

Socio-cultural and health system factors influencing late booking among pregnant women: Case of selected health care facilities in Temeke Municipality

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Abstract

The study examined the socio-cultural and health system factors influencing late booking of antenatal care among pregnant women in Temeke District. Guided by the Health Belief Model, the study used qualitative techniques of data collection. Open-ended semi-structured interviews were used and a hospital-based cross-sectional study design applied. The findings revealed various socio-cultural and health system factors influencing late booking among pregnant women. Poor knowledge on when to first book for antenatal care, poor knowledge on the importance of early booking, past experience of their pregnancy, unfriendly provider-patient relationship and shortage of staff. Other factors include beliefs and fear of being bewitched during the early stages of pregnancy made women book late, the belief that they are not at high risk of getting pregnant related complications as well as family and economic activities attribute to late booking. The timing of antenatal care service, though believed to be the best practice for positive pregnancy, is challenging for most women due to various socio-economic and systemic factors. The age for the first booking of antenatal care was 15.5 weeks, which is late according to the WHO recommended time of first booking within the first 12 weeks of the gestational age. The study recommends for more educational initiatives which will liberate the public especially women from

ignorance and misconceptions related to pregnancy complications as well as poor socio-economic beliefs.

Key words: *Pregnant women, Ante natal care, Early booking, Late booking, Belief*

Background

Pregnancy and childbirth related complications contribute to be significant public health problems worldwide. According to the World Health Organisation (WHO), in 2017 alone, approximately 295, 000 women died worldwide from pregnancy related complications.

According to the WHO (2017), 810 women died daily in 2017 from preventable pregnancy and childbirth related causes. Sub-Saharan Africa and southern Asia accounted for approximately 86 per cent of the global maternal deaths (WHO, 2019). Similarly, a review of the Millennium Development Goals (MDGSs) (2015) suggests that despite a substantial reduction in maternal mortality, there is still unacceptably high number of maternal and new-born mortality globally (Tuncalp, 2015). The Millennium Development Goal number 5 of 2000 aimed at reducing maternal death by 75 per cent before 2015, however, the target was never met (WHO, 2020). In 2016, new Sustainable Development Goals were set again to reduce the global maternal mortality ratio to less than 70 percent per 100,000 live births by 2030 (UN, 2020).

Health risks experienced in the preconception period continue during pregnancy. These risks include the use of alcohol, obesity, and unhealthy lifestyles (Teketel, 2021). If this condition is not properly managed during this period, it results in pregnancy related complications such as low birth weight, still births, birth defects, preterm delivery, hypertension, diabetes, pre-eclampsia, to mention but a few (Teketel, 2021).

Antenatal care service for women is a significant breakthrough for them to get a better understanding of foetal growth and development. Antenatal care, if attended early, can be the most effective and efficient way of avoiding adverse pregnancy outcomes (WHO, 2016, 2003). It is a doorway to early detection, management, and monitoring of possible complications associated

with pregnancy. It also directly reduces possible maternal and new-born morbidity and mortality through the identification of risk, prevention and management of pregnancy related problems as well as health education and promotion. Furthermore, it indirectly reduces the possible maternal and new-born morbidity by identify women and girls who are at an increased risk of developing complications during labour and delivery, thus, ensuring suitable referral to a needed level of care (WHO, 2016; NBS Tanzania, 2011; Ochako, 2003; 2011).

Antenatal care service has timing and a number of visits. The WHO (2016) recommends eight visits in all the three trimesters with the first visit done within the first 12 weeks of the gestation period. In sub-Saharan Africa (SSA), although the majority of women receive antenatal care services, there is still a higher proportion of avoidable maternal and perinatal mortality and morbidity as most of them wait until second or third trimester before making their first visit (WHO, 2016; Wang, 2011). Their delay in the visits does not conform to the World Health Organisation's guideline which recommends the first visit be done within the first 12 weeks of the gestational period (WHO, 2016). In Tanzania, in 2010 pregnancy and childbirth related problems were estimated to be 454 maternal deaths per 100,000 live births (DHS, 2009/2010) and according to the latest report by University of Dar es Salaam and Health-Bridge Foundation of Canada (2019), in 2015, the country reported about 8,200 annual maternal deaths per 100,000 live births due to problems of pregnancy or childbirth. In a recent report by Tanzania Health and Demographic Survey and Malaria Indicator Survey 2015/16 (TDHS-MIS), only 1 in 4 women (25%) had their first antenatal care service in the first trimester compared to 75 percent who had their first visits in second or third trimester (TDHS-MIS, 2015/16). It is within this context the problem of this study was grounded and a need for evidence-based information to inform the public, practitioners and policy makers. The Health Belief Model was used for empirically understanding how different women based on their socio-economic and demographic factors perceived the severity of late booking and its consequences.

The Tanzania Health Management Information System (THMIS, 2017) reports for the Dar es Salaam Region for the years 2014, 2015, 2016 and 2017

show a decline in women booking early for antenatal care services despite efforts by the Government to provide free services for pregnant women, availability of health facilities and special Focused Antenatal Care Services which encompass a comprehensive package of antenatal care services in a special way. The decline is clearly revealed by the following data: 15 percent in 2014, 11.9 percent in 2015, 9.7 percent in 2016 and 9.5 percent in 2017 respectively (THMIS, 2017). It is not known why this scenario has been there. There is a need for evidence-based information to explain this trend.

