



Attitude And Perception Of Pregnant Mothers Towards Antenatal Health Education In Egbeta Primary Health Care, Ovia North- East, Edo State.

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ABSTRACT

This study is on the attitude and perception of pregnant women towards antenatal health education in Egbeta a rural district community in Edo State. The general health status of pregnant women depend largely on the quality of the antenatal Care (ANC) services available to them. Antenatal care is the key entry point of a pregnant woman to receive broad range of health education and preventive services that are useful for improving the mother and the health status of the fetus. The population of study was 310 pregnant mothers in Egbeta PHC. The researcher used descriptive research design for the study. The objectives of this study are; [i] to examine the attitude of pregnant mothers towards health education during the antenatal clinic visit in Egbeta PHC, Ovia North East, Edo State. [ii] to examine the perception of pregnant mothers towards health education during the antenatal clinic visit in Egbeta PHC, Ovia North East, Edo State. The researcher used questionnaire to collect data. Data was analyzed by the use of spss version 18. Findings revealed that the perception of pregnant mothers towards Antenatal health education is positive [69.4 %], while the attitude of pregnant mothers towards antenatal health education is negative [8.575%]. Continue education programmes, seminars, and workshops should be organized for pregnant mothers to enhance a good perception and attitude towards of antenatal health education services.

Key Words; Attitude, Perception, Ante natal health, Education, Primary health care, Egbeta.

I. BACKGROUND OF STUDY.

The general health status of pregnant women depends largely on the quality of the Antenatal Care (ANC) services available to them. ANC was described as series of pregnancy related health care provided by a doctor or a health worker in a health facility or home (Srilatha, Ramadevis, Amma & Vijayakumar, 2002 in Fagbamigbe, 2013). It is the key entry point of a pregnant woman to receive broad range of health education and preventive services that are useful to improving mother and her pregnancy's health. Globally, World Health Organization (WHO) estimates that more than 529,000 women die every year from complications of pregnancy, childbirth and abortion with 99% of these deaths from developing countries (AbouZahr, & Wardlaw, 2004 in Fagbamigbe, 2013) making maternal mortality the health indicator with the greatest disparity between developed and developing countries (World Health Organization, 2015). The world lifetime chance of deaths from maternal causes stands at 1 in 140 death, but compared with developed nations, the ratios in developing countries are high. For instance in more developed countries, maternal death is 1 in 3600 deaths, 1 in 120 deaths in less developed countries, 1 in 90 deaths for less developed countries excluding china – 1 in 120 deaths, 1 in 31 deaths in sub-Saharan Africa and in Nigeria, the ratio is 1 in 23 deaths (Population Reference Bureau, 2011).

Antenatal care provides an opportunity to inform and educate pregnant women on a variety of issues related to pregnancy, birth and parenthood. The aim of this exercise is to equip them to make appropriate choices that will contribute to optimum pregnancy outcome and care of the new born. This



concept has made antenatal education programmes a standard component of antenatal care worldwide. There has been controversy about the impact of antenatal education on pregnancy outcome. However, a recent synthesis of experience with information, education and communication (IEC) makes the point that it works (Maragret, 2015). During the antenatal period, the health care provider can promote the health of the women and the health of their babies before and after birth, by educating mothers about the benefits of good nutrition, adequate rest, good hygiene, family planning and exclusive breastfeeding, and immunization and other disease prevention measures. The aim is to develop women's knowledge of these issues so they can make better informed decisions affecting their pregnancy outcome (Renkert & Nutbeam, 2001 in Maragret, 2015).

Another research revealed that women's understanding and perception of the need of early initiation of ANC in Niger-Delta, Nigeria for antenatal and postnatal care can also play a more dominant role in attending ANC (Ndidi & Oseremen, 2010). Physical proximity to health services and limited availability of health services were major problems that influence the attendance of pregnant women at antenatal and postnatal clinics. Literatures were revealed under – Conceptual review, Theoretical framework and Empirical studies. Health believe model was used as theoretical bases for this study.

Antenatal care is an essential safety net for healthy motherhood and childbirth, where the well-being of both the prospective mother and her offspring can be monitored (United Nations, 2008). Antenatal care (ANC) is the care a woman receives throughout her pregnancy in order to ensure that both the mother and child remain healthy. A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child. Almost 90% of maternal deaths occur in developing countries and over half a million women die each year due to pregnancy and childbirth related causes (Carroli, Rooney & Villar, 2001 in Ogunba & Abiodun, 2017).

