

Practices towards Pregnancy Care among Mothers, Attending Antenatal Care (Anc) :The Case Of Assosa General Hospital

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Abstract

Antenatal care is a medical and general care that is provided to pregnant women during pregnancy. In Ethiopia as well as in the world maternal mortality is high mostly which occurred due to pregnancy related complication because of lack of adequate antenatal care services where general health status of women is poor. However there is a limited study of the status mothers' health care in the area of our study about mothers' practices on ANC care. Therefore, the aims of the study was focused on their practices toward care of pregnancy in the context of BGRS reproductive health system. The Objective to assess the practices toward pregnancy care among pregnant mothers served in Assosa General Hospital, Assosa, BGRS. Qualitative and quantitative approaches have been used with duly incorporation of cross-sectional design in conducting this study on women's perspectives in Assosa General Hospital. Following this, total of four hundred three women were selected based on systematic random sampling technique after estimating the number of women who came to Assosa General Hospital and they were interviewed by using unstructured interview and administered structured questionnaire from January 2018-Feb 2019. Out of 403(100%) total married and single women in the reproductive age group were successfully interviewed, then 390 (96.7%) were properly rated. Among respondents who ever heard about ANC 388 (99.5%) who need to follow ANC while they are pregnant. From those women who have ever been pregnant 184 (97.4%) followed ANC service. From the respondents who have been asked about their ANC visit 136 (34.9%) have got their first visit of ANC care. Meanwhile, the respondents who had attended ANC 77(19.7%) got the service four times. Despite these facts, less than half of the respondents 180(46.2%) said that the waiting time in the health facility is between 10-30 minutes where us 113 (28.9%) of the respondents reacted as they stayed 30-60 minutes. Thus, almost 97 (24.9%) of respondents have said that they stayed more than 60 minutes at facility to get the service. As a result, the overall of this study were demonstrated that the attitude of women towards antenatal care (ANC) was comparatively in high position, the practice of women in the visiting of first and forth FANC follow up is still very low and the waiting time of ANC attendants is still longer for more than half of respondents. The need to access health education in different languages to address pregnant and non-pregnant mothers in their locality to practice FANC time is very important, in addition to this the local health officials should assess the service provision quality especially the long stay at point of care for mothers in need to make appropriate time for ANC service and it is better to ensure the quality services especially on human and material quality in place.

Key words: Practice, Perception, Prenatal care, Antenatal

1. Introduction

Globally, 86% of pregnant women access antenatal care with skilled health personnel at least once, only three in five 62 % received at least four antenatal visits (WHO, UNFPA, WB & UNICEF ,2015). In regions with the highest rates of maternal mortality, such as sub-Saharan Africa and South Asia, even fewer women received at least four antenatal visits (52% and 46%, respectively). However, global estimates indicated that only about half of all pregnant women received this recommended amount of care (UNICEF 2016).

Approximately 515,000 women died from pregnancy related complications each year (Carine R. and J. G. Wendy 2006). Inadequate access and underutilization of modern healthcare services are major reasons for poor health in the developing countries. This inequality in the health and well-

being of women in the developing world is a growing concern (Carine R. and J. G. Wendy 2006).

Antenatal care is a medical and general care that is provided to pregnant women during pregnancy. It is goal oriented provided with the aim of meeting both psychological and medical needs of pregnant women within the context of health care delivery system, culture and religion in which the women live. It is based on local situation and addresses risk assessment, health promotion and care provision. It has been found to be effective in the treatment of anemia, hypertension and sexually transmitted diseases (WHO 2008).

Almost all maternal deaths (99%) occurring in developing countries are due to complications arising during Antenatal, Intra-partum and immediate postnatal period. Of the deaths more than half of them occur in sub-Saharan Africa and one third occur in South Asia. Most causes of these deaths are easily preventable through antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth (WHO, UNFPA, WB & UNICEF, 2015).

Statement of the problem

The World Health organization in 2013 stated that 286,000 of maternal deaths in developing countries were due to preventable complications. Primary cause of maternal deaths are the result of three delays; delay in seeking care, delay in reaching health care facility and delay at an institutional level in providing appropriate care [Waiswa P. et al, 2010].