For an effective health outcome of pregnancy and health, women's perception, beliefs, values and practices in the societies where they live, play an important role. People have different assumptions related to health and these differences are shaped by the socio-cultural factors which, in one way or the other, distinguish groups in our societies including but not limited to education, income, occupation, beliefs, values, social interactions and culture in general (Armenakis & Keifer, 2007).

Health is also determined and influenced by culture. Culture influence and shapes our experiences and how we perceive and interpret the world. Along with other health and illness determinants, culture influences how patients and healthcare providers view health and diseases, their causes, how patients perceive the severity of health problem, its preventive measures, management and treatment options, such as; where to and seek care in case of illness, acceptance of preventive or health promotion measures such as vaccination, antenatal care and screening tests. The perception about an individual on the amount of control one has in preventing and controlling complications in the health system and patient-provider relationship as part of interaction matters (Mayhew, 2018). And these issues, in one way or the other, affect women's timing of antenatal booking

Methods

Study design

This study used a hospital based cross-sectional exploratory design. Qualitative techniques of data collection helped in gathering in-depth information on socio-cultural and health systemic factors influencing late booking among pregnant women. The study also applied a hospital-based

approach. This study opted for this design because it explores the factors influencing late booking in the ANC clinics. Moreover, the design provided illumination and understanding of participants' views and experiences in situations that were studied. The interview guide also allowed flexibility of participants' responses which in the end yielded a rich, detailed account of the data with a meaningful interpretation.

Study area

This study was conducted in an urban setting of the Temeke Municipality, located in the south of Dar es Salaam Region. Temeke Municipality has three divisions and 24 wards. There are 132 health facilities excluding laboratories and clinics in 7 Hospitals, 17 Health centres and 108 dispensaries. This study selected the Temeke Municipality because of its relatively high rate of late antenatal booking in the region, but also, we assumed that Dar es Salaam Region is well serviced by health facilities and her residents are more knowledgeable in health issues compared to other regions in Tanzania. Dar es Salaam is also a multi-cultural region accommodating people from different ethnic groups with different cultural background thus, understanding people from Dar es Salaam was thought to provide evidence based information which reflect Tanzania. The district is the second most populated after Kinondoni. According to the 2012 Tanzania National Census, the Temeke Municipality has a population of 1,629,043 of which 794,100 are males and 834,943 are females.

Selection of study participants

Temeke Municipality has 132 health facilities. Out of these, a purposeful sampling was used to select 4 health facilities in Temeke through which the study was carried out. A total of seven (7) health care providers and eight (8) pregnant women across all the health facilities were interviewed. The criteria used to select the number of participants was theoretical saturation point. In each facility, two (2) pregnant women were interviewed. The selection technique used in this study was convenience and purposeful non-probability technique. At each health facility, the study selected purposefully health care providers and pregnant women who were attending ANC clinics in relevant facilities. Two health care providers working in RCH were selected at each facility for an in-depth interview. Two pregnant women were also

purposefully selected from each facility for an in-depth interview; one with proper ANC attendance and the other one with a late booking. The selection of pregnant women was done in collaboration with RCH health care providers.

Data collection methods

Primary data were collected using in-depth interviews. This technique was used to explore the socio-cultural and health system factors influencing late booking among pregnant women in the Temeke Municipality. The method was used to get individuals' personal experiences, their cultural beliefs, social norms and perceptions on antenatal care and late booking. The interviews were held at the health facilities while the pregnant women were waiting for the service. The interviews lasted for about 45 minutes – 1:30 minutes. We recorded participants' views and took some notes. The interview guides were first written in English language, then were translated into Kiswahili language for easy communication and understanding.

Data Analysis

The data were analyzed using content analysis. The analysis was done firstly, by transcribing data and then, the data were translated from Kiswahili to English language. The information was coded into meaningful concepts, later synthesized in different themes. The Health Belief Model (HBM) and health services utilisation theories were used to analyse and interpret collected information.

Ethical consideration

The study took into consideration all ethical issues. Informed consent was sought from the participants. The issues of confidentiality, privacy, and anonymity were adhered to and observed all throughout the study. The participants were also assured that their participation did not prevent their access to care as the in-depth interviews were conducted while these women were waiting for their turn in the queue to receive services. They were also given freedom to withdraw from the study at any time they felt uncomfortable.

Findings

Pregnant women and health care providers shared various influencing factors for late booking of first antenatal care. The findings presented in this article focus on the following major aspects related to antenatal care:

- Women’s awareness on when to first book for antenatal care services;
- Socio-cultural factors influencing the booking pattern among pregnant women;
- Women’s perception on being at risk of getting pregnant related complications;
- Belief as a socio-cultural factor influencing women’s booking behaviour;
- provider-patient relationship;
- Insufficient health care providers at the facilities to serve pregnant women; and
- Misconceptions and poor knowledge related to the importance of early booking.

Table 1 shows the socio-demographic information of the study participants.

