

**ATTITUDE TOWARDS ANTENATAL CARE SERVICES AMONG PREGNANT WOMEN
ATTENDING TORORO GENERAL HOSPITAL, TORORO DISTRICT.**

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Abstract

Background

Pregnant women's attitudes towards ANC are influenced by personal beliefs, past experiences, and societal norms. The study aimed to identify attitudes towards antenatal care services among pregnant women attending Tororo General Hospital, Tororo district.

Methodology

A descriptive cross-sectional study, with a sample size of 50 respondents, employed quantitative methods. The study employed probability sampling, specifically a simple random sampling technique.

Results

The majority (88%) of the respondents were married, while the minority (12%) were living a single life. The majority (76%) reported that the quality of services rendered during antenatal care was good, 18% reported that the services were excellent while only 6% reported fair-quality services, and none of the mothers reported poor-quality services. (68%) reported that their partners/families somewhat supported them in attending Antenatal Care, 30% of them reported very supportive family/partners while only 2% reported neutral support, however, none of them reported being unsupported or very unsupportive. (56%) Of the women had financial constraints as a major reason for them not attending ANC, 20% reported of lack of transport, 18% reported long distances from the health Centre 4% reported that their culture perceives TBAs to be more knowledgeable than the professional health care workers. Only 2% reported to have ever experienced a negative encounter with the health workers.

Conclusion

The overall attitude towards antenatal care was also good as most of the respondents showed a positive attitude towards ANC.

Recommendation

The MOH, through continuous medical education, should also increase the training of health service providers in order to ensure continuity in community sensitization, organizing education programs through radios and televisions as well as social media.

Key words: *Pregnant women's attitudes, Quality of ANC services, Tororo General Hospital.*

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Background of the study

Pregnant women's attitudes towards ANC are influenced by personal beliefs, past experiences, and societal norms. Positive attitudes towards ANC are crucial for regular attendance and engagement with healthcare services. Conversely, negative attitudes, often rooted in misinformation or cultural stigmas, can deter women from seeking necessary care (Mukunya et al, 2020). 48% of women according to this study reported dissatisfaction with the quality of ANC services, citing issues such as long waiting times, understaffing, and inadequate infrastructure at health facilities. A total of 289 pregnant mothers were enrolled in the study with a mean age of 27.7 years revealed that women have good attitude. Most mothers reported that high blood pressure (92.4%), maternal smoking (97.6%), alcohol consumption

(97.2%), infection (92.7%), and medicines (98.3%) had affected fetal growth during pregnancy, and participants showed positive attitudes towards the ANC services provided to them (Tefsai et al, 2023)

Many women believe that ANC is essential for healthy pregnancies. However, cultural factors can influence these beliefs, leading to varying levels of engagement (Oladapo et al, 2021). A significant percentage of women (around 80%) reported awareness of ANC services, but the knowledge of specific recommendations (such as the number of visits) was lower. A study conducted in Asia discovered that the maternal health level of Indian women was inferior as compared to other developed countries. Antenatal care is the clinical assessment of both mother and fetus, during the period of pregnancy. Safe

motherhood by providing good antenatal care (ANC) is very crucial to reduce maternal mortality ratio and infant mortality rate and to achieve millennium development goals (Eram U et al, 2016).

Tororo General Hospital, located in Tororo District, Uganda, serves a diverse population, including a significant number of pregnant women from various socio-economic backgrounds. The district has seen improvements in healthcare infrastructure; however,

Methodology

Study Design

A descriptive cross-sectional study was used to employ quantitative methods of data collection because it gave a general picture of the study and also data collection took place within the shortest period of time.

Study Area

This study was carried out in Tororo general hospital in ANC-clinic being the fact that it was a suitable accessible focal point where the researcher accessed pregnant women who attended antenatal care services that day.

Study population

The study population was all pregnant women who attended the ANC clinic that day and were willing to take part in the study.

Sample Size and sample size determination

Sample size was calculated using QR/T (Burton, 1965) Where;

Q=Total number of days spent in data collection

R= Maximum time taken by the interviewer per day

T= Maximum time taken by the interviewer

Therefore;

R= 5 hours

Q= 5days

T= ½ hours

$QR/T = (5 \times 5) / 1/2$

$25 / 1/2 = 50$ respondents

Therefore, the sample size for this study was **50 respondents**.

