FOCUSED ANTENATAL CARE ACCEPTANCE IN NORTHEASTERN REGION OF NIGERIA: CLIENTS' PERSPECTIVE.

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ABSTRACT

Background: Antenatal care is the medical care of the woman during pregnancy to ensure healthy outcomes for both mother and the baby. World Health Organization (WHO) recommended adoption of a new model of ANC known as Focused Ante-Natal Care (FANC), with four clinic visits during pregnancy for all the women in low risk category. Pregnant women who are at low risk of complication form about 75% of all pregnant women

Objectives: The objective of the study was to determine acceptance of Focused Antenatal Care among antenatal clinic attendees in health institutions in northeastern Nigeria.

Materials And Method: Focused group discussion was used as a qualitative method of data collection in 6 different health facilities.

Results: Majority of the clients preferred the FANC to the old method of ANC. Some clients had already started cutting the number of ANC visits in their own way by late presentation during pregnancy. Such practices may contribute negatively to early detection and prevention of diseases during pregnancies.

Conclusion: It is therefore highly recommended to fast track governments efforts towards commencement of FANC as recommended by the WHO in all the health facilities in the region in particular and the whole Nigerian nation in general.

Keywords: Focused antenatal care, client's perception, Northeastern region.

INTRODUCTION

Antenatal care is the medical care of the woman during pregnancy to ensure healthy outcomes for both mother and the baby.[1,2] The defined antenatal care as recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary.[2] The primary aim is to achieve a healthy mother and baby at the end of pregnancy, hence, reducing maternal and perinatal mortalities and morbidities. The process of antenatal care begins as soon as conception occurs. Traditional antenatal clinic appointments for low risk pregnancies are given monthly until 28

weeks, then fortnightly until 36 weeks and finally weekly till delivery.[3] Traditional ANC is based on the European model of early 1900's, which assumed that multiple visits were better in the care for pregnant women.[4] Antenatal care is a key entry point for a pregnant woman to receive many health promotion and/or preventive services such as nutritional support, prevention and treatment of ailments such as and anaemia, malaria, tuberculosis, sexually transmitted infections/HIV tetanus and other diseases in pregnancies.[5]

Focused antenatal care means that the providers focus on evaluation needed to make decisions and provide care for each individual woman's needs.[5] A multi-centre randomized trial of the new model of antenatal care known to be improving maternal and neonatal outcomes in fewer clinic visits revealed that it has no adverse effect on maternal or perinatal outcomes in women with low risk pregnancies.[1] On that account the World Health Organization recommended adoption of the new model of antennal care known as focused antenatal care with four clinic visits during pregnancy for all the women in low risk category.[1-6]

In FANC, the first visit is in the first trimester (ideally before 12 weeks but not later than 16 weeks), the second visit is between the 24th to 28th weeks or at 26 weeks, the third and fourth visits are at 32nd and the 36th weeks respectively.[1,3, 5,6,7,8] After that the woman is expected to deliver normally, ideally in a health facility. In case any problem or potential problem is detected, the antenatal visit pattern is modified to cater for that. A study conducted by Ekele from a teaching hospital in Nigeria in which 234 pregnant women followed up during their pregnancies for classification purpose, using special form in that study, it was found out that majority (67 per cent) of the women were eligible for basic component of FANC.[9] In India, many working pregnant women within the low socioeconomic class found it difficult to attend ANC clinics.[8] Such women had local arrangement to attend clinic 3 times only throughout each pregnancy period as against 4 of focused antenatal care.

Focused antenatal care is cost effective and addresses the reality of limited resources while improving women's chance for healthy birth outcomes.[9,10.] The recommended focused antenatal care includes interventions that are appropriate to the woman's stage of pregnancy and which addresses her overall preparation for birth and care of the newborn.[11,12]

The effectiveness of FANC in the early detection of diseases and prevention of complications are equivalent in traditional ANC and the FANC in the low risk category.[5] Despite the recommendation of FANC by WHO, it was found out that most centres have proven resistant to change due to various reasons such as poor funding, culture, religious practices, ignorance and inadequate training of health care providers on the advantages of focused antenatal care.[3] Few developing countries have fully embraced and implemented the FANC model.[3] Each antenatal visit made by a woman should be regarded as very important as some may not be opportune to come back again. Many women cannot come for 4 visits.[12]

The objectives of the study will help to unveil the clients' perspective of FANC in terms of its acceptability. The study will also reveal other pieces of information that will be useful in the development of efficient and effective plan and policies towards the implementation of the FANC in the northeastern part of the country.

General objectives of the study are to determine acceptance of Focused Antenatal Care among antenatal clinic attendees in northeastern Nigeria.

Specific objectives are to determine:

- Level of compliance to the traditional ANC in the country.

- Clients' views on focused antenatal care.
- The willingness of the clients to accept the focused antenatal care as recommended by the WHO.

MATERIALS AND METHOD

The qualitative study was mainly to seek for the perception of number of visit as well as their choice to which one they prefer over the other between the traditional and the FANC.