Table 1. Socio-demographic characteristics of pregnant women

Socio-demographic variables	Number of women	Percentage
Age in years		
15-24	2	25%
25-34	4	50%
35-44	2	25%
Total	8	100%
Marital Status		
Married	7	88%
Unmarried	1	13%
Total	8	100%
Educational level		
Primary level	4	50%
Secondary level	2	25%
Higher learning level	2	25%
Total	8	100%

Table 2. Booking pattern of pregnant women currently attending antenatal care services

First booking of antenatal care at current pregnancy	Number of participants	Percentage
first trimester 1-12 weeks(1-3months)	4	50%
Second trimester 13-24weeks(4-6months)	4	50%
Third trimester 25-40weeks (7-9 months)	0	0%
Total	8	100%

Table 3. Socio-demographic characteristics of health care providers

	Number of health workers	Percentage
Age		
25-34	2	29%
35-44	1	14%
45-54	3	43%
55-64	1	14%
Total	7	100%
Gender		
Male	1	14%
Female	6	86%
Total	7	100%
Cadre		
Nurse Assistant	1	14%
Nurse Midwifery	2	29%
Registered Nurse	1	14%
Medical Doctor	3	43%

Total	7	100%
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Women's awareness of when to first book for antenatal care services

The findings indicate that most women were aware of when they should book for their first antenatal care services. This has been due to various seminars, campaigns, and advertisements at the facilities, in different media organizations sensitizing pregnant women to book early for their antenatal care. These campaigns were thought to prevent the consequences of maternal mortality rate. Despite the fact that many countries, including Tanzania, are working hard to make sure that they reduce the maternal mortality, globally, the situation remains unsatisfactorily high (WHO, 2019). Women have continued to die as a result of complications during and after childbirth, most of which are preventable and can be treated. While elaborating this phenomenon, one participant from the study had the following to share:

By booking early, we get tested, know our overall health status, and that of our developing babies in the womb. In that way, health providers can know how to manage our situations from early on by providing counselling, identification, treatment and management of infections including HIV and STI's throughout pregnancy and after delivery (IDI, pregnant woman, 23 years/Mbande Dispensary/Temeke).

In addition to the view above, another woman had this to say:

We come early for antenatal care services so that we can get proper immunization for tetanus, intermittent preventive treatment for malaria and supplements, proper education on proper balanced diet for a healthy pregnancy, education on pregnancy related complications and danger signs which can affect both the mother and child. The complications talked about include bleeding, anaemia, and hypertension and pregnancy diabetes, to mention but a few (IDI, pregnant woman 32 years /Yombo-Vituka HC /Temeke).

One participant had no knowledge of when they should book for antenatal care services as soon as they know that they are pregnant. She used the following words to explain her ignorance.

It is my first pregnancy, and honestly, I did not know when I should first book for antenatal care services. I thought that one can go to the clinic anytime when she feels like being pregnant. Then, I heard one neighbour from my sister's place warning me that if I go later than five months for the first time they will not accept I immediately decided to come to the hospital (IDI, pregnant woman 19 years/ Round Table HC/Temeke).

Apart from awareness, the study focused on socio-cultural facts which influence booking patterns. The following sub-section discusses these factors.

Socio-cultural factors influencing the booking pattern among pregnant women

The findings suggest that various socio-cultural factors influence pregnant women in their booking behaviour. Various issues arose in the study such as, women's perception with regard to being at risk, traditional beliefs and practices, socio-economic issues and previous experiences. The following are experiences from pregnant women in regard to their booking behaviour:

It is my first pregnancy, and I was not aware of when to book for antenatal care. I first booked for my antenatal care services at five months (20 weeks of the gestational period) and I have realized that I missed out early important directives on how to take care of myself and my unborn baby from proper diet, immunization, prevention and management of infections (IDI, Pregnant woman 23years/Mbande Dispensary/Temeke).

Another participant from Yombo-Vituka shared her experience by using the following words:

The previous experience with my second pregnancy, which ended up with a stillbirth, has taught me the importance of being close to the health facility and health care providers during this crucial time when our health and that of our unborn babies are vulnerable. I felt lazy and did not care to attend and book early for my antenatal care. So, I learned this the hard way (IDI, pregnant woman 25 years/Yombo-Vituka Dispensary/ Temeke).

Similarly, a woman from Roundtable Health Centre opted to book early to prevent some health related experiences from her previous pregnancies. She shared her experience in the following solemn manner:

I booked at two months and a half, although the health providers told me that it was too early. I refused to listen. This is because in my pregnancies I usually suffer unbearable pains on my back, lower abdominal pains that feel like labour pains at just early months of my pregnancy. I believe that at the facility is where I can get the proper care for my unborn child developing inside my womb and myself (IDI, 31 years, pregnant woman, years/ Round table Health centre/ Temeke).

Another participant explained why early booking is an important aspect for a pregnant woman. She had a positive attitude and experience towards early booking:

As a mother of five children, I always feel safe to book for my antenatal care as early as I discover that I am pregnant. In all my pregnancies, I always book at two months, and by so doing, I believe to receive proper care and attention under professional health providers. No one has assurance; anything can happen during pregnancy (IDI, pregnant woman, 39 years/ Mbagala Hospital/Temeke).

These experiences from pregnant women were supported by healthcare providers from all four facilities which were involved in the study who confirmed that various socio-cultural factors (traditional practices and beliefs, socio-economic factors, negligence, belief and misconceptions related to pregnancy) influence the booking behaviour among pregnant women in the selected health facilities in the Temeke Municipality. The health providers said that dealing with these women in service provision is difficult as most of them are ignorant, negligent, and have their own perceptions and beliefs on the services that are provided during their antenatal visits. They went on arguing that some of these women do not fully understand what they are taught during the seminars on every visit as they keep on repeating the same mistakes. But the community in general is well aware of the importance of

early booking for antenatal care. Below are some views and experiences from health care providers from the selected health facilities:

There are socio-cultural issues behind their booking, and in this case, there are two types of women. Those women who for one reason or the other decide to come to the clinic only a few times just before delivery due to distance, time or negligence and those women who were not ready to have children out of the wedlock, too young or too old to become pregnant, and all the time they were trying to abort the pregnancy but failed to do so. In the end, they decide to come for antenatal care towards the end of their second trimester or third trimester (IDI, Doctor in charge, 50 years/Round Table Health Centre/Temeke).