Pregnancy symptoms and complications can range from mild and annoying discomforts to severe, sometimes life-threatening, illnesses. Sometimes it can be difficult for a woman to determine which symptoms are normal and which are not. Problems during pregnancy may include physical and mental conditions that affect the health of the mother or the baby. These problems can be caused by or can be made worse by being pregnant. Many problems are mild and do not show progress; however, when they do, they may harm the mother or her baby so that keeping in mind that there are ways to manage problems that come up during pregnancy by the health care providers, [CSA, Mini EDHS 2014 report].

Pregnancy, labor and childbirth are important milestones in a couple's life. It is perhaps the most emotional and dramatic experience not only in a woman's life but indeed in the life of her family members. Pregnancy and childbirth, if uncomplicated, could be the most joyful

experience; however, if complicated could threaten the woman's life (WHO 2014).

In regions with the highest rates of maternal mortality, such as sub-Saharan Africa and South Asia, even fewer women received at least four antenatal visits (52% and 46%, respectively). However, global estimates indicate that only about half of all pregnant women receive this recommended amount of care (UNICEF 2016).

As recommended by the WHO, 32% of women had at least four ANC visits during their last pregnancy, while 37% of women in Ethiopia had no ANC visits. Rural women are more likely to have had no ANC visits than urban women (41% and 10%, respectively (EDHS 2016). Therefore this study was aimed to assess the perception and practice of pregnancy care of pregnant mothers served in Assosa general hospital.

Specific objectives: To assess perception of pregnant care mothers attending in Assosa general hospital.

Methods and Materials

Setting of Study

The study was conducted in Benshangul- Gumuz Regional State, Assosa Zone, Assosa wereda, Assosa town, Assosa General Hospital. Assosa General Hospital is found in the capital of BGRS, North West Ethiopia. It is 667 kilometers far from capital city of Addis Ababa. The hospital has been established in 1982. It serves for in estimate population of 750,000. Pregnant mother from catchment area of hospital population is 3.4% (25,500). It has different compartments and point of cares.

Study period: The study period was taking for year from November 2018- March 2019.

Study Design: Institutional based descriptive cross-sectional study design was used to explore and assess the pregnant mothers' perception and practices toward care of pregnancy in Assosa General Hospital from November 2018-March 2019. But, quantitative and qualitative approaches were used. In this regards, the data collected through quantitative approach were highly supported by qualitative approaches where the data were collected through open ended questions on the questionnaire distributed.

Study population: The study population was all pregnant mothers who are attending in Assosa General Hospital, which are selected and included in the study.

Inclusions and Exclusions criteria

Inclusion Criteria: All women in reproductive age group attending ANC clinic of Assosa General Hospital has been willing to participate in the study.

Exclusion Criteria: Those pregnant women in the reproductive age group who were critically ill and unable to provide information and women age < 15 and above 49 years,

Sample size and sampling procedures

The sample size was determined using the single population proportion formula

$$n = \frac{(Z\alpha/2)^2 P (1-p)}{d^2}$$

where n is the sample size, z is the standard normal deviation, set at 1.96 (for 95% confidence interval [CI]), d is the desired degree of accuracy (taken as 0.05) and p is the estimate prevalence of mothers perceptions and practices of pregnancy care (50%), and the non-response rate (5%)(19) the required, total sample size will be **403** women.

$$n = \frac{(Z\alpha/2)^2 P (1-p)}{d^2}$$

Where: n= sample required
 Z= 95% confidence interval (1.96)
 D= margin of error (5%)
 P= prevalence rate (50%=0.5).

Then $n_o = \frac{(1.96)^2 (0.5*0.5)}{0.05^2} = 384$

$$(0.05)^2$$

And 5% = 19 for the non-response rate 384+19=403 is the total sample size

Sampling procedure

Sample was taken based on Systematic random sampling technique of proportionate allocation and utilized to collect the required sample data pregnant mothers' who came to Assosa Hospital during the study period. The interval used to select the study targets for data collection was determined depending on the number of total pregnant mothers in the hospital as:

$$k=N/n$$

N = Total pregnant mothers

n= sample size

$k = 25,500/403= 63$ [every 63rd pregnant mother attending the clinic was interviewed in annually. But $K= 63/12=5$ [every 5th pregnant mother attending the clinic was interviewed in the data collection period].