Sampling Technique

This study employed probability sampling specifically simple random sampling technique to select respondents. This sampling technique was preferred because the researcher was able to select a sample size that has an unbiased representation of the population since all respondents had equal chances and less time consuming.

Data Collection Method

The questionnaire was used in this study since many respondents were gotten at the same time and provides

challenges remain in optimizing ANC uptake and quality. Effective ANC involves regular medical check-ups, nutritional advice, immunizations, and education on safe childbirth and postnatal care. These services are vital for monitoring the progress of pregnancy, identifying potential risks, and preparing women for delivery (Tshuma et al, 2017). The study aimed to identify attitudes towards antenatal care services among pregnant women attending Tororo General Hospital, Tororo district.

anonymity to respondents which puts them at ease and encouraged them to answer truthfully.

Data Collection Tool

This study used a semi structured questionnaire with both open ended and closed ended questions developed on the basis of literature review. It contained section 1 (demographic data) with 11 questions, section 2 (attitude towards antenatal care) with 8 questions.

Data Collection Procedure

Women's knowledge towards antenatal care services was assessed using well-structured questions, explained to them until they confirmed that they had understood. Data was collected using a well-structured questionnaire that was completed by face-to-face interviews with the respondents. Data included information regarding participants' demographics and attitude towards antenatal care services.

Study Variables

This research aimed at determining the attitude towards antenatal care services among pregnant women attending Tororo General Hospital in Tororo district where the independent variable was Attitude and the dependent variable was antenatal care services among the pregnant women attending Tororo general hospital in Tororo district.

Quality Control

To ensure collection of quality data, the questionnaire was pre-tested on 10 pregnant women eligible at Malaba Health Centre IV to test the validity and reliability of the questions and time needed to conduct an interview with each mother, after piloting, the captured information was modified to improve clarity before undertaking the study. Time required for the study was determined in the pilot study and ample time was given for data collection.

All pregnant women who attended ANC on the day of study, were in good health conditions, were willing to take part in and had consented to take part in the study were included in the study while those in critical medical condition, didn't attend ANC on the day of study and unwilling to take part in the study were excluded from the study.

Data Analysis and Presentation

Data from the questionnaire were first managed and then analysis was done through tallying, coding, and editing. Raw data was cleaned and entered into the computer using Microsoft excel for frequency distribution tables and charts. Data analysis was also be based on the response to the questions. Results were presented using frequency distribution tables, bar graphs and pie charts.

Ethical considerations

A letter of introduction was obtained from the Kampala School of Health Sciences research committee introducing the researcher and seeking permission to carry out the study with assurance of confidentiality. The study was commenced after receiving a permission letter from the administration of Tororo General Referral Hospital. This is further followed by explaining the objectives of the study and ensuring consent had been made by participants to take part in the study. Any information obtained from the respondents was kept confidential and questionnaires were stored in a lockable case.

Results

Demographic data

Table 1: shows the demographic data (N=50)

1.AGE		
Age(Years)	Frequency (f)	%
15-19	9	18
20-24	15	30
25-29	15	30
30-34	4	8
35-39	6	12
40-44	1	2
TOTAL	50	100
2.EDUCATION LEVEL		
Primary school	17	34
Secondary school	26	52
Tertiary level	7	14
TOTAL	50	100
3.MARITAL STATUS		
Married	44	88
Single	6	12
TOTAL	50	100
4.INCOME LEVEL		

Low	39	78
Middle	11	22
TOTAL	50	100
5.RESIDENCE		
Rural	37	74
Urban	13	26
TOTAL	50	100
6.RELIGION		
Protestants	18	36
Born again	15	30
Catholic	9	18
Muslim	7	14
SDA	1	2
TOTAL	50	100
7.GRAVIDITY		
Prime gravid	14	28
Multigravida	36	72
TOTAL	50	100
8.PARITY		
Nulliparous	14	28
Multiparous	36	72
TOTAL	50	100
9.DISTANCE (KM)		
0.1-0.5	21	42
0.5-1.0	14	28
1.1-1.5	3	6
1.6-2	8	16