Another provider had this to say:

Their booking behaviour is determined by many things, but mostly, for those who come early, most of them come not because they believe it is important, but rather they want to get the privilege of free medical treatment because they are pregnant. That is why some women come as early as four weeks just because they missed their period for a few days. They want us to give them clinic cards; but we usually tell them to go and come back even after two months after the first encounter; knowing we will be certain they are indeed pregnant. Also, due to economic constraints, as most of these women work to provide for their families, being pregnant and having many visits to the clinic means there are days that they will not earn. In order to reduce these unproductive days, they will come for the antenatal care services late for their first booking. Some women also believe that by booking early in the pregnancy, it means that one has problems (IDI, Nurse 45 years/Mbagala Hospital/Temeke).

Women's perception of being at risk of getting pregnancy related complications

Women from this study had different perceptions regarding being at risk of getting pregnancy related complications. Four women in the study argued that

they were at a high risk of getting pregnancy related complications, and four other women argued that they were not at the risk of getting pregnancy related complications. They believed that being pregnant is normal, it is not a disease, but it is accompanied with risks, joys and blessings from God. Early booking proves to be of excessive positive impact during pregnancy, as women usually undergo various tests and screening so that it can give room to proper treatment, recurrent preventive immunization and management of health conditions if at all they exist, or show signs of developing, and in so doing, can prevent mother-to-child transmission of HIV and other STIs (WHO, 2006). There are two categories of women: those who feel that they are not at risk and those who feel that they are at risk. Below are some of their explanations:

I do not perceive myself to be at risk at all into getting pregnancy related complications, despite my late booking. I pray to Allah for safe delivery and the safety of my unborn child (IDI, pregnant woman, 19 years, / Roundtable Health centre/Temeke).

Similarly, another woman added that she does not perceive herself to be at the risk of getting pregnancy related complications:

I do not perceive myself to be at any risk at all; I feel safe and I hope to finish my journey safely (IDI, pregnant woman, 31 years/Round Table HC/Temeke).

Another woman from Mbande Dispensary went on to say that, she cannot say entirely that she is at high risk or entirely safe:

I cannot say for sure, not entirely safe or entirely at high risk, because we cannot know for certain that all will be well during pregnancy. Anything can happen anytime. It is a matter of taking care of oneself and being close to the health providers in case anything happens (IDI, pregnant woman 29 years, Mbande Dispensary/Temeke).

Furthermore, another pregnant woman went on, saying that she feels to be at high risk of getting pregnant related complications:

Personally, I feel like I am at very high risk of getting pregnant related complications. Right now, I am just four months pregnant, but I feel severe pains on my lower abdomen, backache, and towards the end I usually suffer hypertension. I really feel vulnerable during pregnancy (IDI, pregnant woman, 25 years, Yombo-Vituka HC/Temeke).

Belief as a Socio-cultural Factor Influencing Women's Booking Behaviour

Social and cultural factors which include traditional beliefs such as beliefs in witchcraft, ways of eating while pregnant, people's view about pregnancy and practices play an important role in health practices. These include the way people perceive and think about health and illness, and in our case, how women perceive the pregnancy situation. Cultural backgrounds such as religious beliefs, the way people view pregnancy in the community, and things pregnant women can or cannot eat have a huge impact on our lives as it contributes to the richness of the human experience. When asked in this study on traditional beliefs and practices whether in one way or the other influence their booking behaviour, participants mentioned a number of issues. Below are some of their opinions and experiences:

In our community, there is a belief that people's eyes at the very early months of pregnancy can harm both the mother and the developing baby in the womb. It is not safe for everyone to know of your status until later in your pregnancy (IDI, pregnant woman, 23 years/Mbande Dispensary/Temeke).

Another participant had similar perceptions towards disclosing pregnancy at an early stage. She had this to say in that regard:

It is better to conceal your pregnancy status especially at early months to avoid being bewitched together with your unborn child (IDI, pregnant woman, 29 years/Mbande Dispensary/Temeke).

Similarly, other women were of the same view on witchcraft:

The fear we have is that of witchcraft. Most people in our communities do not wish us well. What we usually do is hide our

pregnancy until the time we cannot hid it anymore. The first three months of our pregnancy are the most vulnerable; sometimes we decide to go away from where we live for a while until we feel that we are safe then we return back home (IDI, pregnant woman, 31 years, Round Table HC/Temeke).

Social-cultural beliefs that include witchcraft, the belief that people's eyes may harm a mother and the baby, are widely spread in most communities even outside Tanzania. In the study conducted in Malawi, it was revealed that it is culturally inappropriate to reveal pregnancy status before it starts showing, and these beliefs prevent women from seeking health care during the first trimester. This comes about because of the idea that disclosing pregnancy to other people too early puts a mother in danger from witchcraft and evil eyes which would cause miscarriage (Roberts et al., 2016).