The first pregnant mother was the 5th mother was selected by lottery method and the data was collected every five pregnant mother interval and the new comers for ANC were taken when they arrived.

Instrument

Using a structured questionnaire, data were collected from the participants all the eligible participants were interviewed using a structured questionnaire which included socio-demographic and profile question's pertaining to perception and practices regarding pregnancy care.

Data collection methods

Questionnaire

In spite of some disadvantages, questionnaire as a data collecting tool has many advantages. Firstly, it enables the researchers to collect back ground and baseline information quiet easily, could help to gather reasonable amount of data with in short time, provide information which could be followed up and is suitable for collecting initial information on attitudes and perception(Koshy,2005). Meanwhile, the aim of using this questionnaire was to prepare

statements in the forms of questions-open and close ended nature that were easily identified the existence facts on the ANC during pregnancy.

Structured questionnaire were distributed to the sample sizes where the sample is scientifically identified. 403 Questionnaires were designed and distributed to the subjects of the study; some of the questionnaires were not correctly responded and others were not responded given back to the researchers. Therefore, questions with close-ended are quantitatively analyzed and questions with open ended are qualitatively analyzed.

Data were collected by giving short training for some experts who were thought experienced in doing so, and who were familiar with the study area and local language. A standardized structured questionnaire was developed after serious revision and investigation of existing relevant studies. The original English version of the questionnaire was translated into local language (Amharic), and then the local version was translated back into English by professionals to check its consistency.

Interview

Interview was the second tool used in collecting primary data and which was proposed to use for triangulation purpose on the data obtained through questionnaire. According to Selinger and Shohamy (1989) interview is used to collect data for the study that permits a level of in-depth information, free response and flexibility that could not be obtained by other procedures. And hence, semi-structured and in-depth interview was used. Because, semi structured interview is the one most favored by educational researchers as it allows respondents to express their feelings in the way they like at some length, but offers enough shape to avoid aimless ramblings (Koshy, 2005). Therefore, the very concerned subjects were considered in the interview. Interviewer-administered exit interview was conducted in a private and quiet room for audio privacy. One student as a Supervisor and others as the principal investigator monitored data collection very closely.

The questions were developed after a review of relevant literatures. A number of questions that addresses the objective of the study designed. These questions were grouped and arranged according to particular themes.

Data processing and Analysis

Grouping, coding, entering, sorting, recording and cleaning data were the most considerable steps in analyzing the collected data according to choice of statistical methods, patterns and themes were done and later the data were analyzed by qualitative and quantitative techniques. In the final stage, all contents of the interviews were harmonized and analyzed according to their similarities and differences.

Findings were later compared to relevant literature for the link with theoretical perspectives and ideas as indicated in the literature review for purpose of validity and representation. During analysis when some vague words with different meanings appeared it was put to similar words of English in brackets.

Result and discussion

Socio-demographic characteristics

A total of 390 married and single women in the reproductive age group were successfully interviewed, giving response rate of 96.7% whereas 13(3.3%) were non respondent. Of the total respondents 38 (9.7%) are between the age of 15-19 years of age whereas nearly half of the respondents 151(38.7%) were in the age group 20-24 years, followed by 25-29 years are 133 (34.2%). Forty seven (12.1%) of respondents between the age group of 30-34 year of age and 15 (3.8%) are in the age of 35-39 years and only 6 (1.5%) are in the age group of 40-44 years. More than half of respondents were orthodox religion followers 205(56.6%) followed by Muslim 125(32%), whereas 39 (10%) of them are protestants, 7 (1.8%) Catholics and 14 (3.6%) were other religions. The predominant ethnic group in this study area were Amhara 204 (52.3%) followed by Oromo 98 (25.1%), Berta, 41 (10.5%), Shinasha 25(6.4%), Gumuz 12 (3.1%), and others 10(2.6%). Regarding educational background 25(6.4%) were illiterate and 88(22.6%) attended primary education and. The majority 133 (34.1%) & 144 (36.9%) were secondary schools (9-12) and higher /diploma/above respectively. Regarding occupation most were housewives 150(38.5%) followed by civil servants 95(24.4%) and daily laborers 50 (12.3%). Among the respondents, 47(12%) were students, 23(5.9%) were farmers, and merchants were 22 (5.6%).