>2	4	8
TOTAL	50	100

Table 1 shows that 30% of the pregnant women were in the adolescent stage (15-19), 30% were in their 20-24 years of age, 12% were in the age range of 25-29, 8% were in the range of 30-34 years and 2% were in the age range of 40-44. Most (52%) of the women had attended up to secondary school level, 34% had at least attended up to primary level while only (2%) had studied up to tertiary level. The majority (88%) of the respondents were married while the minority (12%) was living a single life. (78%) of the pregnant women were low-income earners while the minority (22%) were middle-income earners. (76%) of the women who took part in the study resided in the rural areas while a minority (24%) were residents of the urban area. Most (36%) of the respondents were protestants, 30% were born again, 18% were catholics, 14% were Muslims and only 2% were seventh day Adventists (SDA). (72%) of the women who participated in the study were multiparous while the minor population (28%) was nulliparous. This is true for the gravidity as well where 72% were multi-gravid mothers while 28% were prime gravid women. 42% of the respondents lived within 0.1-0.5 km far from the health facility, 28% lived 0.5-1.0 km far away from the health facility, 6% lived within 1.1-1.5 km range from the health facility, 16% lived within 1.6-2.0 km and 8% lived beyond 2km from the hospital.

Attitude towards antenatal care services among pregnant women attending Tororo General Hospital

Table 2: Distribution of correspondents according to how they perceived quality of care at ANC clinic (N=50)

QUALITY OF CARE	frequency (f)	%
Excellent	9	18
Good	38	76
Fair	3	6
Poor	0	0
TOTAL	50	100
RESPONDENCE		
Yes	50	100
No	0	0
TOTAL	50	100

Table 2, majority (76%) reported that the quality of services rendered to the during antenatal care were good, 18% reported that the services were excellent while only 6% reported fair quality services and none of

the mothers reported of poor-quality services. 100% respondents reported that they believe that ANC are necessary to all pregnant women.

Table 3: shows the distribution of the respondents basing the trust they have towards the recommendations provide by the health worker (N=50)

RESPONDENCE	frequency(f)	%
Strongly agree	15	30
Agree	33	66
Neutral	2	4
Disagree	0	0
TOTAL	50	100

Table 4: shows the magnitude of support towards attending ANC by the pregnant, others from their families and husbands (N=50)

Response	frequency	%
Very supportive	34	68
Somewhat supportive	15	30
Neutral	1	2
Somewhat unsupportive	0	0
Total	50	100

Table 4, (68%) reported that their partners/families somewhat supported them in attending Antenatal Care,30% of them reported very supportive family/partners while only 2% reported neutral support, however, none of them reported being unsupported or very unsupportive.

Figure 1: shows main reason for not attending antenatal care visits (N=50)

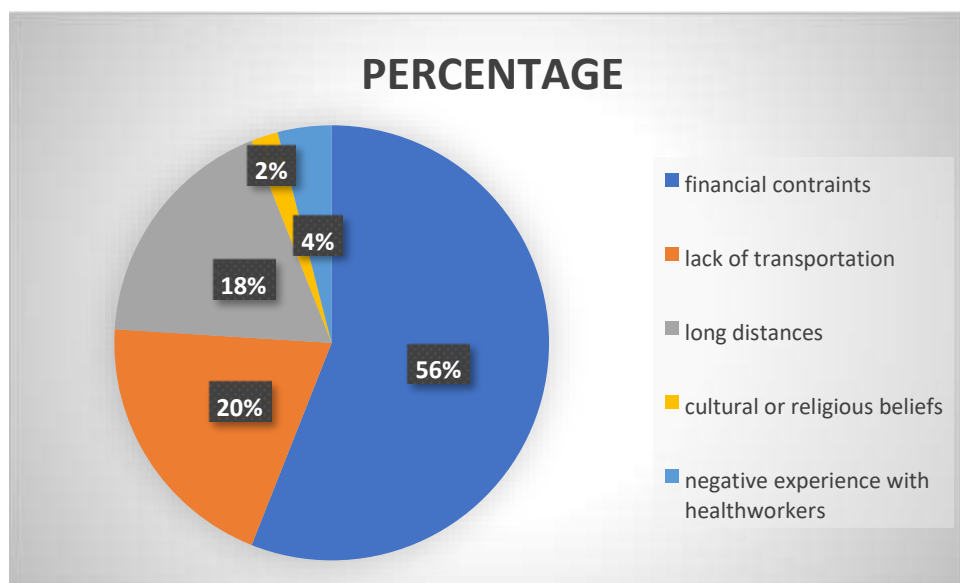


Figure 1, (56%) of the women had financial constraints as a major reason for them not attending ANC, 20% reported of lack of transport, 18% reported long distances from the health Centre 4% reported that their culture perceives