Furthermore, healthcare providers said that beliefs among communities play an important role in influencing women's booking behaviour:

These women have their traditional beliefs and practices, for example, beliefs against evil eyes and diseases cast by envious people in the society. In order to protect themselves, they tend to hide their pregnancy status as much as they can; and they also use traditional medicine and herbs for the protection of their pregnancies (IDI Nurse, 45 years/ Mbande Dispensary/Temeke).

Another health practitioner supported the argument above:

The women believe in witchcraft and the fear of being bewitched because these things are there in the community. However, how it affects their health practices is up to individuals (IDI, Nurse 57 years/Mbagala Hospital/Temeke).

Similarly, a doctor from Round Table Health Centre shared her views:

Many of the women who come for antenatal care have their own beliefs and practices. They trust traditional medicines better than the hospital ones as the ideal treatment for diseases and complications associated with pregnancy. They hold that some of

the medicines protect them from witchcraft; some help them have quick and safe delivery. To them, health facilities are secondary care. We usually argue with them, organise seminars, but it is really difficult to change their mind-set (IDI, Doctor 50 years/Round Table HC/Temeke).

Misconceptions and Poor Knowledge of the Importance of Early Booking

This has also been among the factors that cause late booking. Some women who participated in this study shared their perceptions regarding early booking for antenatal care services and said that, unless they were feeling unwell, or have some implications of pregnancy related complications, they felt no need to early booking, they consider it a wastage of time; they regarded pregnancy as a normal situation that does not require a close attention of health personnel. Below are some of their views on the matter:

...instead of wasting my time and book early for antenatal care services, I usually take care of myself and continue with my activities. After all, being pregnant is something normal, only that you are carrying another being in the womb... (Pregnant woman, 29 years /Mbande Dispensary/Temeke).

Another respondent was of the view that since she feels healthy and energetic; she didn't felt the need for early booking:

...I feel healthy, normal and very energetic. I do not see the importance or need for early booking, and I normally book for my antenatal care at four to five months (Pregnant woman, 32 years/Yombo-Vituka HC/Temeke).

These views were further shared by a medical doctor from Mbagala Hospital who held that:

There are always social norms that are followed by women in regard to when to first book for antenatal care. The society shapes people's behaviour; and if one goes against what is acceptable or believed to be correct becomes an issue. It is believed that as long

as one is not feeling sick, there is no need of rushing and booking for antenatal care early. Thus, these women tend to follow what seems correct and acceptable to their society. They continue working and taking care of the family (IDI, Doctor, 32 years/Mbagala Hospital/Temeke).

The findings of the current study indicate that the power of making decisions on pregnancy and overall maternal health is not entirely left to women to decide; rather, it is their partners and sometimes their mothers-in-law who sit down and make decisions together for their families. This situation influences their booking behaviour, as one cannot ignore decisions is made by her partner or mother-in-law. This was explained in the interviews by some pregnant women as follows:

.....My husband and I discuss issues on my pregnancy, and we decide for the good of us both “Sometimes, my mother-in-law gives her opinion regarding diet, when to start clinic, and adhere to the clinic schedule.... (Pregnant woman, 25 years/Yombo-Vituka HC/Temeke).

Similarly, this view was shared by another woman from Mbande Dispensary who made the following observations:

...Our communities are patriarchal, so, my husband’s decision matters more. Although we discuss together, he makes the final decision on when to make a booking for my antenatal care. Also, my mother-in-law has influence on my pregnancy. There are some beliefs that I should not disclose my pregnancy early; and she is always there to remind me... (Pregnant woman, 29 years/Mbande Dispensary/Temeke).

Health system as an influencing factor for late booking

Apart from societal and individual factors, health systems which include provider-patient relationships, the services provided, and the time spent at the facilities waiting for the services influence women’s booking behaviour. Although pregnant women knew when to seek care once they are pregnant, four (4) out of eight (8) women (half) who participated in the study booked

late. Those who booked late argued that when they come too early, in a months' time, they are usually returned home without good explanation why they are told so, and they are rescheduled for another appointment when the pregnancy has advanced. So, it becomes difficult to understand if it is really that important to book early for antenatal care. One participant elaborated this dilemma in the following manner:

When I had my very first pregnancy, after I discovered that I was pregnant, my husband and I immediately decided that I would start the clinic, do the check-up and see if everything is fine. With all the excitement and fear, we went together to the clinic. I remember to do all the formalities of booking for my antenatal care. When my turn to see the health provider came, she started asking questions about my pregnancy and I responded and told her that I just discovered that I am pregnant so probably a month-long pregnant. However, the health provider told me that it was too early, go and come back after three months (it is recommended by the WHO, 2016 that pregnant women should book for their first ANC within the first 12 weeks/three months of their pregnancy). That day, I left two other expectant mothers who were also sent away. To me, I felt that there is no need to come early as portrayed by the health providers that day. And when I came later after the three months, we got a seminar about pregnancy, proper diet, general body check-up, and the danger signs (IDI, pregnant woman 37 years, Mbagala Hospital /Temeke).

Another participant who had similar attitude shared her opinion as follows:

Because of the first impression I received the first time, I attended the clinic with my first child. It made me think that it is not important to come and book early. If you go in the early months, the health provider sends you back home and reschedules you for later months. Thus, I usually prefer to look after myself until four to five months because I know there are risks (IDI, pregnant woman 25 years/Yombo-Vituka HC/Temeke).