Two hundred forty eight (63.6%) of the respondents had monthly income of >2000 birr

whereas few 77 (19.7) has monthly income of <1000 birr and 65 (16.7%) had monthly income between 1000-2000 birr per month. More than two third of mothers 300(76.9%) were married and few of them 8 (2.1%) were divorced. From the respondents 83 (21.3%) were rural and 307(78.7%) urban residents.

Socio-demographic Characteristics of mothers at Assosa General Hospital, in 2018-2019.

Variables		Frequency	Percentage (%)
Age of mothers	15-19	38	9.7
	20-24	151	38.7
	25-29	133	34.2
	30-34	47	12.1
	35-39	15	3.8
	40-44	6	1.5
	45-49	0	0
	Total	390	100
Religion	Orthodox	205	52.6
	Muslim	125	32
	Protestant	39	10
	Catholic	7	1.8
	Others	14	3.6
	Total	390	100
Ethnicity (language)	Berta	41	10.5
	Oromo	98	25.1
	Amhara	204	52.3
	Gumuz	12	3.1
	Shinasha	25	6.4
	Others	10	2.6
	Total	390	100
Education	Illiterate	25	6.4
	Primary(1-8)	88	22.6
	Secondary(9-12)	133	34.1
	Higher(Diploma/above	144	36.9
	Total	390	100
Occupation	House wife	150	38.5
	Merchant	22	5.6
	Student	47	12.0
	Farmer	23	5.9
	Civil servant	95	24.4
	Daily laborer	50	12.8
	Others	3	0.8
	Total	390	100
Monthly Income	Less/equal 1000 birr	77	19.7
	1000-2000 birr	65	16.7

	>2000 birr	248	63.6
	Total	390	100
Marital status	Married	300	76.9
	Single	82	21.0
	Divorced	8	2.1
	Widowed	0	0
	Total	390	100
Place of residence	Urban	307	78.7
	Rural	83	21.3
	Total	390	100

Reproductive and obstetrics

Out of 390 respondents 125 (32%) were married before the age of 18 years of age and the majority 251 (64.4%) were married between the age of 18-25 years of age. Most of respondents 201 (51.5%) were faced first pregnancy whereas 106(27.2%) second pregnancy and 83(21.3%) experiencing their 3rd and above pregnancy. Majority of respondents 201 (51.5%) have no child because of they faced first pregnancy and 131(33.6%) had 1-2 children and 58 (14.9%) of the have had ≥ 3 children. A total of 30 (15.9%) of respondents faced child death.

Reproductive and obstetric related

Variables	Frequency	Percentage (%)	
Age at first marriage	<18	125	32.0
	18-25	251	64.4
	>25	14	3.6
	Total	390	100
Gravidity	1	201	51.5
	1-2	106	27.2
	≥ 3	83	21.3
	Total	390	100
Parity	0	201	51.5
	1-2	131	33.6
	≥ 3	58	14.9
	Total	390	100
Faced child death	Yes	30	15.9
	No	159	84.1
	Total	189	100

Practice of ANC service

Majority of respondents 213 (54.6%) get information about ANC and delivery services from

their neighbors and very few of them 20(5.1%) get from media. The rest 79 (20.3%) and 78 (20%) get it from previous knowledge and from health workers respectively. Most of the respondents 189 (48.5%) ever had pregnancy. From those women who have ever been pregnant 184 (97.4%) followed ANC service. Among the respondents who followed ANC 101 (54.9%) got the service at public health institution and 56 (30.4%) used traditional attendants. From the respondents who have been asked about their ANC visit 136 (34.9%) have got their first visit of ANC care. From the respondents who had attended ANC 77(19.7%) got the service four times and above and 29 (7.5%) do not know or miss their appointment.

Among the women who did not follow ANC service, about 3(60%), said lack of transport and 1(20%) claims distance of health facility. When respondents asked about the health workers activity they are provided majority of them 344 (88.2%) know said health care workers send for blood test and 307(78.7%) said they measure weight. The respondents said also 260 (66.7%) and 242 (62%) send for urine test and Blood pressure checkup respectively. In this case the respondents have the knowledge of more than one activity of the health care providers' services. Forty five (23.8%) faced abortion and other pregnancy complications.

In contrary, the result of the study indicates that about 53% of the respondents' practices of ANC follow up based on the selected indicators response show that their practice of ANC visit is almost weak which measures our study reveals low to our expectation we estimated in our proposal.