Proper ANC is one of the important ways in reducing maternal and child morbidity and mortality. Unfortunately, many women in developing countries do not receive such care (Ye, Yoshida, Harun and Sakamoto, 2010). Ante-natal care (ANC) services indirectly saves the lives of mothers and babies by promoting and establishing good health before childbirth and the early postnatal period. It often presents the first contact

opportunities for a pregnant woman to connect with health services, thus offering an entry point for integrated care, promoting healthy home practices, influencing care-seeking behaviors and linking women with pregnancy complications to a referral system; thus impacting positively on maternal and fetal health (Bulatoo & Ross, 2000 in Ogunba & Abiodun, 2017). Studies in developing countries have shown that the use of health-care services is related to the availability, quality and cost of services, as well as to the social structure, health beliefs and personal characteristics of the users (Kabir, Iliyasu, Abubakar 7 Sani, 2005 in Ogunba & Abiodun, 2017).

Antenatal care (ANC) is a key strategy to decreasing maternal mortality in low –resource settings. ANC clinics provide resources to improve nutrition and health knowledge and promote preventive health practices. Antenatal care (ANC) is a critical strategy in reducing maternal mortality as it facilitates the identification and mitigation of risk factors early in pregnancy (Bhutta, Chopra, Axelson, Berman & Boerma, 2010). Timely and frequent use of ANC enables delivery of essential services, including malaria treatment, immunizations, and health counseling (Ouma, Van Eijk, Hamel, Sikuku & Odhiambo, 2010). So this study is aimed to access the attitude and perception of pregnant women towards antenatal health education in Egbeta Primary Health care Edo state, Nigeria.

STATEMENT OF PROBLEM: Health education on nutrition and various lifestyle practices that is being taught to the pregnant women at every clinic visit supposed to prevent any complication on pregnancy. Yet complications keep on arising during pregnancy and delivery such as low birth weight of new-born which pre-disposes them to several opportunistic infections, skin trauma and even hypothermia. Two of the key MDG goals (Reduction of childhood mortality and improving Maternal health) might be unfeasible if adequate knowledge and right perception about ANC services of pregnant women are compromised, as this may influence their subscription, time and rate at which they visit ANC facilities (Fagbamigbe, 2013). Therefore this study was conducted to find out the attitude of pregnant women to the health advice given during the health education exercise and to know how pregnant mothers perceive the usefulness of health education as it is being performed in the antenatal clinic of Primary Health care centre Egbeta, Edo state, Nigeria.



Objective; To examine the attitude of pregnant mothers towards health education during the Antenatal clinic visit in Egbeta PHC, Ovia North East, Edo State. To examine the perception of pregnant mothers towards health education during the Antenatal clinic visit in Egbeta PHC, Ovia North East, Edo State.

RESEARCH QUESTIONS; What is the attitude of pregnant women towards antenatal health education during antenatal clinic visits in Egbeta PHC, Ovia North East, Edo State.?. What is the perception of pregnant women towards antenatal health education during antenatal clinic visits in Egbeta PHC, Ovia North East, Edo State.?

RESEARCH HYPOTHESIS; There is no significant association between the attitude and perception of pregnant women towards antenatal health education in Egbeta PHC, Ovia North East Edo state. There is no significant association between the perception and age of pregnant women towards antenatal health education in Egbeta, PHC, Ovia North East, Edo state..

SIGNIFICANCE OF THE STUDY; The study will also enable the midwife to identify the right manner to approach various pregnant women based on the parity and to ensure that they see the importance of antenatal care at each pregnancy and at various stage of the pregnancy. Findings from this study is going to serve as a great source of literature for all who want to conduct further research into the issue of attitude and perception of pregnant women towards antenatal health education. It will be useful in the enlightening the government and other concerned bodies in facilitating provision of antenatal health education to the pregnant women through other means such as social media.

SCOPE OF STUDY This study was carried out on pregnant women who have only been confirmed pregnant with gestational age of 4 weeks and above who attend their Antenatal clinic at Egbeta primary health care Edo state.

II. METHODOLOGY

RESEARCH DESIGN. A descriptive research design was used for this research. It is designed to assess the attitude and perception of pregnant women towards antenatal health education in Egbeta primary health care center Edo state.

STUDY SETTING The research study was carried out in Egbeta primary health care center Edo state. Egbeta primary health care center is a government owned center in Ovia North-East local government area of Edo State, Nigeria. It is located in Ovia North East. The study setting has an antenatal clinic, a labour room, an examination room, wards

and a consultation room. The setting was selected because it is the only comprehensive primary health care center in Ovia North East that is located within the Egbeta community and it offers antenatal care services and thus there will be accessed by pregnant women whose attitude and perception towards antenatal health can be studied.

