magadi, Madise & Rodrigues, 2010).

CHAPTER THREE

METHODOLOGY

This chapter deals with the methods and procedures used in this study. They were discussed under the following sub-headings:

- Research Design
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Administration of the Instrument
- Method of Data Analysis

Research Design

The design used for this study is descriptive survey research design. This was considered appropriate for the study because it sought to establish the characteristics of the variables of the study. Survey design have advantage in that the data collected can be generalized from all population and that

provide relatively simple and straight forward approach to the study of value, attitudes, beliefs and motives.

A descriptive research design can use a wide variety of research methods to investigate one or more variables. It collects data that are used to answer a wide range of what, when, and how questions pertaining to a particular population or group. This approach is considered most appropriate because it enables the researcher to observe, describe, examine, record, analyze and interpret the variables that will be found in this study.

Population of the Study

The population of this study consists of pregnant women in Egor primary Health Center. The target population of this study was the amount of registered pregnant women in the primary Health center. According to the attendance register, the amount of pregnant women receiving antenatal care services in this health facility from January 2022- up till date is 104 women.

Sample and Sampling Technique

A total of 104 pregnant women who are registered for Antenatal care under Egor Primary Health Center .The sample of 104 pregnant women representing the total population of registered pregnant women in Egor Primary Health Center, is used for the study. The sampling technique adopted for this study is Simple Random sampling technique.

Research Instrument

The research instrument used for data collection in this research is a self structured questionnaire. Here,the respondents themselves records their responses in spaces provided in the questionnaire according to instructions. This instrument was adopted for easy collection data from the respondents. The questionnaire is made up of three sections, section A,B and C. Section A includes the bio-data or personal information of the respondents,the Section B comprises of 10 alternatives “Yes or No” items which the respondents responded to, While the Section C comprises of a four (4) points scale (linkert rating scale) ranging from Strongly Agreed (SA- 4 points), Agreed (A- 3 points), Disagreed(D- 2 points) to Strongly Disagreed (SD - 1

point) which will be used for the second and third research question ,the items 11-20 will be for the second research question while items 21-25 will be for the third research question.

Validity of the Instrument

The first set of the instrument was given to 2 judges who are lecturers in the department for their expert advice and suggestions in order to ascertain the content appropriateness of the research instrument. The purpose is to ensure the appropriateness of the instrument in eliciting the needed information before the instrument will be administered to respondents.

Reliability of the Instrument

Split-half reliability was adopted to test the reliability of this instrument. The coefficient of reliability (r) was 0.72 for the instrument. The Spearman Brown's correction formulae was used to solve for the coefficient of reliability (r), this indicated that the instrument was reliable for use.

Administration of the instrument

The research instrument which is the questionnaire was administered to the pregnant women in Egor primary Health center during the period of their antenatal classes. All the questions on the questionnaire was read and interpreted to the women to clear misconceptions. The Community Health Workers and Nurses assisted the researcher in the distribution and collection of the completed copies of the questionnaire. At the end, the copies distributed were collected for data analysis.

Method of Data Analysis

The method that was used in analyzing the data is Descriptive statistics. The responses were arranged according to the research questions earlier formulated in chapter one. The descriptive statistics that was used to present and describe information sought by the study are; tables, frequencies and percentage.

CHAPTER FOUR

PRESENTATION OF RESULT AND DISCUSSION OF FINDINGS

This chapter deals with the presentation of results and discussion of findings.

The result of the analysis is presented in the order of the research variables that guided the study.

Presentation of Results

Analysis of Demographic Data

Table 1: Age Distribution of Respondents

Age Distribution	Frequency	Percentage
20 Years	1	0.96%
21-29 Years	57	54.81%
30-38 Years	37	35.58%
39 years and above	9	8.65%
Total	104	100%

Source: field survey, 2023

The table above reveals the age distribution of the respondents. Majority of the respondents were within the ages of 21-29years (54.81%) followed by 30-38years (35.58%) while few of the respondents were between the age 20years 1 (0.96%) and above 39years (8.65%).