Mothers practice about ANC in Assosa General Hospital 2018-2019

Variables	Frequency	Percentage (%)
How do you get health information regarding antenatal and delivery services?		
by my previous knowledge	79	20.3
From Health workers	78	20
From neighbors	213	54.6
From Media	20	5.1
Total	390	100
Have you ever had pregnancy?	189	48.5
Yes	201	51.5
No	390	100
Total		

Have you followed ANC service?	184	97.4
Yes	5	2.6
No	189	100
Total		
Where did get the service?	101	54.9
Health institutions	27	14.7
Private clinic	56	30.4
Traditional attendants	0	0
Other	184	100
Total		
How many times did you get the service?		
1	136	34.9
2	98	25.1
3	50	12.8
4+	77	19.7
I do not know/miss	29	7.5
Total	390	100
Why you did not follow ANC service?	1	20
Distance of HFs	3	60
Lack of transport	0	0
Lack of time	1	20
Others	5	100
Total		
What do the Health workers do at Health Facility?	242	62
Check BP	260	66.7
Send for urine test	344	88.2
Send for blood Test	290	74.4
Council on Nutrition	307	78.7
Measure Weight	3	0.8
I do not remember		
Total		
Have you ever had abortion or other pregnancy complication?		
Yes	45	23.8
No	144	76.2
Total	189	100

Discussion

Among the respondents interviewed, three hundred eighty-eight (388 (99.5%)) of the women need to follow ANC while they were pregnant. This result is comparable with the study conducted in a costal block of Ganjam District, Odisha (Chandra P. Pal et.al 2017), to determine the women's Perceptions and practices of various maternal and child health services majority (90.2%) responded that pregnant women need to go for ANC.

The data obtained through open-ended questions reveals that the respondents have matured understanding on the concepts provided to them about ANC is valuable whether there is or no complications. Of the total number of the respondents taken as the subject of the study 143(59.6%) of them believe that ANC is valuable for the reason to keep the health condition of fetus and the mother. Whereas 10(4%) of the respondents were focusing on that ANC is very significant in assuring the pregnancy and correct position of the child in the womb. On the other hand, 49(20%) of respondents expressed their idea that ANC is important in making follow up in connection with unnecessary flow of blood during pregnancy and in checking for the development of the fetus. Additionally, 16(6.6%) of respondents have explained their ideas on the importance of ANC during the pregnancy; the collected data clearly depicted that ANC care has values to get advices from the medical experts about the most prevailing signals happening on the mother during her pregnancy time.

Among those who want to follow majority 361 (92.6%) want to follow ANC in public health institution, and 24 (6.1%) in private clinic this is the opposite of the study in Gambia where antenatal services was 79.9% for public facilities and 97.9% for private facilities, that they reasoned out that Pregnant women's poor perception with public facilities included their unhappiness, with the following dimensions of antenatal care (ANC): inadequate privacy, inadequate space and neatness and inadequate communication with care providers (Isatou K. Jallow 2012). In case of our study their reason to choose public health institution to private could be economical issues, quality of health professionals and very few private health facilities with poor infrastructures.

This study tried also to assess the perception/attitude and practice of women towards antenatal care among mothers attending Assosa general hospital. According to this study 29 (7.5%) do not know or miss their appointment about antenatal care. This result was higher than the study conducted in a Southwest Nigeria which shows that only 21 (4.6%) said they didn't attend or do not know any ANC services during their last pregnancy [Fagamigbe & O.korter 2013]. This difference could be due to difference in source population and time of study and the other reason could be difference in operational definition, differences in socio- cultural background as well as that some of our respondents are from rural and few of them are illiterate.

Among the respondents who have been asked about their ANC visit practices 136 (34.9%) have got their first visit of ANC care. From the respondents who had attended ANC 77(19.7%) got the service four times and above. This is consistent with EDHS 2011 study that only 34% of pregnant women attend antenatal care at least once and 19% of them attend four times (CSA, EDHS 2011).