TARGET POPULATION The population of this study included 310 women who were pregnant with gestation age of 4 weeks and above who registered in and visited the antenatal clinic at Egbeta primary health care center Edo state.

SAMPLE SIZE DETERMINATION Random sampling technique was adopted for this study to find out the number of pregnant mothers in the study area. The sample size was 175 which was determined by using Taro Yamane's formular $n = \frac{N}{(1+N(e)^2)}$ where n is number of No of sample size, N is sample population and e as the level of confidence. The Population size of first antenatal visit was 70 clients, the population size for the second antenatal visit was 77 clients, the one for the fourth visit was 87 clients and the fourth one was 76 clients. Thus, the total population size was 310 clients.

$$N = 310$$

$$e = 0.05$$

Inclusion Criteria

- i. Respondents must have been diagnosed being pregnant for at least one month.
- ii. Respondent must be an adult.
- iii. She must be attending antenatal clinic during the study period
- iv. She must be coherent and alert.
- v. She must be willing to participate in the study through giving informed consent
- vi. Should be available at the time of data collection.

SAMPLING TECHNIQUE

The sampling technique used for the study was Convenience sampling technique Convenience- sampling is a Sampling method adopted by researchers where they collect research data from a conveniently available larger population of respondents. This is a non probability sampling where the researcher works with only the subject that are accessible and available at the time when questionnaire were served. The researcher used this sampling method because in most cases, pregnant women from more remote villages in Egbeta are not easy to reach. The researcher decided to use those that are readily available to be part of the sample.



Instrumentation For Data Collection

The instrument for data collection was a self structured questionnaire. This is because questionnaire allows objectivity, intensity and standardization of observation of respondents.

VALIDITY OF INSTRUMENT

The face and content validity of this questionnaire was out by submitting the instrument to the researcher's supervisor and two senior lecturers in Igbinedion University who are expert in research and clinical practice. They were asked to examine the items in line with the objectives and hypothesis set for the study. They also assessed the language used in developing the items. They made necessary modifications and their inputs and suggestions were effected. Items were rearranged according to the response group. The final draft of the instrument was submitted to the researcher's supervisor who approved it after effecting the corrections. The approved instrument was then subjected to pilot testing to establish its reliability.

RELIABILITY OF INSTRUMENT

The reliability of the questionnaire was determined by the use of test retest method. 3 copies of the questionnaire were administered twice to 3 pregnant women [10% of the sample size] who attended Antenatal clinic at Igbinedion n University Teaching hospital. After two weeks, the questionnaires were re-administered to the same group on whom the instruments were administered previously. The two sets of scores were correlated using pearson product moment correlation [R] and a coefficient of reliability of 0.98 was obtained

which showed the instrument as reliable for the data collection.

METHOD OF DATA COLLECTION A letter of permission was obtained from the PHC unit head to carry out the study. Respondent's consents were obtained after some explanations of the nature and purpose of the study. A systematic sampling technique was used to administer questionnaires to the respondents. The respondents were met at the antenatal clinic between 8:00am to 2:00pm daily for two days.

METHOD OF DATA ANALYSIS The data generated from the questionnaires were checked manually for completeness and correctness, and then collated. Then the data was analyzed using frequencies and their percentages and results were presented on tables and pie chat. The inferential statistics were carried out using Chi-square to test the association between the variables under study. All hypothesis were tested at 0.05 probability level.

ETHICAL CONSIDERATION A letter of introduction was obtained from the head of department, Department of Nursing Igbinedion University Okada and was presented to the Matron-in-charge of comprehensive Primary Health Care Centre in Egbeta for approval of the research. Voluntary consent of the respondents was also obtained. Informed consent of the respondents was sought and purpose of study explained. All information provided by the respondents was treated with utmost confidentiality. Respondent anonymity was maintained. The necessary explanations of the questionnaire content were explained for proper understanding. A copy of the result of study was sent to the University

III. RESULTS

Respondent attitude towards antenatal health education

Response to questions on attitude towards antenatal health education			Frequency	Percentage (%)
1	I dislike the period spent on antenatal health education	Yes	15	8.57
		No	160	91.43
2	I find antenatal health education boring	Yes	25	14.29
		No	150	85.71
3	I come late on my clinic days to avoid antenatal health talk	Yes	10	5.71
		No	165	94.29
4	I listen and comply with information given during antenatal health education	Yes	165	5.71
		No	10	94.29

