Knowledge, Attitude, and Perception of Pregnant Women Entrepreneurs Towards Attending Antenatal Care Clinic At Chika/Aleyita, Abuja Municipal Area Council

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ABSTRACT
***Background**: Poor antenatal care attendance has continued to affect maternal and child health against Sustainable Development Goal to reduce the global maternal mortality ratio, end preventable deaths of newborns, and decrease neonatal death.*
***Objectives**: This study assessed pregnant women entrepreneurs' knowledge, attitude, and perception towards attending antenatal care clinics in Chika/Aleyita Area.*
***Methodology**: About 200 women entrepreneurs who gave informed consent were recruited into the study. Semi-structured questionnaires were used to obtain information on knowledge, perception, and attitude towards antenatal clinic visits. Data were analysed using frequency counts, percentages, mean and Chi-Square analysis.*
***Results**: The respondents aged 25-35 years were 57.6%, 94.9% were married, and 50% had a secondary education certificate. Some were selling fruits and vegetables (39.3%), while 28% were into cosmetics. Majority (89.3%) attended antenatal clinic in the hospital. The awareness of antenatal before pregnancy ($p<0.001$), need for tetanus immunization ($p<0.001$), routine medication intake ($p<0.001$), hospital as the best delivery place ($p<0.001$), and awareness of the need for at least five antenatal attendance ($p<0.001$) were significantly associated with antenatal attendance. However, the number of pregnancies was not associated with antenatal attendance ($p=0.31$).*
***Conclusion**: Public health workers, nurses, and midwives should intensify their health education strategies to help mothers understand the implication and the benefit of antenatal care.*

Keywords: Antenatal, Entrepreneur, Pregnant women, Clinic

INTRODUCTION

The care given to women during pregnancy to ensure good pregnancy outcomes is antenatal care (ANC) (1, 2). Antenatal care (ANC) can also be defined as the care given to pregnant women and young girls by trained experts in order to guarantee the utmost health condition for mother and child during pregnancy (3). Research has identified that ANC is a good opportunity for women and their families to receive adequate information and advice for a healthy pregnancy, safe delivery, and postpartum recovery, healthy child care practices, healthy eating habits and lifestyle, promotion of early breastfeeding initiation, exclusive breastfeeding, and family planning (3).

Globally, about 810 women die daily from stoppable pregnancy and childbirth-related complications in 2017. Nearly 295 000 women died during and after pregnancy and childbirth; most of these deaths (94%) happened in limited-resource areas, of which most were avoidable (4). The risk of death from pregnancy-related causes is even higher in areas with a crisis, like the north-eastern part of Nigeria. There is need for quicker action in sub-Saharan Africa, where child mortality is presently expected to reach 56.6 deaths per 1,000 live births by 2030, which is greater than double the Sustainable Development Goals target (5). Deprivation of lifesaving care in emergency situations put

women and girls at great risk. It is pertinent to note that one in five women of childbearing age is likely to be pregnant in such a crisis or refugee situation. Out of the 830 maternal deaths that happen every single day worldwide, 500 of those occur during charitable emergencies (6). Providing emergency relief material for millions of people over a prolonged time puts the reproductive health of pregnant women low on the priority list (7). A report from the World Health Organisation defined Nigeria as a country that accounts for almost 20% of the world's maternal mortality. Also, between 2005 and 2015, more than 600,000 maternal mortality and around 900,000 maternal cases of complication survival in pregnancy, childbirth, or within six weeks of delivery happened in the country (4). According to (4) there is a 1 in 22-lifetime risk of dying during pregnancy, childbirth, or post-natal/post-abortion for a Nigerian woman, while the lifetime risk in most advanced countries is 1 in 4900.

A major concern of the World Health Organisation is improving maternal health, thus the recommendation that a woman should have at least 8 antenatal care visits during pregnancy to identify and manage possible problems and reduce the probability of a stillbirth or neonatal mortality (3). However, many countries have failed to implement an effective program to reduce maternal mortality and mobility; thus, pregnant women across the world continue to die in the villages or suffer from pregnancy complications due to their attitudes toward attending antenatal care clinic. Over half of these deaths are secondary to factors at the individual, community and countrywide levels, poor social economic development, weak health care system, ignorance, and socio-cultural barriers to care utilization (8).

