

Assessing the Barriers to Early Antenatal Booking Among Women of Reproductive Age in Rural Areas of South-South, Nigeria

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Abstract: Antenatal care (ANC) is important care or attention given to a pregnant mother to ensure safety of the mother and child from time of conception to delivery. Antenatal care is the medical attention, monitoring, education, and support given to a pregnant woman from conception until the onset of labor. However, certain factors may hinder the smooth take up of the ANC. Therefore, barriers to antenatal booking are factors that delay or prevent pregnant women from registering for antenatal care (ANC), especially within the first trimester in rural areas. These barriers are usually interconnected. This study aimed to Assess the Barriers to Early Antenatal Booking Among Women of Reproductive Age in Rural Areas of South-South, Nigeria. This was a cross-sectional study involving 250 pregnant women. Participants' age is between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The results revealed that 76% of the pregnant women are not aware that antenatal care should start in the first trimester of pregnancy, 72% are not aware that early antenatal booking helps detect pregnancy complication, 76% are prevented from early ANC booking due to cost, 68% is due to lack of money, 80% had low level of education, 80% prefer traditional birth attendants, poor roads, long waiting time, cultural belief, and permission from husband. The study revealed that educational and awareness barriers, sociocultural barriers, geographical and transportation barriers, socioeconomic barriers, health system-related barriers, psychosocial factors, pregnancy-related factors are major barriers to early ANC booking in rural areas.

Keywords: Assessing, Barriers, Early Antenatal Booking, Reproductive Age, Rural Areas.

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INTRODUCTION

Antenatal is an important process that every pregnant woman must experience or undergo, either through church, traditional or hospitals after their missed

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period to ensure a safe delivery. It is a crucial period during pregnancy, because its identify pregnancy that are at risk and to enlighten expectant mothers with good information that will keep them healthy and eat good food and also to carryout basic investigations and provide routine drugs (Okocha *et al.*, 2023). Pregnancy is a process and every mother who is pregnant needs to pass through antenatal care. Antenatal care is a systematic care that is organized into stages to the safe arrival of the expected baby and also guarantees the life of the mother. During antenatal care, vital information on good hygiene, eating good and quality food and how to stay happily will be provided by the healthcare professionals. During antenatal physical examination and some laboratory and radiological examinations will be conducted on the pregnant women to identify pregnancy that will be risk and those that will not be risk and proffer solution to those that have been identified as risk pregnancy (Okocha *et al.*, 2023). Developing countries account for over 99% of all maternal deaths around the world (Ackerman *et al.*, 2015). Adequate antenatal care (ANC) and skilled obstetric assistance during delivery are important strategies that decrease maternal mortality and morbidity (WHO, 2005). Antenatal care provides pregnant women with information, treatment of existing social and medical conditions and screen for risk factors. Fact Sheet, (2002), said it is not enough to receive antenatal care, since majority of the fatal complications occur during or shortly after delivery. Lack of education and poor knowledge of maternal health care has contributed to delays in seeking care during pregnancy and child birth and poverty is one of the major health determinants (Ewa *et al.*, 2012) Mothers that are not financially buoyant are at high risk of developing pregnancy related complications, because they are not financially able to pay for the required services (UNFPA, 2006). In Nigeria, the utilization of antenatal care is still very low especially in the rural areas and the northern part of the country. Less educated as well as poor people also have poor

utilization level (Rifkatu and Olaniyan, 2019). World Health Organization (WHO) also, revealed that majority of women who attend antenatal care do not attain the required number of visits recommended by the World Health Organization (WHO). Studies show that the choice or utilization and accessibility of childbearing women to ANC and delivering services depend on several factors such as socioeconomic factors, geographic barriers and quality of services among others.

MATERIAL AND METHOD

This is a cross-sectional study involving 250 women who are within the age of 18 to 47 years and reside in the six (6) South-South States, in Nigeria. The study lasted for a period of 3 months. Consent was sorted from the participants before giving them the questionnaires. Questionnaires were given to the participants. Each participant had one questionnaire to fill appropriately and independently after instructions were given to them by the research Assistants. Data was obtained and analyzed using SPSS version 23 and P value < 0.05 was said to be significant.

RESULTS

The results revealed that 76% of the pregnant women are not aware that antenatal care should start in the first trimester of pregnancy, 72% are not aware that early antenatal booking helps detect pregnancy complication, 76% are prevented from early ANC booking due to cost, 68% is due to lack of money, 80% had low level of education, 80% prefer traditional birth attendants, poor roads, long waiting time, cultural belief, and permission from husband. The study revealed that educational and awareness barriers, sociocultural barriers, geographical and transportation barriers, socioeconomic barriers, health system-related barriers, psychosocial factors, pregnancy-related factors are major barriers to early ANC booking in rural areas. See tables below.