Table 2: Marital Status Distribution of Respondents

Marital Status Distribution	Frequency	Percentage
Single	25	24.04%
Married	78	75.00%
Divorced	1	0.99%
Total	104	100%

Source: field survey, 2023

The table above reveals the marital status distribution of the respondents. Majority of the respondents 78(75.00%) were married; while 25(24.04%) of the respondents were single, and 1(0.96%) of the respondent was divorced.

Table 3: Educational Status Distribution of Respondents

Educational Status Distribution	Frequency	Percentage
No formal education	2	1.92%
Primary education	1	0.96%
SSCE	26	25.00%
B.Sc.	57	54.81%
M.Sc.	8	7.70%
Others	10	9.62%
Total	104	100%

Source: field survey, 2023

The table above reveals the educational status distribution of the participants. Majority of the participants 57 (54.81%) were B.Sc. holders; followed by 26 (25.00%) of the respondents who had SSCE result, 10 (9.62%) of the respondents had Other certification, 8(7.70%) of the respondents had M.Sc. degree, 2 (1.92%) of the respondents had no formal education, while 1(0.96%) of the respondent had Primary education certification.

Table 4: Occupational Distribution of Respondents

Occupation Distribution	Frequency	Percentage
Housewife	25	24.04%
Self-employed	45	43.30%
Government employee	15	14.42%
Private employee	17	16.35%
Student	2	1.92
Total	104	100

Source: field survey, 2023

The table above reveals the occupational distribution of the participants. Majority of the participants 45 (43.30%) were self-employed. followed by 25 (24.04%) of the respondents who were housewives, 17 (16.35%) of the respondents indicated they were private employee, 15 (14.42%) of the

respondents work in a government establishment, while 2 (1.92%) of the respondents were students.

Table 5: Religion Distribution of Respondents

Religion Distribution	Frequency	Percentage
Christian	82	78.85%
Muslim	19	18.27%
Others	3	2.88%
Total	104	100

Source: field survey, 2023

The table above reveals the religious distribution of the respondents. Majority of the respondents 82 (78.85%) were Christians by religion followed by 19 (18.27%) of the respondents who claimed to be Muslims by religion, while 3 (2.88%) of the respondents claimed to be part of other religious body.

Analysis of the Research Questions

Research Question One: What is the level of Knowledge of pregnant women about routine antenatal care services in Egor L.G.A, Edo state?

Table 6: Respondents level of Knowledge about routine antenatal care services in Egor L.G.A, Edo state?

S/N	ITEMS	YES (%)	NO (%)	TOTAL %
1.	Do pregnant women need to go for antenatal?	103 (99.04)	1 (0.96)	104 (100)
2.	Does routine antenatal care helps in promoting healthy pregnancy?	104 (100.00)	-	104 (100)
3.	Should the first antenatal check up be on the first 3 months?	96 (92.31)	8 (7.69)	104 (100)
4.	Does antenatal care helps in pregnancy preparedness	101 (97.12)	3 (2.88)	104 (100)
5.	Is an antenatal class good to prepare pregnant women mentally?	94 (90.38)	10 (9.62)	104 (100)
6.	Does Antenatal care helps in complications prevention	99 (95.19)	5 (4.80)	104 (100)
7.	Does Antenatal care services deals with each woman's specific needs	90 (86.54)	14 (13.46)	104 (100)
8.	Can high blood pressure affect the foetus growth?	93 (89.42)	11 (10.58)	104 (100)
9.	Do pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy	100 (96.15)	4 (3.85)	104 (100)
10.	Does a pregnant woman need to take extra food compared to a non-pregnant state?	63 (60.58)	41 (39.42)	104 (100)