To achieve the Sustainable Development Goals (SDGs) targets for attaining an average worldwide maternal death rate of less than 70 per 100 000 live births by 2030, it is important to understand the current attitude and perception of pregnant women about antenatal care. Thus this study assessed the attitude, perception, and attendance of antenatal clinics among pregnant women entrepreneurs in Chika/Aleyita, Abuja.

MATERIALS AND METHOD

Study Area

The study was carried out in Chika/Aleyita, a settlement located along airport road, Amac Abuja, FCT. It has a village market popularly known as Chika market. There are many different shops in the area council. Owing to the proximity of the area to the major road, the women in Chika/Aleyita area council are mostly into buying and selling foodstuffs like fruits and vegetables; some were into the cosmetics business and sewing of clothes.

Ethical Consideration

Permission was taken from the Area Council under study. Verbal informed consent was obtained from the respondents that voluntarily agreed to participate in the study. Their privacy and confidentiality were assured.

Methodology

A cross-sectional quantitative research design was used for the study. Pregnant women entrepreneurs were systematically selected. A total of 200 questionnaires were distributed to the selected pregnant women entrepreneurs; however, 196 were appropriately filled and returned.

Data were analysed using the Statistical Package for Social Science Software (SPSS version 16.0). Categorical data were presented as frequencies, percentages. Pearson correlation and Chi-square were used to determine relationships between variables, and the statistical significance level was set at p-value < 0.05.

RESULTS

Table 1 expresses the socio-demographic characteristics of the study participants, more than half (57.7%) of the respondents were aged 25-35 years, majority (94.9%) were married, while 5.1% were single. Some 8.7% of the respondents had primary school living certificate, 3.1% had a first degree, and 50.0% had secondary education. At the same time, that of the husband shows that 12.2% of them had primary school living certificate, 3.1% had a first degree, and 63.8% had secondary education. Selling fruits and vegetables was the most prominent work among the respondent (39.3%), followed by cosmetics business (28.0%) and sales of provisions (13.3%). More than half (59.7%) of the respondents husband were Business men, 16.8% and 8.2% were civil servants and students respectively. The average monthly income of 48.0% of the respondents was less than N5, 000, 35.7% earned N5-15000 while 19.9% earned N15—50. Only 2.0% earned N50, 000 and above as at the time of this study.

Table 1: Socio-demographic characteristics of respondents (n=196)

Parameters	Variables	Frequency	Percentage (%)
Age	18-25	49	25.0
	25-35	113	57.6
	35-45	29	14.8
	No response	5	2.6
Business type	Grain seller	23	11.7
	Cosmetics	55	28.0
	Provision seller	26	13.3
	Fruit/vegetable seller	77	39.3
	No response	15	7.7
Marital status	Married	186	94.9
	Single	3	1.5
	No response	7	3.6
Monthly profit	less than 5,000	94	48.0
	5,000-15,000	56	28.6
	15,000-50,000	39	19.9
	50, 000 above	3	1.5
	No response	4	2.0
Husband educational qualification	FLSC	24	12.2
	SSCE	125	63.8
	NCE/ND	37	18.9
	B.Sc./HND	6	3.1
	No response	4	2.0
Educational Qualification	FLSC	17	8.7
	SSCE	98	50.0
	NCE/ND	69	35.2
	B.Sc./HND	6	3.1
	No response	6	3.1
Husband occupation	Civil servant	33	16.8
	Business man	117	59.7
	Student	16	8.2
	None	19	9.7
	No response	11	5.6
Type of residence	one room apartment	160	81.6
	Self-contain	30	15.3
	Bungalow	1	0.5
	No response	5	2.6

Table 2 shows the result of respondents' perception of antenatal clinic attendance; about ninth-seven percent (97%) of respondents saw hospital delivery as the best place for child delivery while 74% of them acknowledged that antenatal clinic is regular medical care recommended for pregnant women. On the other hand, 94% report to a health clinic in response to problems during pregnancy, and 47.4% had 3 pregnancies carried to term.

Table 3 shows the relationship of antenatal awareness and attendance among pregnant women entrepreneur showed that the awareness of antenatal before pregnancy ($p<0.001$), need for tetanus immunization ($p<0.001$), routine medication intake ($p<0.001$), and awareness of the need for at least five antenatal attendance ($p<0.001$) were significantly associated with antenatal attendance.

