

# **ANTENATAL INTEREST OF PREGNANT WOMEN IN AWKA DISTRICT, NIGERIA: IMPLICATION FOR CONSELLING**

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## **Abstract**

The major purpose of this research was to study the level of antenatal interest of pregnant women in Awka District of Nigeria. The population for the study was 380 mothers who attended antenatal clinic from April 2012 to September 2013. No sampling was done. All the women who attended antenatal clinic from April 2013 – September 2013 were used for the study. Three research questions and three hypotheses guided the study. The instrument for data collection was researchers made questionnaire which was duly validated by experts. Reliability co-efficient of 0.92 was calculated using test re-test. The collected data were subjected to mean and t-test. The findings indicate there is a significance difference in the level of antenatal interest between urban and rural women. There were also no significant different between the age of the women. Based on the findings the researchers recommended that more counselling should be given to women from rural area on the importance of attending antenatal regularly and show interest.

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**Keywords:** Antenatal Interest, Pregnant women, counselling

## **Introduction**

All over the world pregnant women are expected to attend antenatal clinic to have positive feelings towards antenatal. It is a worldwide practice for pregnant women to avail themselves of antenatal care by attending antenatal clinics. Pregnancy is usually viewed by public as a period of emotional well being that is protected against mental disorder (Terry, 2010).

According to Bruce (2005) antenatal care traditionally focuses on physical health rather than on emotional health. Antenatal care is aspect of technology, which is broadly accepted as a way to improve women's health (Brookfied, 1996). Pregnant women are encouraged to seek antenatal care, which is a major component of maternity care, as soon as conception is suspected (Brown, 2004). Duplight (2010) suggests that antenatal care is the best preventive care medicine can offer pregnant women to reduce morbidity and mortality in both women and their babies. The accepted antenatal care worldwide and delivered in most developed countries and some developing countries is the western type of care using medically trained personnel. World Health Organization (1994) notes that antenatal care is only care, one of the pillars of safe motherhood.

Today, the principles of health promotion are seen as critical in the development of antenatal education. Pregnant women need to be well informed. Nutbeam (2000) observes that antenatal care provide pregnant women the opportunity to learn skills in order to practice desired behaviours. Antenatal care according to Nwosu (2006) is a key to improved maternal and infant health. However, survey data from sub-Saharan African indicate that women often only initiate antenatal care after the first trimester and do not achieve the recommended number of antenatal care visits. (Nutbeam, 2000 & Brookfied, 1996). Parental care, skilled birth attendance and postnatal care strategies have been recommended for several years and are important intervention for improving maternal and child health in general and in developing countries in particular (Terry, 2010 & Brulgey, 2006).

According to the WHO guidelines every woman must get care during pregnancy, childbirth and postpartum period. Recognizing the importance of pregnancy in women, the government of Nigeria has formulated a number of strategies and interventions for improving maternal and child health in the country. The National Population 2000, the National Health Policy 2002, the reproductive and Child Health program stipulated the importance of antenatal care. The policies and interventions are designed to improve the health of the general masses especially maternal child health care and interest among women in Nigeria.

Despite all these efforts, the utilization of care during pregnancy, at child birth and during the post partum period has been limited in Nigeria (Nwoye, 2009). He observes that only very few women go for antenatal early. Not only is the utilization of recommended care low, there are also pronounced inequalities in antenatal and postpartum care. Late antenatal care attendance could be linked to women having higher rate of prenatal mortality, premature delivery and birth complications (prenatal and maternal mortality review committee PMMRC, 2010).

In another development, Colins (2009) notes that antenatal care has improved the rate of maternal death, and the use of antenatal care helps to reduce prenatal mortality. He notes also that women in urban cities attend antenatal regularly and they show interest by attending. Antenatal interest is highly valued by scientists and counsellors all over the world. Advice and counselling are important components of the antenatal interest, care package and key to improving health behaviour and care seeking during pregnancy, post-partum period. The information provided during the antenatal seasons enables women and their family members to adopt healthy promoting behaviour and to identify and act on medical emergencies that may arise during pregnancy, delivery, and post-partum periods. The information provided during antenatal sessions help to increase interest and also enables women to take proper care of their newborn, advice on appropriate family planning methods, ensures spacing between the children and preventing unwanted births (Saunders 2004, Jackson, 2010 & Jean & Gaye 2007). Although there is sufficient evidence to show the effectiveness of advice and counseling during sessions in developed countries (Rooney, 2009 & Jackson, 2010). There is little emphasis on advice and counselling during antenatal visits in developing country settings. Such little emphasis advice and counselling during antenatal sessions contributes to low interest, the discrepant pattern of high antenatal care, but low skilled attendance in sub-Saharan African country setting (Terry, 2010).