Table 4.4; shows that minority 15(8.57%) of the respondents dislike the period spent on antenatal health education while majority 160(91.43%) do like time spent on antenatal health education. Majority 28(80%) of the respondents however wants antenatal health education only for first visits

while 7(20%) responded otherwise. 16(45.7%) finds antenatal health education boring while 19(54.29%) does not find antenatal health education boring. 2(5.71%) of the respondents come late for their antenatal visit to avoid the antenatal health talk. Majority 33(94.29%) of the



respondents listen and comply with information given during antenatal health education while 2(5.71%) of the respondents does not listen and comply with information given during antenatal

health education. **This study** implies that the attitude of pregnant mothers towards antenatal health education is negative [8.57%]

Respondent perception towards antenatal health education

Response to questions on perception towards antenatal health education			Frequency	Percentage (%)
1	Antenatal clinic visits are essential	Yes	175	100
		No	0	0
2	Health talk bring about health promotion and disease prevention during pregnancy	Yes	175	100
		No	0	0
3	Health talk during antenatal visit is a waste of time	Yes	15	8.57
		No	160	91.43
4	It is a waste of time to attend antenatal clinic after first pregnancy	Yes	60	34.29
		No	115	65.71
5	Health education should only be for those with first pregnancy	Yes	85	48.57
		No	90	51.43
6	Health education increases likelihood of being healthy and having a safe delivery	Yes	175	100
		No	0	0
	i. Does antenatal health education provides adequate information	Yes	165	94.29
		No	10	5.71
ii. Does complying with information given during health talk improve chances of safe delivery	Yes			
	No			

Table 4.3; shows that 175(100%) of the respondents perceived that antenatal clinic visits are essential, health talk bring about health promotion and disease prevention during pregnancy and antenatal health education provides adequate information.

It also reveals that 15(8.57%) of the respondents perceived health education during antenatal visits as a waste of time while 160(91.43%) perceived otherwise. 60(34.29%) thinks it is a waste of time to attend antenatal clinic after first pregnancy while 115(65.71%) perceived otherwise. 85(48.57%) of the respondents perceived that health education should only be for those with first pregnancy, 90(51.43%) perceived otherwise.

Majority of the respondents 165(94.29%) believed that complying with information given during health talk improved chances of a safe delivery while the minority 10(5.71%) believes not.

This study concluded that the perception of pregnant mothers towards antenatal health education is positive [69.4%].

HYPOTHESIS TESTING

Hypotheses were tested using The Critical Chi-Square value for four degree of freedom (P-value less than 0.05 as significance).

Where, Chi-square (X^2) = $\sum (O-E)^2 \div E$

O = Observed frequency (O), E= Expected frequency (E)

Expected frequency(E) = (Row total x Column total) divided by Grand total.

Degree of freedom = (Number of row -1) x (Number of column -1)

Table 4.2.1: Hypothesis 1:There is no significant association in the perception and attitude of pregnant women towards antenatal health education on basis of their age.

Variable	Positive perception and attitude towards unsafe abortion	Negative perception and attitude towards unsafe abortion	Total
Below 18	1 (a)	0 (b)	1
18-25	12 ©	5(d)	17



26-35	7 (e)	5(f)	12
36 and above	3(g)	2(h)	5
Total	23	12	35

Variable	Group	Observed (O)	Expected (E)	O - E	(O - E) ²	(O - E) ² / E	Remarks
Age	Below 18	1	0.6571	0.3429	0.1179	0.1794	No significant difference in perception and attitude on basis of age
		0	0.3429	-0.3429	0.1179	0.3438	
	18 - 25	12	11.1714	0.8286	0.6866	0.0615	
		5	5.8286	-0.8286	0.6866	0.1178	
26 - 35	7	7.8857	-0.8857	0.7861	0.0997		
	5	4.1143	0.8857	0.7861	0.1911		
36 -above	3	3.2857	-0.2857	0.0816	0.0248		
	2	1.7143	0.2857	0.0816	0.0476		
Chi - square =						1.0657	

From the above table, the calculated Chi-square for age distribution is 1.0657. With the degree of freedom as 3, 1.0657 falls between 0.90 and 0.1 which is greater than 0.05. Thus there is no

significant difference in the perception and attitude of pregnant women towards antenatal health education on basis of their age is accepted.

Table 4.2.2: Hypothesis 2: There is no significant association in the perception and attitude of pregnant women towards antenatal health education on basis of their marital status.