More than half of mothers 204 (52.3%) were involved in decision making with Health workers whereas 32 (8.2%) mothers not involved at all in the decision making process. This result is a bit lower than the study conducted in Northern Ethiopia that about 66% of pregnant women involved in decision making about the care given from health providers. This could be language barrier between the care provider and responds, negligence of some health care providers, inexperience of communication of some health care providers and inefficient time to discuss with client due to work overload [Fesiha G, et al 2014].

This idea is also supported by the respondents in an open ended questionnaire distributed to the respondents on the responsibility in receiving ANC results with different responses. The very large number of the respondents(almost 90%) have a belief that either the husband or the wife is the most responsible one in attending the ANC during pregnancy;whereas,21(8.75%) of the respondents have said that the pregnant woman, the husband and the medical experts are the duly responsible ones in attaining the ANC in take carrying for the fetus in particular and the mother in general.surprisingly,33(13.75%) of the respondents have explained that only the pregnant woman is the responsible one in attending ANC during her pregnancy time.Meanwhile,3(1.25%) of the respondents discussed that the pregnant mother will attend her ANC whenever she looks for some feedback from her doctor or when she gets some orders from here nearby doctor.

In our study less than half of the respondents 180(46.2%) said that the waiting time in the health facility is between 10-30 minutes where us 113 (28.9%) said that they stay 30-60 minutes. This study is a lower than the study of northern Ethiopia that they found that 69.7% of the study participants had a waiting time ranging from 10-30 minutes. The difference may be due to health care workers may order different lab requests which may take more than one hour, shortage of health care providers and work overload (Fesiha G, et al 2014).

In this study about 97 (24.9%) of respondents said that they stay more than 60 minutes at facility to get the service whereas, in the study Mkuranga and Mufindi, Tanzania 202 (48.4%) and 170 (42.2%) in these districts, respectively, found them unacceptably long [Mubyazi GM 2015]. This result is higher than our study result.

Among the women who did not follow ANC service, about (60%), said lack of transport (money) and (20%) claims distance of health facility from their residential area. This is similar to the study in rural Lao, show that most women in the study participants explained that it was unnecessary to attend ANC and give birth at a clinic if the woman felt healthy, which they claim for factors that discouraged ANC attendance and giving birth at clinics included: time and money constraints [Sychareun et al 2016]. In our

set up participants lacks to follow up ANC due to lack of information and burdened with work overload (many children to care and lack of support from family).

When respondents asked about the health workers activity they are provided majority of them 344 (88.2%) know that health care workers send for blood test and 307(78.7%) said they measure weight. The respondents said also 260 (66.7%) and 242 (62%) send for urine test and Blood pressure checkup respectively. In this case the respondents have the knowledge of more than one activity of the health care providers' services. This study supported by a study conducted in, Tertiary Care Hospital of Pune, Maharashtra, India, show that Out of 384 studies participants 223 (58%) study subjects had adequate knowledge about overall ANC care services they are given. Sixty nine point three percent (69.3%) study subjects followed adequate ANC practices [1 Bhai B. et.al 2016]. This could be most of our study subjects are literate and lives in the town and near.

In the open ended analysis the researcher needs to investigate the expectation of the pregnant woman from the health workers during attending her ANC. From the questionnaire distributed to the respondents or subjects of this study different information is collected in connection with the expectation of the pregnant woman while attending her ANC. Hence, 44% of the respondents said that the pregnant woman is expecting counseling at all, 17(7%) of the participants' data show that the pregnant women do have expectation about measuring the normality of their blood pressure, 44(18.3%) the information reveal that those women expect counseling and need to check the overall health condition during attending ANC. In addition to these, 11(4.58%) of the participants revealed that the pregnant women have expectation on following the regular council about their health conditions and developing awareness on sexually transmitted diseases during the pregnancy time. Following these, 9(3.75%) of the subjects explained that the importance of follow up and contacting the health workers while something wrong is going on. Besides, 32(13.3%) of the respondents expressed their expectation on checking the healthy condition of the fetus and the normality of their physical weight; 40(16.66) of the participants of the study fore worded their ideas as women expect to know the duration of the fetus in the womb; and finally, 1(0.41%) of the respondents mentioned that the pregnant women do have expectation in getting treatment as a result of some inconvenience taking place.