Table above analysed respondents' level of knowledge about routine antenatal care services in Egor L.G.A, Edo state. Majority 103 (99.04) of the respondents affirm that pregnant women need to go for antenatal while 1 (0.96) of the respondent has a contrary opinion. All of the respondents 104 (100.00) believe that routine antenatal care helps in promoting healthy pregnancy. 96 (92.31) of the respondents agree that first antenatal checkup should be on the first 3 months while 8 (7.69) have a contrary opinion. 101 (97.12) of the respondents affirm that antenatal care helps in pregnancy preparedness while 3(2.88) of the respondents do not agree to that assertion. 94 (90.38) of the respondents agrees that antenatal class is good to prepare pregnant women mentally while 10 (9.62) of the respondents do not agree. In the same vein, 99 (95.19) of the respondents affirms that antenatal care helps in complication prevention but 5 (4.80) of the respondents says No to the above t statement. 90 (86.54) of the respondents agrees that antenatal care services deals with each woman's specific needs while 14 (13.46) of the respondents do not agree with that assertion. Furthermore, majority of the respondents 93 (89.42) affirm to that fact that high blood pressure can affect the foetus growth while 11 (10.58) disagree. 100 (96.15) of the respondents

agrees that pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy while few respondents 4 (3.85) have a contrary opinion. The table further revealed that 63 (60.58) of the respondents agree that pregnant woman need to take extra food compared to a non-pregnant women while 41 (39.42) of the respondents categorically says NO.

Research Question Two: What are the attitudes of pregnant women towards routine antenatal care services in Egor L.G.A, Edo state?

Table 7: Respondents attitudes towards routine antenatal care services in Egor L.G.A, Edo state

S/N	VARIABLES	SA (%)	A (%)	D (%)	SD (%)	TOTAL (%)
11	Is early antenatal booking good for your pregnancy	56 (53.85)	48 (46.15)	-	-	104 (100)
12	Do you plan to deliver in the hospital if you are pregnant again?	53 (50.96)	50 (48.08)	-	1 (0.96)	104 (100)
13	I prefer Antenatal clinic because seeing other women in the clinic relives anxiety	44 (42.31)	53 (50.96)	6 (5.77)	1 (0.96)	104 (100)
14	I feel antenatal care is an opportunity for individualized care	36 (34.62)	57 (54.81)	10 (9.6)	1 (0.96)	104 (100)
15	I prefer to wait for the foetus (baby) to move before going for antenatal care.	25 (24.04)	27 (25.96)	41 (39.42)	11 (10.58)	104 (100)
16	Antenatal follow up is good to monitor mother's and foetus' health	55 (52.88)	49 (47.12)	-	-	104 (100)
17	I believe alcohol drinking will affect fetal growth	54 (51.92)	46 (44.23)	1 (0.96)	3 (2.88)	104 (100)
18	Would you do early preparation for the delivery?	65 (62.50)	38 (36.54)	1 (0.96)	-	104 (100)
19	I prefer Antenatal classes because it involves counselling slot an expectant woman's health	48 (46.15)	53 (50.96)	2 (1.92)	1 (0.96)	104 (100)
20	I prefer routine antenatal care because health issues can be related subsequently with health care providers	56 (53.85)	47 (45.19)	1 (0.96)	-	104 (100)

Table 7 above analysed the attitudes of pregnant women towards routine antenatal care services in Egor L.G.A, Edo state. The data analysed revealed that 104 (100) of the respondents agreed that early antenatal booking is good for pregnancy. 103 (99.04) of the respondents agreed that they plan to deliver in the hospital if they are pregnant again while 1 (0.96) of the respondents do not agree. 97 (93.27) of the respondents agreed that they prefer antenatal clinic because seeing other women in the clinic relieves anxiety while 7 (6.73) of the respondents disagree. Majority of the respondents 93 (89.43) agreed that they feel antenatal care is an opportunity for individualized care while 11 (10.56) of the respondents disagree. 52 (50.00) of the respondents agreed that they prefer to wait for the foetus (baby) to move before going for antenatal care while 52 (50.00) the respondents disagree. This obviously indicated that half of the respondents agree to the item under analysis and half of the respondents disagree with the assertion. Also, all of the respondents 104 (100) agreed that antenatal follow up is good to monitor mother's and foetus' health. Majority of the respondents 100 (96.15) also agree that drinking alcohol will affect fetal growth while 4 (3.84) disagree. The data further revealed that majority of the respondents 103 (99.34) agreed that they will do early preparation for the

