IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 4, Issue 1 Ver. II (Jan.-Feb. 2015), PP 48-51
www.iosrjournals.org

Quantitative Exploration of Focused Ante Natal Care among Skilled Health Care Providers in Sokoto State of Nigeria

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Abstract: *The World Health Report, calls for "Realizing the Potential of Antenatal Care". While antenatal care (ANC) interventions, in and of themselves, cannot be expected to have a major impact on maternal mortality, the purpose is to improve maternal and perinatal health, this is necessary for improving the health and survival of infants. This study determines the knowledge and practice of focused ante natal care among skilled healthcare providers in Sokoto State of Nigeria. A descriptive cross sectional design was employed using structured questionnaire to assess a sample of 232 participants. The mean age of the respondents was 33 years ± 8. The result show that majority (84.9%) of the respondents were aware of focussed ante natal care and their major source of information was lectures (69.0%). Majority of the respondents had good knowledge of FANC but claimed that focussed ante natal care was not practiced in their hospital. The findings of this study showed that skilled healthcare providers had good knowledge of FANC but the practice of FANC was not implemented in Sokoto State, though participants reported their interest in the practice of FANC as the best suitable method of ANC. Therefore, there is need for implementation of FANC in Sokoto State of Nigeria.*

Keywords*: Exploration, Focused Antenatal care, Skilled healthcare providers, Sokoto.*

I. Introduction

Antenatal care is the care a woman receives throughout her pregnancy in order to ensure that women and new-borns survive pregnancy and childbirth. A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child[1].

On the other hand maternal mortality was defined by the World Health Organization (WHO) in 1992 in the International Statistical Classification of Diseases and Related Health Problems Tenth Revision, (ICD – 10) as "the death of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". Globally, 358,000 maternal deaths occurred worldwide in 2008. This shows a 34% decline in maternal mortality from the 1990 level. Despites this decline, developing countries account for 99% (355,000) of the maternal deaths and 3rd /5th of the maternal deaths (204,000) occurred in sub Saharan Africa[2]. Nigeria is among the developing countries in the sub Saharan region. In 2008, Nigeria is the second country with the highest maternal mortality globally. Nigeria recorded 50,000 maternal deaths while India had 63,600 annually[3].

Antenatal care provides women and their families with appropriate information and advice for a healthy pregnancy, safe childbirth and postnatal recovery, including care of the new born, promotion of early exclusive breastfeeding and assisting women to decide on their future pregnancies in order to improve pregnancy outcomes. The elements of the new model of antenatal care consist of early detection and management of disease/abnormality, counselling on health promotion, counselling on birth preparedness, readiness to take care of possible complications and the development of an individual birth plan. Counselling and health education have therefore become a major strategy to improve maternal health and, in particular, to increase the proportion of skilled delivery[1].

Several antenatal care visits with often irregular long waiting time, little feedback or no communication has been a major factor affecting antenatal care by pregnant women. Acceptance among health care providers, the content and coverage of services are not well understood. It has also been observed that there is reduction in the number of Antenatal care (ANC) attendance in Sokoto State. For instance; Usmanu Danfodiyo University Teaching Hospital (UDUTH) Sokoto has recorded a mass reduction within a span of ten years; from 2004 (23,006) to 2013 (14,527). Other hospitals in the state experience similar problem like; Specialist Hospital Sokoto, Maryam Abacha Women and Children Hospital, General Hospital Tambuwal and General Hospital Sabon Birni among others. This is coming despite the introduction of focused antenatal care by WHO with the aim of increasing the number of pregnant women attended by skilled healthcare providers. The importance of health caregiver's views has been acknowledged because it is a crucial component of any attempt to change institutional protocols. The main characteristics of focused antenatal care are reduction in the number of visits with an evidence-based set of contents, provision of accurate information to women to identify warning signs,

and encourage preventive behaviour[4]. In view of the above, this study explores the knowledge and practice of focused antenatal care among skilled healthcare providers in Sokoto State of Nigeria.

II. Method and Procedure

A descriptive cross sectional design was employed to assess the knowledge and practice of focussed antenatal care among skilled healthcare providers in Sokoto State of Nigeria. Sokoto state is located at the extreme North-Western part of Nigeria. The State has a population of about 3 million with numerous healthcare facilities like teaching hospital, specialist hospital, and several general hospital and primary health centres. The target population were Doctors, nurses and midwives, working in the maternity wards / units: ANC clinic, Labour room, Gynae ward, Family clinic, and Lying-In ward of UDUTH Sokoto, Specialist Hospital Sokoto, General Hospital Tambuwal, General Hospital Sabon Birni and Gwiwa Primary Health Centre Sokoto. This comprises of 236 doctors, nurses and midwives working in maternity units of the selected hospitals. A sample size of 236 respondents was chosen using Census sampling technique.

The instrument used for data collection was a structured questionnaire with four sections and 22 items. Ethical approval was given for the study by Ethical Research Committee of UDUTH Sokoto. The data was analysed using Statistical Package for Social Sciences (SPSS) Version 20.0.

III. Results

Two hundred and thirty six questionnaires were distributed to the respondents, four were not returned. This represent 98.3% response rate. Therefore, only 232 questionnaires were analysed and the result was presented as follows:

Majority of the respondents were females (94.83%), aged 20-29 years (60.3%) who were Nurse-Midwives (RN/RM) by qualification and with the working experience of five to ten years (50.0%) as indicated in Table 1.