In other open ended questionnaire distributed to the respondents of the other concern of this scientific study was investigating the types of health services that the pregnant women would receive during her pregnancy period. Very few of the participants mentioned that examination of

the liver, attending the condition of the fetus, measuring the amount and the volume of the blood pressure and fetal movement and others are the most common one happening on women in this condition. On the other hand, 69(28.75%) of the respondents have mentioned their ideas as the pregnant woman ought to receive a service on attending her weight, and also the highest range of the data show that they regularly join hospitals for obtaining TT as treatment, 39(16.25%) of the participants put their idea on the facts that the pregnant women visit the hospital in checking up blood pressure, 154(64%) of the subjects agreed that those women have joined this health facility getting the exact treatment on anemia case. Moreover, 65(27%) the data in this study revealed that the pregnant women are intended to know their blood types. Whereas 96(40%) the subjects response assures that the women at this condition have joined health centers in Checking for HIV test, 25(40%) examining urine, 17(7%) for getting general counseling and 72(30%) of the respondents data show that those women receive health service on Syphilis/STI case.

Among the respondents forty five (23.8%) faced abortion and other pregnancy complications when asked for birth problems. This is also emphasized in report of WHO, UNFPA, UNICEF and World Bank, Trends in Maternal mortality, 1990-2015, that almost all maternal deaths (99%) occurring in developing countries are due to complications arising during Antenatal, Intrapartum and immediate postnatal period. Of the deaths more than half of them occur in sub-Saharan Africa and one third occur in South Asia. Most causes of these deaths are easily preventable through antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth [WHO, UNICEF, UNFPA and the World Bank 2015].

Conclusion

Based on the data analysis made in the previous chapters, the following points are derived as the major findings lead to conclusions. As a result, the overall of this study were demonstrated and the conclusion is drawn as follows.

- The attitude of women towards antenatal care (ANC) was comparatively in high position.
- The practice of women in the visiting of first and forth FANC follow up is still very low.
- The waiting time of ANC attendants is still longer for more than half of respondents.

Recommendation

- ❖ The RHB need to access health education in different languages to address pregnant and non-pregnant mothers in their locality to practice FANC time is very important
- ❖ The Assosa hospital health officials should assess the service provision quality especially the long stay at point of care for mothers in need to make appropriate time for ANC service
- ❖ The RHB and Wereda Health offices need ensure the quality services especially on human and material quality in place by recruiting dedicated health care providers in different specialties and availing different health service commodities.

Therefore, further research is recommended to identify factors which are associated with practices that hamper the FANC visit at least four times and the duration of long queue up for the service.

References

- Ahirwar N.(2018) knowledge attitude and practices of antenatal care among antenatal women attending outdoor clinic in tertiary care hospital, Bhopal, Madhya Pradesh, India,
- Athanase G Lilungulu et.at (2016) reported Knowledge, Attitude and Practice of Antenatal Care Services among Women in Dodoma Municipal, Tanzania,
- BG-RHB (2017) Annual Report, Assosa,
- Bhai B. et.al, (2016) a study on knowledge and practices of antenatal care among pregnant women attending antenatal clinic at a Tertiary Care Hospital of Pune, Maharashtra, India
- Carine R. and J. G. Wendy (2006) “Maternal mortality: who, when, where, and why,” The Lancet, vol. 368, no. 9542, pp. 1189–1200, [View at Publisher](#) · [View at Google Scholar](#)
- Chandra P. Pal et.al (2017) Perception and practices of various maternal and child health services: a study among women of reproductive age group in a costal block of Ganjam district,
- CSA, Demographic and Health Survey (2011) Addis Ababa, Ethiopia.

CSA, Demographic and Health Survey (2016) Addis Ababa, Ethiopia.

CSA, Mini Demographic and Health Survey report (2014) Addis Ababa, Ethiopia.

Fagamigbe & O.korter (2013) Practice, Knowledge and Perception of Antenatal Care Services among Pregnant Women and Nursing Mothers in Southwest Nigeria

Fesiha G, et al (2014) perceived Quality of Antenatal care service by pregnant women in public and private Health Facilities in Northern Ethiopia.

Isatou K. Jallow (2012) Women's perception of antenatal care services in public and private clinics in the Gambia, (International Journal),

Koshy, V. (2005): Action Research Planner. Geelong, Victoria, Deaking University Press

Mubyazi GM (2015) Knowledge and perception of antenatal services need and delivery and reasons for seeking such services among women in Tanzania,