Table 4 shows the relationship between the pregnant women perception and antenatal clinic attendance stating that perception of hospital as the best delivery place ($p<0.001$) and their perception of the place to get help if there is a problem during pregnancy were both significantly associated with antenatal attendance. Whereas, number of pregnancy was not associated with antenatal attendance ($p=0.31$).

DISCUSSION

Maternal mortality reduction remains a priority in the new sustainable development goals. It remains a global challenge, with 275,288 deaths due to pregnancy and related complications in 2015 (9). It includes pregnant woman's visit to the antenatal clinic, examination, investigations, immunization, supplements (iron, folic acid, calcium), and the required interventions (3). This is a comprehensive approach to medical care and psychological support to the family that ideally begins at conception and ends with labour. In this study, more than half of the respondents were between age 25-35years. This result was not consistent with a similar study conducted by Neha, Sumitra, and Vandana (10) in which two-third (76.1%) of the mothers were between 20-30 years old. The majority of the respondents were married, only a few were single mothers at the time of data collection. Half of the respondents had a secondary school certificate; this could be classified as been average in terms of educational attainment. Most of the respondents in the study area could be said to be poor as evidence by the

Table 2: Perception of antenatal Clinic

Variables	Frequency	Percentage
Best Place for Child Delivery		
Hospital Delivery	177	90.3
Home Delivery	6	3.1
No response	13	6.6
Understanding of Antenatal Clinic		
Regular medical care recommended for pregnant women	136	69.4
To treat and prevent health problems throughout pregnancy	46	23,5
No response	14	7.1
Response to Problem During Pregnancy		
Report to health clinic	175	89.3
Self-medication	9	4.6
Home Remedy	2	1
No response	10	5.1
Number of Pregnancies		
1	31	15.9
2	71	36.2
3	93	47.4
No response	1	0.5

Table 3: Level of antenatal awareness and attendance among pregnant women

Variables	Antenatal clinic attendance		Total (%)	P-value
Awareness of antenatal clinic before	**Yes (%)**	**No (%)**		
Yes	181 (98.9%)	2 (1.1%)	183(100%)	0.00*
No	2 (100%)	0 (0.0%)	2 (100%)	
Total	183 (98.5%)	2 (1.5%)	185(100%)	
Reason for attending				
For care of baby	101 (100%)	0 (0.0%)	101(100%)	0.53
Advised by Doctor	80 (98.8%)	1 (1.2%)	81 (100%)	
Have knowledge about Antenatal	1 (100%)	0 (0.0%)	1 (100%)	
Total	182 (99.5%)	1 (0.5%)	183(100%)	
Reason for not attending				
Lack of transport	0(0.0)	1(100%)	1(100%)	0.13
Religion	0 (0.0%)	1 (100%)	1 (100%)	
Family refusal	2 (100%)	0 (0.0%)	2 (100%)	
Total	2 (50.0%)	2 (50%)	4 (100%)	
Times of visit to Antenatal clinic				
Once	26 (100%)	0 (0.0%)	26(100%)	0.01*
Twice	44 (95.7%)	2 (4.3%)	46 (100%)	
Thrice	104 (99.0%)	1 (1.0%)	105(100%)	
None	4 (80%)	1 (20.0%)	5 (100%)	
Total	178 (97.8%)	4 (2.2%)	89(100%)	
Aware of Tetanus immunization				
Yes	180 (98.4)	3 (1.6)	183 (100)	0.00*
No	2 (66.7)	1 (33.3)	3 (100)	
Total	182 (97.8)	4 (2.2)	186 (100)	
Routine medication intake				
Yes	180 (98.4)	3 (1.6)	183 (100)	0.00*
No	2 (66.7)	1 (33.3)	3 (100)	
Total	182 (97.8)	4 (2.2)	186 (100)	
Aware of at least 5 antenatal attendance				
Yes	181 (98.4)	3 (1.6)	184 (100)	0.00*
No	1 (50)	1(50)	2 (100)	
Total	182 (97.8)	4 (2.2)	186 (100)	

*Significant at $p < 0.05$

nature of their work (selling of fruits and vegetables was the most prominent work among the respondent), accommodations (more than two-thirds of the subject live in a bungalow) and average monthly income was less than N5, 000. Studies had shown that educated individuals who live in self-owned houses had better awareness regarding women's health care (10). It is expected that educated men are more likely to be aware of their own and family's health status and seek more healthcare knowledge (1).