delivery while single respondent 1 (0.96) disagree. Majority of the respondents 101 (97.11) agreed that they prefer antenatal classes because it involves counselling slot on expectant woman's health while 3 (2.88). Lastly, 103 (99.04) of the respondents agreed that they prefer routine antenatal care because health issues can be related subsequently with health care providers while 1 (0.96) of the respondent disagree.

Research Question Three: What are the factors that may contribute to low utilisation of routine antenatal care in Nigeria?

Table 8: Respondents response to factors that may contribute to low utilisation of routine antenatal care in Nigeria

S/N	VARIABLES	SA (%)	A (%)	D (%)	SD (%)	TOTAL (%)
21	I am reluctant to visit the antenatal clinic because of long distance	10 (9.6)	1 (0.96)	36 (34.62)	57 (54.81)	104 (100)
22	I do not like to visit antenatal clinic because of the bad attitude of workers	-	1 (0.96)	53 (50.96)	50 (48.08)	104 (100)
23	I get discouraged on visiting antenatal clinic because there are no health care workers	45 (43.27)	15 (14.42)	30 (28.84)	14 (13.46)	104 (100)
24	I feel shy or embarrassed to visit antenatal clinic	-	-	56 (53.85)	48 (46.15)	104 (100)
25	I do not like antenatal clinic because I perceived it as showing off the pregnancy.	-	2 (1.92)	44 (42.31)	58 (55.77)	104 (100)

Table 8 above analysed the factors that may contribute to low utilisation of routine antenatal care in Nigeria. The data analysed revealed that 93 (89.43) of the respondents disagreed that they are reluctant to visit the antenatal clinic because of long distance while 11 (10.56) of the respondents agree with the assertion. The data analysed also revealed that 103 (99.04) of the respondents disagree with the question if they do not like to visit antenatal clinic because of the bad attitude of workers while 1 (0.96) of the respondent agree. It was further revealed that 60 (57.69) of the respondents agree that they get discouraged on visiting antenatal clinic because there are no health care workers while 44 (42.30) of the respondents disagreed with the statement. All of the respondents 104(100) disagree with the statement that they feel shy or embarrassed to visit antenatal clinic. It was further revealed that 102 (98.08) of the respondents disagree with the statement that they do not like antenatal clinic because it is perceived as showing off the pregnancy while 2 (1.92) agree with the statement.

Discussion of Findings

The following are the discussions on the data presented and analysed on the impact of antenatal care among pregnant women at Egor Primary Care Center in Edo State.

The result on research question one which find out the level of knowledge of pregnant women about routine antenatal care services in Egor L.G.A, Edo state revealed that majority of the respondents agreed that they have high level of knowledge about routine antenatal care services as they firmly agreed that routine antenatal care helps in promoting healthy pregnancy, first antenatal checkup be on the first 3 months, antenatal care helps in pregnancy preparedness, antenatal class is good to prepare pregnant women mentally, antenatal care helps in complications prevention, antenatal care services deals with each woman's specific needs, that high blood pressure affect the foetus growth, pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy. This finding is in agreement with Magadu, Maduse, and Rodignes (2012) who asserted that the knowledge of expectant

mother is an important factor in determining routine antenatal services among pregnant women.