There is need that midwives, scientist and counsellors should help pregnant women to motivate their interest during this period. Research studies conducted in the area of rural and urban antenatal clinic differ significantly in relation to their antenatal interest (Kelly 2006; Jobby & Jinan 2011), age of the pregnant women, Zupig (2009) observes that younger pregnant women attend antenatal clinic in developed countries than much older women in relation to their antenatal interest.

Thus, in the present study an attempt was made to study the antenatal interest of pregnant women in Awka district of Nigeria.

### **Objectives**

1. To find out the level of antenatal interest of pregnant women.
2. To find out the antenatal interest of rural and urban pregnant women.
3. To find out the antenatal interest of pregnant women between the age range of 21 – 30 and 31 – 40.

### **Hypotheses**

- 1) The antenatal interest of pregnant women is high.
- 2) There is no significant difference between rural and urban pregnant women in respect of their antenatal interest.

- 3) There is no significant difference between age range of pregnant women in respect of their antenatal interest.

**Methods**

The survey method was considered appropriate for gathering data about antenatal interest of pregnant women. The sample of the study was 380 women who registered for antenatal from April, 2013 to September, 2013. The antenatal interest inventory was used for the study. There is also a separate column in the first phase of the inventory along with instruction where the pregnant women were asked to give particulars like locality and age. The validity of the inventory was established by experts and reliability was 0.92 using test re-test. Mean and t-test was used to analyze the data.

**Findings**

The findings are tabulated below:

Table 1: Antenatal Interest score of Total Samples

Sample	N	Mean	Standard Deviation
Total	380	24.76	6.147

The mean and standard deviation for the antenatal interest scores of pregnant women for total samples are found to be 24.76 and 6.147 respectively. The mean value is more than the mid scores 22.5. Hence it can be inferred that the antenatal interest of pregnant women is high.

Table 2: Comparison of antenatal interest scores of pregnant women in Awka District

Groups	N	Mean	Standard Deviation	t-test	Level of significant
Urban	145	23.03	7.27		
Rural	135	28.75	6.23	5.12	Significant

Significant at 0.5 level

From this table it was observed that there is a significant difference in the level of antenatal interest between rural and urban pregnant women.

Table 3: Comparison of antenatal interest scores of pregnant women in Awka District

Groups	N	Mean	Standard Deviation	t-test	Level of significant
Age 21-30	130	25.01	5.33		Not significant
Age 31-40	150	24.92	8.12	0.14	

Significant at 0.5 level

From this table it was observed that there is no significant difference in the level of antenatal interest between the level of antenatal interest of age 21 – 30 and 31 – 40 of pregnant women.

## **Discussion**

Findings from the study showed that antenatal interest of pregnant women is high. The findings is in line with the findings of Collins (2009) who observed that antenatal care has improved the rate of maternal death and the use of antenatal care helps to reduce prenatal mortality. He noted also that women in urban cities attend antenatal clinic regularly. The study is not in line with the study of Nwoye (2006) who observed that only few women go for antenatal clinic earlier and that the utilization of recommended care is low.

The study also revealed that there is no significant difference between the mean scores of the pregnant women based on age 21 – 30 and 31 – 40. This is not surprising because pregnant women know the importance of receiving antenatal care for their health and their babies. The findings from the study also show that there is a significant difference in the level of antenatal interest between rural and urban pregnant women. The findings tallies with earlier findings of Collins (2009) who observed that women in urban cities attend antenatal clinic regularly. This shows that the antenatal interest of urban is higher than the rural pregnant women. The evidence suggests that rural pregnant women need advice and counselling.

## **Implication for Counselling**

The findings of the study have numerous implications arising, and having known that the interest of pregnant women from rural areas is low, therefore there is need that counsellors should be posted to the rural areas of the communities to enable them counsel them on the importance of antenatal visits, more counselling should be given to pregnant women especially rural areas to motivate their antenatal interest. Counsellors should be more involved in counselling sessions for pregnant women in hospitals and different health centre.

## **Conclusion**

The results showed that the antenatal interest of pregnant women is high. Further, it is noted that there is a significant relationship between urban and rural pregnant women, but there is no significant difference between age 21 – 30 and 31 – 40 of antenatal interest of pregnant women. From the findings, it is important that more counselling should be given to pregnant women especially rural areas to motivate their antenatal interest.

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