Women who were employed or doing small businesses and do not feel sick or do not have any health condition, apart from being pregnant, preferred to continue with their activities until they reach their gestational age because they know that clinic visits takes a long time. Thus, waiting time for a service is also an obstacle of early booking as expressed below:

My work is so demanding. I am employed by Indians and get paid on a daily basis. To me, as long as I am feeling okay, and I can do my work well, I reserve my visits for later. I have often done so in all my pregnancies (IDI, pregnant woman, 32 years/Yombo-Vituka HC/Temeke).

However, a nurse from Mbande Dispensary shared her views towards women who come too early to book for ANC, and she argued that these women do not come early because they think that it is important; but rather, they do so in order to enjoy the benefit of free service that pregnant women in Tanzania are privileged with.

These women come too early, not because they want antenatal services, but rather, they want free service and demand us to give them antenatal cards. Imagine them coming a few days or a week after they miss their menstrual period. And to be honest, because of the overwhelmed situation of many pregnant women and few personnel, who confirm to really be pregnant with two or three months and are in good health. We usually schedule them after two more months (IDI, Nurse, 53 years/Mbande Dispensary).

Furthermore, the study sought to find out if these women had difficulties in accessing healthcare with regard to cost, time and distance to the facility. The findings suggest that most of these women did not really have any difficulty in accessing care in terms of costs. They know that the services are free of charge, and many of them, except for very few, live close to health facilities; and some can walk to the facilities. The cost of bus fare or motorbike is affordable. Those who came from distant places said the bus fare is affordable, but they only face discomfort during their travel. This is one of the reasons they prefer to have as fewer visits as possible.

I live a walking distance from the facility, which is, but in the afternoon, I usually take a motorbike back home which costs only 1000/=Tanzanian shillings (IDI, 32 years, pregnant woman/Yombo-Vituka HC/Temeke). Similarly, this opinion was shared by another woman as indicated below:

I live a bit far from this facility, travelling costs are affordable, but the discomfort while in the bus and waiting time for the service makes me plan for my visits as few as possible, so long as I feel okay (IDI, pregnant woman, 29 years/Mbande Dispensary/Temeke).

Similarly, the study focused on exploring if there are sufficient healthcare providers at the facilities to serve the pregnant women. Some find that there are sufficient providers capable of serving them; and others find that there is a shortage of healthcare providers, which causes a long waiting time for the service as they become overloaded with patients. Three (3) out of four (4) participants see that there are not enough as revealed in their responses below.

I think, they are enough, although they seem to be overloaded; and we always have a long queue waiting for service (IDI pregnant woman, 31years/Round Table HC/Temeke).

Another participant stressed that there are insufficient healthcare providers in the facilities to serve pregnant women:

To be honest, they are not enough, they seem to be overloaded by vast majority of us attending clinic (IDI, pregnant woman, 23 years/Mbande Dispensary).

Similarly, another participant went on saying:

There are no sufficient healthcare providers to serve us, and that is the reason we always wait long in queues for service. You find one or two healthcare providers serving more than 70 pregnant women (IDI pregnant woman, 39 years/Mbagala Hospital/Temeke).

However, one participant had a different view saying that the health care providers are sufficient.

There are sufficient healthcare providers to me so far (IDI pregnant woman, 25years/Yombo-Vituka HC/Temeke).

These statements were further supported by healthcare providers themselves at reproductive, child health department at the selected facilities in Temeke Municipality who complained about shortage of staff and how difficult it is dealing with pregnant women. Work load was seen as a reason for being unfriendly to patient. These reasons were stressed by health practitioners who had the following to say:

Overall, health systems at our facilities play a role in influencing the booking behaviour. But, due to insufficient staff at the department, they tend to spend almost the whole day waiting for the service (IDI Doctor, 50 years/Round Table HC/Temeke).

It was further revealed by a doctor from Yombo-Vituka Health Centre that:

It is due to due to fact that our hospital departments still lack enough staff to support effective service provision. This can be a reason for some women to book late (IDI, Doctor, 47 years/Yombo-Vituka/Temeke).

A nurse from Mbagala Hospital went on and added that:

We tend to be overwhelmed with pregnant women, 70 to 80 women from Monday to Friday; sometimes, we get tired and talk harshly towards these women because honestly, it is not easy dealing with these women. They are so difficult to understand (IDI, Nurse 45 years/ Mbagala Hospital/Temeke).

Discussions

We have examined the socio-cultural and health system factors influencing late booking of antenatal care services among pregnant women. Factors such as traditional beliefs and practices, poor knowledge of when to first book for their antenatal care service, negligence, economic factors, patient provider relationship, shortage of staff and time spent while waiting for the services

were found to be the contributing factors for late booking of ANC among pregnant women.

The WHO in its new guidelines recommends that pregnant women, especially in developing countries, should start their ANC within the first three (3) months of their pregnancy, which is within 12 weeks of their gestational period (WHO, 2016). The findings suggest that 50 per cent of the participants in this study booked for their first ANC late, which is beyond the recommended time by WHO. Our findings concur with other studies conducted in Malawi (Roberts et al., 2016), Ethiopia (Damme, 2015), and Nigeria (Peltzer et al., 2005). Maternal morbidity and mortality across countries and continents remain significantly high, and women have continued to die from preventable causes which could have been averted if attended and diagnosed early (WHO, 2019).