The result on research question two which seek to find out the attitudes of pregnant women towards routine antenatal care services in Egor L.G.A, Edo state revealed that majority of the respondents have a positive attitude towards routine antenatal care services as they agreed that: early antenatal booking is good for pregnancy, they plan to deliver in the hospital if they are pregnant again, prefer antenatal clinic because seeing other women in the clinic relieves anxiety, feel antenatal care is an opportunity for individualized care, antenatal follow up is good to monitor mother's and foetus' health, drinking alcohol will affect fetal growth, would prepare early for the delivery. This findings is in line with the work of Park (2009) who asserted that attitude is an acquired characteristic that makes an individual respond in a specific way.

The result of the data analyzed as to research question three which seek to find out the factors that may contribute to low utilisation of routine antenatal care in Nigeria revealed that majority of the respondents disagree with the

items under analysis. The respondents do not seem to agree with the items that they are reluctant to visit the antenatal clinic because of long distance, they do not like to visit antenatal clinic because of the bad attitude of workers, they feel shy or embarrassed to visit antenatal clinic, and they do not like antenatal clinic because they perceived it as showing off the pregnancy. This finding is not in line with the work of Baffour (2015) who stated that attitudes and behaviours of healthcare providers in antenatal care clinics such as failing to respect the privacy, confidentiality and traditional beliefs of the women negatively influence the use of antenatal services.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents a summary of the major findings, conclusion and recommendations of this study.

SUMMARY

This research was conducted in order to examine the Knowledge and attitudes of pregnant women towards routine Antenatal care in Egor Primary health center, Benin City. In order to carry out this study, specified research questions were formulated and used for the study. The review of related literature was done using the variables of the research questions. This was accomplished by employing the use of past research works, academic journals and textbooks.

A descriptive survey design was used for the study. The sampling technique that was adopted for this study was the simple random sampling technique and the total number of 104 registered pregnant women were used. . Data were collected using questionnaire made up of (25) items on the level of Knowledge of pregnant women about

routine antenatal care services, the attitudes of pregnant women towards routine antenatal care services and the factors that may contribute to low utilisation of routine antenatal care

The findings of the research work was analyzed and it was identified that more than 90% of pregnant women have high level of knowledge about routine Antenatal care while more than 80% of pregnant women have a positive attitude towards routine antenatal care. Data collected, was subjected to statistical analysis and the results of the analysis were all significant at 0.05 level.

CONCLUSION

Based on the findings of the research, the researcher draws the conclusion from the research questions used in this study and they are;

It can be concluded from the results obtained from pregnant women in Egor Primary health center with regards to the first research question which states "what is the level of knowledge of pregnant women about routine antenatal care" that majority of the respondents agreed that they have a high level of knowledge about routine antenatal care services as they agreed that Routine

Antenatal Care helps in promoting healthy pregnancy, first antenatal checkup be on the first 3 months, antenatal care helps in pregnancy preparedness, antenatal class is good to prepare pregnant women mentally, antenatal care helps in complications prevention, antenatal care services deals with each woman's specific needs, that high blood pressure affect the foetus growth, pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy.

It can also be concluded from the results obtained from the pregnant women with regards to the second research question which states "What are the attitudes of pregnant women towards routine antenatal care" that majority of the respondents have a positive attitude towards routine Antenatal care as they agreed that: early antenatal booking is good for pregnancy, they plan to deliver in the hospital if they are pregnant again, prefer antenatal clinic because seeing other women in the clinic relives anxiety, feel antenatal care is an opportunity for individualized care, antenatal follow up is good to monitor mother's and foetus' health, drinking alcohol will affect fetal growth, would prepare early for the deliver

It can be concluded from the results obtained from pregnant women with regards to the third research question which states "What are the factors that may contribute to low utilisation of routine antenatal care services" that majority of the respondents disagree with the items under analysis. The respondents do not seem to agree with the items that they are reluctant to visit the antenatal clinic because of long distance, they do not like to visit antenatal clinic because of the bad attitude of workers, they feel shy or embarrassed to visit antenatal clinic, and they do not like antenatal clinic because they perceived it as showing off the pregnancy.