Antenatal awareness level at the time of data collection showed that nearly all the respondents were aware of antenatal clinic before pregnancy, which means that awareness was not the problem, instead, practice. However, only half of them attended antenatal for the care of their baby because of a doctor's advice. Study had shown that exposure to maternal health education and maternal health knowledge was one of the predictors of pregnant women's involvement in antenatal clinic, especially when such education is given by medical personnel or a health worker. Besides, women were more likely to use maternal care services when their husbands accompany them for ANC visits (11). This finding is consistent with the findings of Sanjel et al. (2011) (12). Another study in China also reported financial difficulties as the most important reason for not attending ANC (13). Proper education of pregnant women or intending couples and the family members is

Table 4: Relationship between the Pregnant Women Perception and Antenatal Clinic Attendance

Variables	Antenatal clinic attendance		Total (%)	P-value
Best Place for Child Delivery	**Yes (%)**	**No (%)**		
Hospital Delivery	174 (98.3)	3 (1.7)	177 (100)	0.00*
Home Delivery	5 (83.3)	1 (16.7)	6 (100)	
Total	179 (97.8)	4 (2.2)	183(100.0)	
Understanding of Antenatal Clinic				
Regular medical care recommended for pregnant women	135 (99.3)	1 (0.7)	136 (100)	0.16
To treat and prevent health problems throughout pregnancy	44 (95.7)	2 (4.3)	46 (100)	
Total	179 (98.4)	3 (1.6)	182(100.0)	
Response to Problem During Pregnancy				
Report to health clinic	172 (98.3)	3 (1.7)	175 (100)	0.00*
Self-medication	9 (100)	0 (0.0)	9 (100)	
Home Remedy	1 (50)	1 (50)	2 (100)	
Total	182 (97.8)	4 (2.2)	186 (100)	
Number of Pregnancies				
1	28 (93.3)	2 (6.7)	30 (100)	0.31
2	65 (98.5)	1 (1.5)	66 (100)	
3	90 (98.9)	1 (1.1)	91 (100)	
Total	183 (97.9)	4 (2.1)	187 (100)	

*Significant at $p < 0.05$

essential to improve antenatal clinic attendance, which might help prevent complications during pregnancy and improve pregnancy outcomes (14). It has been estimated that 25% of maternal deaths occur during pregnancy, with variability between countries depending on the prevalence of unsafe abortion, violence, and disease in the area (15). In sub-Saharan Africa, an estimated 900,000 babies die as stillbirths during the last twelve weeks of pregnancy (4). This figure can be prevented if all pregnant women attend antenatal clinics. Therefore, the non-attendance of antenatal clinic might have a grave consequence. Apart from the fact that pregnant women will be abreast with the development status of their unborn child, the antenatal clinic also prepared the mind of the intending mothers on the significance of immunization and regular nutrition supplements are given to them. In this study, nearly all the subjects knew tetanus immunization and regular intake of nutrition supplements.

Majority of the respondent preferred hospital delivery as the best place for child delivery. There was a strong relationship between antenatal awareness and attendance among pregnant women. This is evident by the fact that antenatal awareness was significantly associated with the antenatal attendance, time of visits (most women with antenatal awareness visit thrice before delivery, which is less than WHO recommended number of antenatal visits for a pregnant woman before term) (3), tetanus immunization, and routine use of drugs. Association between socio-demographic characteristics and the number of antenatal visits showed a significant relationship between the socio-demographic characteristics and number of antenatal visits in age, educational level, type of residence etc. This parameter had a strong influence on the practice of antenatal clinic visits. Similar findings had been reported in Nepal (16). This study also revealed that a relationship existed between pregnant women's perception and the number of antenatal visits. It was significant in terms of the best place for child delivery and response to pregnancy complications.

CONCLUSION

The pregnant women attending the antenatal clinic in Chika/Aleyita area of Amac FCT have adequate knowledge and positive attitudes toward antenatal clinic as a safe delivery method. Education status, age, and religion influenced

pregnant women's attitude in attending antenatal clinics in the study area. However, cultural attitude and belief did not affect antenatal care behaviour of the Chika/Aleyita women.

Consequently, it is recommended that public health workers, nurses, and midwives should intensify their health education strategies to help mothers understand the implication and the benefit of antenatal care. Secondly, there should be concerted and strengthened actions towards economically empowering women to help them afford the services available during expectancy. They should be trained on proper management of their funds because most Chika/Aleyita women earn so little to cater for their needs.

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