The Health Belief Model and health care service utilisation models, which guided this study, has long been used to guide public health interventions by providing useful theoretical framework to understand what factors play in women's perception, values, attitudes, knowledge and beliefs about the risks and other pregnant related complications due to late booking for ANC (Rosenstock, 1984; Andersen, 1968). Borrowing ideas from the Health Belief Model on individuals from perceptions about disease or risk. Each woman has a different pregnancy experience and each pregnancy comes differently. It is important to explore if pregnancy is perceived to be a risky situation and that requires a certain a change of habits or behaviour

Our findings reveal that women had different opinions about pregnancy. Some view pregnancy as a normal situation in which the only difference is that one is carrying a child in the womb. They perceived themselves to be at a low risk of getting pregnancy related complications. Others viewed pregnancy as a special time in their lives which is associated with illness and complications. These women perceived pregnancy to be a risky situation, and they perceive themselves as being at the risk of getting pregnancy related complications. Late booking among pregnant women in many sub-Saharan African countries remains high; and in this study, it is revealed that late booking for first antenatal care services is common amongst pregnant women in Temeke.

The study underscores the fact that late booking for antenatal care services amongst pregnant women is based on women's knowledge, perception on the importance of early booking, and the belief that they have in regard to antenatal care services provided when they visit clinics. For instance, some women were not aware of when to first book for their ANC. Other women, out of habit, believed that it is not necessary to book early as they know everything through seminars given in each visit and they are in good health. Therefore, they thought that there is nothing to worry about because they have been receiving seminars and counselling on their previous pregnancies. Other pregnant women appeared not to be satisfied with the first reception given by healthcare providers as a result of going early to clinic for the antenatal booking thus they see no importance of going early. Some women are scared of being bewitched in their communities. They cherish the belief that not everyone wishes them well. This comes about due to the fact that the first few months of pregnancy, according to their elders, are the most crucial and delicate phase of their pregnancies. Thus, women need to hide their pregnancies until they grow to a certain stage when they can be visible.

Late booking among pregnant women in many sub-Saharan African countries remains high, and our findings show that late booking for the first antenatal care services is common amongst pregnant women in Temeke Municipality. Below is a statement from one of the participants which indicates some misconceptions and ignorance associated with early antenatal booking.

.....booking early is a sign that one has a problem. As long as I am in perfect health, I see no need to book early as I do not gain anything new. If it is about having a healthy pregnancy, I know and follow all that is required of me (IDI pregnant woman, 32 years/Yombo-Vituka HC/Temeke).

According to such women, going to clinic early during their pregnancy is only necessary when a pregnant woman is having a problem. Most of them did not perceive themselves to be susceptible to, or at any risk of getting pregnancy related complications. Thus, going to clinic as recommended was not important. However, to them, the pregnancy situation is a normal situation and indeed a blessing, but very risky as it is accompanied with mixed

experiences. Not all women or all pregnancies go through similar experiences, some pregnancies are smooth, easy with little or no pain or difficulties at all, and one is able to do her daily chores until delivery. Some pregnancies come with hardships, pain and complications. Some women are even given bed rest throughout pregnancy. These women, each at her own time, believed that the only way to be sure of their safety and that of their unborn baby is to take care of themselves by eating well and adhere to all advice given by healthcare providers.

Another aspect that came very clearly in this study is the perception among some pregnant women, especially those who do not see the need to book early (perceived susceptibility and perceived seriousness) because they are familiar with antenatal care service procedures, seminars, and counselling. Based on their previous pregnancies, they feel confident and safer that they can manage their pregnancies without experiencing any negative impact of pregnancy related complications. One participant held that she gets nothing new by booking early, so long as she is in good health. In Andersen's theory (1968, 1974), this fact lies in a pre-disposing factor in which women's attitude towards early booking is influenced by their attitude and belief about health behaviour.

A study conducted in the UK highlighted that women choose to seek antenatal care at a time which is convenient for them. This can be due to good previous experience they had in their previous pregnancies under the ground that ANC was only needed if they felt sick or experienced negative health conditions during pregnancy (Haddril, 2014). In another study conducted in the Niger Delta, Nigeria, Ndidi (2010) observed that misconceptions of the purpose of and the right time to start antenatal care is among the contributing factors for late booking among pregnant women. Similarly, the finding suggests that belief in witchcraft, and fear of being bewitched by disclosing that they are pregnant, especially in the early months of pregnancy, is another contributing factor for late booking. Studies have documented that some traditional beliefs and practices impede good health seeking behaviour. For instance, a study conducted in rural Zimbabwe found that local beliefs on women's vulnerability to witchcraft during pregnancy in the first three months of pregnancy resulted in women's late booking of antenatal care services;

instead, the use of herbs and traditional medicine as other forms of care, was taking a central stage among pregnant women (Mathole, 2004). In this context, it is seen that, despite the free services and the availability of health facilities, women do not book early because of cultural beliefs and fear of being bewitched. The same situation is confirmed in our study. Some women expressed their fear of being bewitched during the first months of pregnancy to which they consider being more fragile, and can make them and their foetus vulnerable to witchcraft. A similar observation is reported from a study done in Mozambique also indicated that, pregnant women feared to be bewitched by their fellow due to the fight they have on men and other resources and so feared that amidst their fight their unborn babies becomes the victim (Chapman, 2003). This has led to their delay in booking for their first antenatal care services.

This phenomenon derailed the efforts made by several governments and their corresponding partners in motivating women to book early for their antenatal care services and complete all the necessary obstetric interventions by 21 weeks of their gestation period in order to minimise or prevent adverse pregnancy related complications and other birth outcomes.