RECOMMENDATIONS

On the basis of the findings of the study, the following recommendations had been made for the further study:-

1. There should be intensification of Health Education on routine antenatal care among pregnant women.
2. The Edo State Ministry of Health should build and strengthen the capacity of the staff of Primary Health Care Centres through special workshops and seminars on routine antenatal care.

3. Women of child bearing age should be educated on the effectiveness of routine antenatal care so that they can develop positive attitude towards using it.
4. Special attention should be paid to people of low socio-economic level because of the severity of health problems in that population.
5. Government should equip health facilities with more health personnel.
6. Policy makers should implement changes in the health care delivery system towards routine antenatal care.

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APPENDIX

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

BENIN CITY

EDO STATE

Dear respondent,

A questionnaire is designed to elicit the response of pregnant women on routine antenatal care. The information gathered from this exercise is purely for academic purposes and strictly confidential. It is therefore important that you respond sincerely to the items.

SECTION A: DEMOGRAPHIC DATA

Instruction: please tick [] the option that you seemed appropriate

Age group: [20 years] [], [20-29] [] 30-39 [], above 39 years []

Marital status: Single [], Married [], Divorced []

Educational status: No formal education [], primary education [], SSCE [], B.Sc [], M.Sc [], others []

Occupation: Housewife [], Self-employed [], Government employee [], private employee [], student []

Religion: Christian [], Muslim [], others e.g African Traditional []

SECTION B: For each of the variable, there are five statements with two level of responses which are "Yes or No".

S/N	VARIABLES	Yes	No
	WHAT IS THE LEVEL OF KNOWLEDGE OF PREGNANT WOMEN ABOUT ROUTINE ANTENATAL CARE?		
1	Do pregnant women need to go for antenatal?		
2	Does Routine antenatal care helps in promoting healthy pregnancy		
3	Should the first antenatal check up be on the first 3 months?		
4	Does Antenatal Care helps in pregnancy preparedness		
5	Is antenatal classes good to prepare pregnant women mentally?		
6	Does Antenatal care helps in complications prevention		
7	Does Antenatal care services deals with each woman's specific needs		
8	Can high blood pressure affect the foetus growth?		
9	Do pregnant woman need vitamin supplement and iron folic acid tablet during pregnan		
10	Does a pregnant woman need to take extra food compared to a non-pregnant state?		

SECTION C: For each of the variable, there are five statements with four levels of responses which are 'SA,A,SD,D'

SA - Strongly Agree

A – Agree

D – Disagree

SD - Strongly Disagree

S/N	VARIABLES	SA	A	D	SD
	WHAT ARE THE ATTITUDES OF PREGNANT WOMEN TOWARDS ROUTINE ANTENATAL CARE SERVICES				
11	Is Early antenatal booking good for your pregnancy				
12	Do you plan to deliver in the hospital if you are pregnant again?				
13	I prefer Antenatal clinic because seeing other women in the clinic relives anxiety				
14	I feel antenatal care is an opportunity for individualized care				
15	I prefer to wait for the foetus (baby) to move before going for antenatal care.				
16	Antenatal follow up is good to monitor mother’s and foetus’ health				
17	I believe alcohol drinking will affect fetal growth				
18	Would you do early preparation for the delivery?				
19	I prefer Antenatal classes because it involves counselling slot an expectant woman's health				
20	prefer Routine Antenatal care because health issues can be related subsequently with health care providers.				
	WHAT ARE THE FACTORS THAT MAY CONTRIBUTE TO LOW UTILISATION OF ROUTINE ANTENATAL CARE IN NIGERIA				
21	I am reluctant to visit the antenatal clinic because of long distance				
22	I do not like to visit antenatal clinic because of the bad attitude of workers				
23	I get discouraged on visiting Antenatal clinic because there are no health care workers				
24	I feel shy or embarrassed to visit antenatal clinic				
25	I do not like Antenatal clinic because I perceived it as showing off the pregnancy.				