Data were collected through ten Focused Group Discussions (FGDs) in 5 health facilities which included a Primary Health Care Centre (Yerwa clinic, Maiduguri), University of Maiduguri Teaching Hospital, State Specialists' Hospital Maiduguri and two comprehensive Health centres to reflect the wide background from where clients come for ANC. The focused discussions were stopped when no more new information was being obtained. There were seven respondents per group making total of 70 respondents. Purposive sampling method was used to enhance reliable collection of data. Question guide was used by the moderator in the course of the discussions. The concept of FANC was described in brief to all the FGDs participants before the actual discussions. The questions and responses were recorded with the aid of a voice recorder operated by a trained assistant. Recorded responses were transcribed verbatim. The data were analyzed by context analysis.

Informed consent was obtained from participants who were assured of confidentiality and the non-maleficent nature of the study. They were also educated on the benefits of the study. Approval was obtained from the ethical committees of the University of Maiduguri Teaching Hospital.

Study limitation

Lack of experience on FANC prior to the study may impact negatively on the views of the respondents. However, this problem was minimized by explaining to participants the major features of FANC just before each discussion.

RESULTS

Results of Focus Group Discussions

Focused Group Discussion sought to obtain the perception of the respondents about the number of visits in the traditional ANC compared to the FANC and determine which method they prefer to the other. All the respondents claimed to have been timely and regular with dates of appointments of their antenatal (ANC) visits except for four of the participants who used to present themselves for ANC at four to five months gestational age so as to deliberately reduce the number of ANC visits. Half of the respondents felt that the number of current ANC clinic visits were too many. A pregnant woman who registers early makes at least from 6 to 12 regular ANC clinic visits before delivery. The interval between ANC clinic visits each by mother varies from 1 to 4 weeks depending on her gestational age. All of the respondents accepted that the idea of FANC was good. All of the respondents except four welcomed the idea of focused antenatal care as better option of care for pregnant women. In fact, more than 2/3 of the participants admitted that they prefer FANC to the traditional method of ANC. Two of the four that had different views about FANC were because of their previous bad obstetric history that was associated with eclampsia and surgery which created apprehension in them and as such they belief that only 4 clinic visits will be very inadequate to prevent recurrence of their unfortunate experiences as such. One had no reason to give and the last was because she enjoys the company of the other clients around during ANC visit as back home, she felt very lonely most of the time and was hardly allowed to go out by her spouse.

DISCUSSION

All pregnant women must receive essential antenatal care that should be focused on individual needs.[5] Apprehension concerning

FANC was noted in a quantitative study by Aniebue and Aniebue in Enugu to be high.[3] However, issues leading to such apprehension were found to be unwarranted and were amenable to intervention like health education.[5] Thirty nine out of the 70 respondents (54%) were primigravidae.

It was observed that the focused group discussants who attended ANC clinics in the teaching hospital have greater proportion of participants of higher social status. The focused group discussants had the privilege of knowing about the FANC during introduction of the topic immediately before the discussions and therefore allowing them to learn of an alternative to the traditional ANC clinic visit schedule. Apart from 4 of the focused group discussants who engaged in ANC visits late the remaining claimed to have attended their clinics regularly. All except 4 of the FGD participants were desirous of getting the number of ANC visits to be cut down to 4 as in the FANC to make it easier for them to attend to all their clinic appointments. Two out the 4 that held different view on cutting down the number ANC Clinic visits was because they felt 4 visits will be very inadequate in prevention of complications. This showed that they did not fully understand that FANC for women with illness in pregnancy will have their number of visits tailored according to their needs. One of the remaining two gave no reason and the last said many visits of the traditional ANC visits afford her the opportunity to be allowed by her husband to go out and she also enjoys the company of many other pregnant women at the clinic. Participants who desired reduction in the number of antenatal visits to four in the study may have done so because they felt it would be more convenient and cheaper as found in the study conducted in Enugu.[3] Convenient and cheaper antenatal care is part of the long-term goals of the new antenatal care model.[3] It can be seen clearly that almost all discussants were ready to accept FANC. Why FANC has not been implemented in the northeastern part of Nigeria was probably due to lack of government's commitment to that effect. That was in line with findings in which 66% health workers accepted that focused antenatal care was not enforced by their healthcare facility as a result of lack of policy enforcement concerning the practice of focused antenatal care.[4]

CONCLUSION

The respondents in the focused group discussions asserted that they prefer FANC to the old and existing method of ANC. However, government has been too slow to enforce the implementation process to full gear. Some clients had already started cutting the number of ANC visits on their own by late presentation to ANC during pregnancy. That may contribute negatively to early detection and prevention of diseases during pregnancy. It is therefore highly recommended to fast track governments efforts towards full commencement of FANC as recommended by the WHO in all the health facilities. Commissioners of health within the region should ensure that the Directors of Medical Services and Executive Directors of the respective State Primary Health Care Development Agencies take appropriate actions on this matter. Health supervisors/monitors from the governmental and non governmental agencies in the region should also assist in making FANC a reality as recommended by WHO.

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