Our observation revealed that people can afford medical services provided by public health facilities. This has led to many pregnant women to prefer going to these facilities for their antenatal care. However, the challenges still prevail in the availability of the postulated services, healthcare provider's professionalism in terms of qualifications and providing the appropriate service needed for pregnant women, relationship between patient-provider (Kruk, 2009; Rutaremwa, 2015). Likewise, private facilities do not provide free services of ANC; thus, the services provided by private facilities cannot be afforded by the general citizenry.

As an enabling factor in Andersen's Model of healthcare service utilisation, we see that income and wealth plays a big role in influencing one to seek care. However, our study participants did not complain about costs for services because public hospitals charge a small amount of money for ANC, which is affordable to many of women.

In contrast to other studies, our findings suggest that accessibility in terms of distance did not have any big impact on influencing women's booking behaviour. In fact, the information collected from the participants reveal that most of the study participants lived close to the facilities and some could even walk to the facilities in the morning and take a bus or motorbike in the afternoon on their way back home after the service. A similar study conducted in Uganda indicated distance to the facilities and costs of travelling to be among the factors for late booking of first antenatal care services for pregnant women. The cost of traveling to and from the facilities and the time spent discouraged women from booking early, and have more follow-up visits until delivery (Kisuule, 2013). Women, in this study, who travelled long distance to the facilities of their choice preferred fewer visits in order to minimise their trips which are affordable in terms of costs.

The waiting time, especially the long time spent waiting for service, also played a big role in influencing late booking among pregnant women. All women who participated in the study complained about long waiting time for the services. This has partly been caused by shortage of staff to serve a vast majority of women at once and thus, staff members become overloaded with work to attend many pregnant women who come for their regular antenatal care services. This was reported to be one of the discouraging factors that women encountered in booking early for their antenatal care services (Doreen, 2021). A similar study from Benin Edgar-Marius et al. (2015) confirmed that long waiting time is one of the causes of low utilization of antenatal care services during the first trimester. Enabling factors on Health Care Service Utilisation theory by Andersen outlines issues of the waiting time for healthcare service, and is seen as an influencing factor in their booking behaviour as pregnant women were complaining of long waiting hours for the service due to shortage of healthcare providers and overcrowding at the facility.

A study conducted in a Nigeria teaching hospital found that Nigerian women tended to obtain care late in pregnancy, and about a third of the care was inadequate with almost a half (47%) of women attending the antenatal clinic in the third trimester (Peltzer, 2005). This is similar to our observations in the current study by one pregnant woman pointing out that there are no sufficient

healthcare providers to serve them. This is the reason for them to wait long time for the service in long queues.

This was also supported by healthcare practitioners from the Round Table HC who confirmed that the overall health system at their facility plays a big role in influencing the booking behaviour. Due to insufficient staff at the department, women tend to spend almost the whole day waiting for the service.

Similarly, a study in south-eastern Tanzania by Gross (2012) highlighted that sometimes women are sent back home without receiving any service due to insufficient staff in the facilities. This is due to the fact that the few staff who are there, schedule a time limit to receive and serve pregnant women. The time set which is about 4-6 hours is for providing service to pregnant women and at the same time recording correctly their information in the appropriate books manually. They also provide the service on the basis of first in, first served. Therefore, women try to come as early as possible before the antenatal care service begins in order to secure earlier numbers so as to be served first.

Another factor that influenced women into late booking is the way healthcare providers treated them. Their attitude towards pregnant women and how these women perceived service providers is negative. A patient-provider relationship is of paramount importance in creating a conducive environment for people who come to the facility for service. A warm welcome, good language, and respectful treatment attract patients to come for the service even the next time they feel sick or come for routine check-up like pregnant women. Often times, the reception of pregnant women by the health care providers, has never been positive, especially in the government facilities which are overcrowded with patients. Pregnant women encounter harsh treatment while in their situation they experience emotional turmoil because of the hormonal and overall changes in their bodies. Women in this study have highlighted how some healthcare providers are harsh, shouting at them, and not answering their questions in proper ways. This situation somehow influenced their booking behaviour. Gross (2012) found that women felt unwelcomed by the healthcare providers.

Another qualitative study with women and men was conducted in Morogoro Region by McMahon (2014) regarding the experience of disrespectful maternity care and abuse during childbirth. It highlighted several forms of disrespect such as feeling ignored or neglected, monetary demands or discriminatory acts, verbal and physical abuse.

Conversely, healthcare providers admitted of being a bit harsh to their patients, claiming that they have difficulties understand things. Sometimes they do the opposite of what they are instructed to do. And with the overcrowded patients they decide to act tough on them in order to make sure that work is done on time.

Maternal death has continued to be under-reported as it is a sensitive issue in facilities, but the situation underground is alarming. The issue of reporting and getting accurate information with MTUHA is difficult. With a shortage in the number of health providers and overload of pregnant women, writing accurate information for each pregnant woman coming to the clinic is even more difficult. Thus, the tendency is to write it at the end of the week.

Conclusion

The findings of this study show that the mean gestational age to book for the first ANC was 15.5 weeks, which is beyond the recommended time. Misconception and ignorance about the right time for the first booking is a problem among many pregnant women. Traditional beliefs and practices cause late booking among pregnant women. The findings also suggest that pregnant women had different perceptions on their risk of getting pregnancy related complications, some considered themselves to be at a low risk, no risk at all, or at a very high risk. The study revealed some systemic factors in service delivery, which hinders women from early booking.

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