TBAs to be more knowledgeable than the professional health care workers. Only 2% reported to have ever experienced a negative encounter with the health workers

Discussion

Attitude towards antenatal care services among pregnant women attending Tororo General Hospital, Tororo district

Additionally, the research findings show that the majority of the respondents reported that the quality of services offered by the health workers to them was good, 18% reported excellence and only 6% of them reported fair quality. This is possible because of the drugs given to them, vaccinations they received during the visits, and also due to an adequate number of midwives that work during each shift. This finding corresponds with the study conducted in rural areas in Kenya where 58% of the women had a positive perception of ANC (Otieno et al, 2022). Equally, these results agree with (Oladapo et al, 2021) where most participants (approximately 70%) perceived the quality of care as good, but dissatisfaction was noted among those who experienced long wait times or inadequate provider interactions.

Equally the findings illustrate that 100% of the women whom attended ANC visit reported that they believe ANC services are necessary to all pregnant women thereby

increasing their attendance of ANC. These results coincide with the study conducted by Otieno et al (2022) in rural areas in Kenya.

Consequently, the study portrayed that the majority of the respondents (66%) reported that they agreed and trusted the recommendations provided by healthcare professionals during ANC visits, 30% strongly agreed and only 4% reported of neutral quality of services attributing their reasons to delays sometimes a shortage of drugs. This study concurs with one conducted by (Oladapo et al, 2021) where the majority of respondents expressed trust in healthcare providers, which positively correlated with the frequency of ANC visits.

The study outcomes equally highlight that more than half (68%) of the population that took part in the study reported that their partners/families somewhat supported them in attending Antenatal Care, this correlates with study which found that women with strong family support were more likely to attend ANC regularly, highlighting the importance of social networks in healthcare decisions (Oladapo et al, 2021).

Conclusion

The overall attitude towards antenatal care was also good as most of the respondents showed a positive attitude towards ANC.

Recommendation

The MOH through continuous medical education should also increase the training of health service providers in order to ensure continuity in community sensitization,

organizing education programs through radios and televisions as well as social media.

Acknowledgement

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List of Abbreviations

ANC : Ante Natal Care

LMIC : Low and Middle Income countries

MoH : Ministry of Health

Source of funding

The author declares no source of funds.

Conflict of interest

References

1. Eram U et al. (2016). Knowledge regarding ANC services in mother.
2. Mukunya et al. (2020). Factors influencing the utilisation of antenatal care services among pregnant women in Northern Uganda.
3. Mukunya et al. (2020). Prevalence and predictors of delayed initiation of breast feeding among mother infant pairs at Mbale regional referral hospital.
4. Oladapo et al. (2021). Cultural perceptions and their impact on antenatal care (ANC) utilization among pregnant women.
5. Otieno et al. (2022). Gender norms and decision making regarding antenatal care (ANC) in Kenya.
6. Tefsai et al. (2023). *Level of Knowledge, Attitude, and Practice of Pregnant Women on Antenatal Care in Amater Health Center, Massawa, Eritrea: A Cross-Sectional Study, 2019.*
7. Tshuma et al. (2017). *Factors Influencing Antenatal Care Utilisation among Women in Zimbabwe.*

There's no conflict of interest recorded.

Author contributions

Patrick Adawa, was the researcher and collected data in the study.

Sania Nakasolo acted as a supervisor during the study.

Ethical considerations

A letter of introduction was obtained from the Kampala School of Health Sciences research committee introducing the researcher and seeking permission to carry out the study with assurance of confidentiality. The study was commenced after receiving a permission letter from the administration of Tororo General Referral Hospital.

Informed consent

The researcher explained the objectives of the study and ensured consent had been made by participants to take part in the study, any information obtained from the respondents was kept confidential and questionnaires stored in a lockable case.

Data availability

Availability of data will be sought from the Kampala School of Health Sciences.

Author's Biography

Patrick Adawa, a student from Kampala school of health sciences undertaking the course of diploma in clinical medicine and community health.

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