Table 2 presents the respondents' knowledge of focussed antenatal care. Majority (84.9%) of the respondents were aware of focussed antenatal care and lectures were their major source of information (69.0%). Majority (82.8%) of the respondents said only four (4) visits are required and the number of goals of FANC is four (81.0%). The respondents knew the following as the approach of FANC: evidence based and gaol directed actions, family centred, quality rather than quantity and care by skilled provider.

Table 3 indicates the practice of focussed antenatal care; majority (87.50%) of the respondents did not practice FANC. The respondents reported that they attend to an average of 70 women daily for antenatal care. This shows that skilled healthcare providers in Sokoto State of Nigeria did not practice focused ante natal care. Meanwhile, about 90% of the respondents said they are interested in the practice of FANC. Moreover, majority of the respondents reported that hospital policies, seminar and workshops could influence the implementation of FANC. While lack of adequate staff and equipment can hinders the implementation of FANC.

IV. Discussion

The findings of this study indicate that majority of the skilled healthcare providers were aware of focussed antenatal care and lectures were the main source of information. This may be due to the fact that majority of the respondents had about 5 years of working experience and had undertaken a course in the last 5years. This supports the findings of Ademola et al.[1] in Southern Nigeria. Moreover, Majority of the respondents had good knowledge of focused antenatal care. This is a good indicator for the practice of FANC because skilled healthcare providers can apply their knowledge into practice and is more likely to produce good result. This finding concurs with the findings of Ademola et al.[1], and Ekabua, Ekabua and Njoku[5].

The findings of this study revealed that focussed antenatal was not practice in Sokoto State. This may be due to the lack of the implementation of the programme by the hospitals as the method of antenatal care in the state. The reasons for the non-implementation of FANC in Northern Nigeria need to be explored by further research. This findings correspondents with findings of Ekabua et al.,[5] on a propose framework for making focussed antenatal care service accessible in five teaching hospitals, who reported that in all the teaching hospitals, antenatal care practice was based on the traditional European models developed in the early 1900s. Teaching hospitals are the Nigerian tertiary health centres and are been considered as the role model in healthcare delivery system. Therefore, there is need for the implementation of focused ante natal care at all levels of healthcare delivery system in Nigeria.

Moreover, the findings of this study show that skilled healthcare providers reported their interest in the practice of FANC, as the best suitable methods of ANC. This means that skilled healthcare providers are ready for the new development in the provision of antenatal care. Therefore, Nigerian hospitals needs to implement the new approached to antenatal care. This may enhanced the number of ANC attendance because patients waiting time and unnecessary delays are reduce in the new approach. The midwives believed that hospital policy is the only factor that prevents the implementation of the new approach to ANC in Northern Nigeria. Ministry of

health, Hospital Service Management Boards and hospital management should consider the implementation of focussed ANC. Moreover, lack of adequate staff and equipment can served as a barrier for the success of the new approach if implemented. Government and hospital management should recruit more staff in line with the WHO standard of staff requirement. This finding agreed with findings of Ademola et al.[1].

V. Conclusion and Recommendation

This study found though healthcare providers had adequate knowledge of FANC and had interest in the practice of FANC; but it is not implemented in Sokoto State as the method of antenatal care in the state. Therefore, based on the findings of this research, the following recommendations were made:

1. There is the need for the implementation of focussed antenatal care in Nigeria. This will improve the number of women attending ANC
2. There is also a need for organization of Seminar/workshop on focussed antenatal care to enlighten the healthcare providers on the new approach to ANC.
3. There is need for recruitment and mobilization of more staff
4. Further research needs to explore the factors militating against the implementation of focused ante natal care in Nigerian health care delivery system.

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Table 1: Demographic Data (N = 232)

Variable	Frequency	Percentage (%)
Age in years		
20 – 29	140	60.3
30 – 39	68	29.4
40 – 49	20	8.6
50 – 59	4	1.7
Sex		
Male	12	5.17
Female	220	94.83
Qualification		
MBBS	10	4.3
Registered Nurse	46	19.8
Registered Midwife	44	19.0
Nurse/Midwife (RN/RM)	127	54.7
BNSc	5	2.2
Years of experience		
>5	84	36.2
5 – 10	116	50.0
11 – 15	20	8.6
≥16	12	5.2

Table 2: Knowledge of focused antenatal care (N = 232)

Variable	Frequency	Percentage (%)
Awareness of focused antenatal care		
Yes	197	84.9
No	35	15.1
Source of information		
Journals	16	6.9
Seminar / workshop	32	13.8
Lectures	160	69.0
Internet	8	3.4
Mass Media	16	6.9
Number of goals of focused ANC		
4	188	81.0
5	18	7.8
7	26	11.2

Number of visits in focused ANC		
Four visits	192	82.8
Five visits	18	7.8
Seven visits	22	9.4

Table 3: practice of focused antenatal care (N = 232)

Variable	Frequency	Percentage (%)
Practice of focused antenatal care		
Yes	29	12.5
No	203	87.5
Opinion in the best method of ANC		
Traditional	38	16.4
Focused	194	83.6
Interest in the practice of FANC		
Yes	208	89.7
No	24	10.3
Factors that can enhance the practice of FANC		
Seminar / workshop	88	37.9
Hospital policy	112	48.3
Others	32	13.8