Variable	Positive perception and attitude towards unsafe abortion	Negative perception and attitude towards unsafe abortion	Total
Single	1 (a)	0 (b)	1
Married	22 ©	12(d)	34
Total	23	12	35

Variable	Group	Observed (O)	Expected (E)	O - E	(O - E) ²	(O - E) ² / E	Remarks
Marital status	Single	1	0.6571	0.3429	0.1176	0.1770	There is a significant in perception and attitude on basis of marital status
		0	0.3429	-0.3429	0.1176	0.3430	
	Married	22	22.3429	-0.3429	0.1176	0.0053	
12		11.6571	0.3429	0.1176	0.0101		
Chi- square =						0.5354	

From the above table, the calculated Chi-square for marital status distribution is 0.5354. With the degree of freedom as 1, 0.5354 falls between 0.1 and 0.05 which is at 0.05. Thus the hypothesis is,

no significant difference in the perception and attitude of pregnant women towards antenatal health education on basis of their marital status is rejected.



IV. DISCUSSION

The study assesses the perception and attitude of pregnant women towards antenatal health education in Primary Health care centre, Egbeta, Edo state.

Objective 1; To examine the attitude of pregnant mothers towards health education during the Antenatal clinic visit in Egbeta PHC, Ovia North East, Edo State. Findings showed that 15 [8.57%] of the respondents had poor attitude to antenatal health education. This study implies that the attitude of pregnant mothers towards antenatal health education is negative [8.57%]. This is contrary to the finding of Babjide [2020] whose finding revealed that Majority of the respondent had positive attitude towards health education during antenatal visits. This was confirmed as most of the respondents (68.3%) disagreed to the opinion that health education given at ANC is a waste of time. However, this study is in agreement with the study of (Ogunbo and Abiodun, 2017) in their study on knowledge and attitude of women and its influence on antenatal care attendance in southwestern Nigeria which revealed that about half of the women 65% had no reason for attending ANC while 31.6% were busy to attend the ANC clinic. This study finding did not agree with Adekoya, (2009) who conducted a study on attitude of pregnant women towards antenatal talk and concluded that majority of the pregnant women had positive attitude to the antenatal talk.

Objective 2; To examine the perception of pregnant mothers towards health education during the Antenatal clinic visit in Egbeta PHC, Ovia North East, Edo State.. This study conclude that the perception of pregnant mothers towards antenatal health education is positive [69.4%]. This is in agreement with the study of Babajide E [202] where Larger percentages (88.6%) of the pregnant women have heard about health education/talk during pregnancy before. This indicates that perception is positive [88.4%]. This is in contrary to the study of (Myer and Harrison, 2003 in Jibril et al., 2018) who noted that Lack of perceived benefit from ANC discourages women from seeking ANC, especially their late attendance for first antenatal services during their pregnancy or prevents them from returning for follow up care.

Implications to nursing practice.

Health education during antenatal care visit is meant to educate pregnant women, about healthy changes expected in their health pregnancy. Health education in any hospital clinics is purely the work of nurses. Nurses ensure provision of good and adequate health care for pregnant

mothers. It is a burden whenever pregnant mothers are non compliance to healthy instructions.

It is important that nurses make great effort ensuring that the teachings been passed across to these women are timely and should be presented in the simplest possible method to ensure that the aims of health education during this phase of life can be fulfilled.

Limitation of the study. There was limited transportation to all the rural communities in Egbeta. Majority of the respondents are illiterates and this poses a problem of data collection.

Summary. This study was carried out at Primary Health Care centre, Egbeta Edo state, for the purpose of determining the attitude and the perception of the pregnant women in Egbeta community towards antenatal health education to ensure healthy and safe delivery of babies. Findings showed that majority of the respondents were between the ages of 18 to 25 years (48.56%) with respondents between the ages of 26 to 35 years making up 34.29% of the respondents.. The study also revealed that a good number of respondents showed positive attitude and perception towards antenatal health education and that there is no significant association between age, educational level, and parity of respondents towards antenatal health education;

Conclusion; Health education is a strong force which could be utilized by members of the society for the solution of its social, moral, economics and political problems. It is a process of educating the individual or community on the prevailing health problems and methods of controlling them through organized health education programme. Therefore, health education is considered by many as the first and most important component of antenatal care through which pregnant women should develop the necessary health knowledge and attitude towards health related problems. The attitude and perception of pregnant women towards antenatal health education appear to be very vital and critical for effective utilization of antenatal services.

Recommendations; Based on the findings of this research, the following recommendations are made

- Continue education programmes, seminars, and workshops should be organized for pregnant mothers to enhance a good perception and attitude towards of antenatal services.
- All midwives, health educators, institutions and other stakeholders in healthcare delivery system should design better educational



strategies to increase the level of knowledge of pregnant women on antenatal services and make antenatal health education sessions more lively.

- All community health practitioners, public health educators and social workers should devise appropriate technique to modify the attitude of some pregnant women towards the concept of antenatal health services.

Suggestions for further studies

The study should be replicated in other health facilities of the federation to assess the perception and attitude of pregnant women towards antenatal health education.

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