Table 1: Participants who are not aware that antenatal care should start in the first trimester of pregnancy

Response	Frequency (%)	Percentage (%)
Participants who are aware that ANC should start in the first trimester of pregnancy	60	24.00
Participants who are not aware that ANC should start in the first trimester of pregnancy	190	76.00
Total	250	100

Table 2: Participants who are aware that early antenatal booking helps detect pregnancy complication early

Response	Frequency (%)	Percentage (%)
Participants who are aware that early antenatal booking helps detect pregnancy complication early	70	28.00
Participants who are aware that early antenatal booking helps detect pregnancy complication early	180	72.00
Total	250	100

Table 3: Participants affected by lack of money for transportation delays antenatal booking

Response	Frequency (%)	Percentage (%)
Participants that agreed that lack of money for transportation delays antenatal booking	170	68.00

Participants do not agreed that lack of money for transportation delays antenatal booking	80	32.00
Total	250	100

Table 4: Participants whose low level of education contributes to late antenatal booking

Response	Frequency (%)	Percentage (%)
Participants whose low level of education contributes to late antenatal booking	200	80.00
Participants whose low level of education do not contributes to late antenatal booking	50	20.00
Total	250	100

Table 5: Participants who prefer traditional birth attendants to hospital antenatal care

Response	Frequency (%)	Percentage (%)
Participants who prefer traditional birth attendants to hospital antenatal care	200	80.00
Participants who prefer traditional birth attendants to hospital antenatal care	50	20.00
Total	250	100

DISCUSSION

Antenatal care (ANC) is important care or attention given to a pregnant mother to ensure safety of the mother and child from time of conception to delivery. Antenatal care is the medical attention, monitoring, education, and support given to a pregnant woman from conception until the onset of labor. However, certain factors may hinder the smooth take up of the ANC. Therefore, barriers to antenatal booking are factors that delay or prevent pregnant women from registering for antenatal care (ANC), especially within the first trimester in rural areas. These barriers are usually interconnected. Antenatal care is essential routine care given to pregnant women to ensure a safe pregnancy, safe delivery, and a healthy baby and begins from conception to delivery of the baby.

The results revealed that 76% of the pregnant women are not aware that antenatal care should start in the first trimester of pregnancy and this might be due to lack of proper enlightenment campaign in the rural areas by Government and its agencies and non-governmental organization (NGO). Most awareness is concentrated or centred at the cities or urban areas, thus, neglecting the rural areas or grassroot. The rural areas are the people that needed this most due to certain barriers or factors. This shows that failure to recognize the importance of first-trimester antenatal care may leads to delayed diagnosis, missed preventive care, and increased risks of complications, ultimately contributing to increase maternal and neonatal morbidity and mortality, mostly in resource-limited settings rural areas. Lack of awareness may lead to late ANC initiation thus, missed early interventions (Folic acid supplementation to prevents neural tube defects, tetanus immunization, malaria prophylaxis in endemic regions), therefore, increased complications (Hypertension (risk of preeclampsia), diabetes, anemia) and this may lead to poor maternal and fetal outcomes (Low birth weight and preterm birth). Also, majority of the participants (72%) are not aware that early antenatal booking helps detect pregnancy complication and this call for concern. Not being aware that early antenatal booking (starting care early in pregnancy) helps detect complications can have serious

consequences for both the mother and the baby. Without early booking, conditions like Preeclampsia, Gestational Diabetes, anemia, or infections may go unnoticed until they become severe and this may increase the risk of emergency situations.

Again, the research revealed certain barriers or factors that prevented pregnant women in the rural areas to either not book or book late for antenatal care (ANC) are: 76% are prevented from early ANC booking due to cost, 68% is due to lack of money, 80% had low level of education, 80% prefer traditional birth attendants, 60% said poor roads, 85% agreed that long waiting time, 60% are prevented by cultural beliefs, and permission from husband to attend or book early ANC. Also, involves are psychological and social barriers may lead to stress, anxiety, depression and isolation.

These barriers may often delay or prevent pregnant women from accessing care. The aftermath of these barriers can lead to several serious complications including preeclampsia (can progress to seizures or eclampsia), placenta Previa (could cause severe bleeding), postpartum hemorrhage (may lead to maternal death), poor fetal outcomes like preterm birth, low birth weight, birth asphyxia, stillbirth. This could also lead to untreated infections such as HIV, malaria, syphilis and nutritional deficiencies like iron deficiency anemia, increased fatigue and weakness, and higher risk of complications during delivery. Also, pregnant women who do not access ANC early are more likely to deliver at home without skilled attendants and delay going to the hospital during labor and this may increase risks of obstructed labor, birth injuries and maternal and newborn death. Psychological and social barriers (such as stigma or lack of partner support) may lead to stress and anxiety, delayed decision-making in emergencies and reduced trust in the healthcare system.

CONCLUSION

Barriers to early antenatal booking in rural areas are multifactorial, involving socioeconomic, cultural, psychological, geographical, and health system challenges. The research revealed that majority of the

participants are facing major barriers to seeking early antenatal care. However, the study shows that in resource low settings or in many rural settings, that majority of pregnant women initiate ANC late due to multiple interconnected or related barriers. Addressing these barriers requires integrated, community-based, and policy-driven interventions to improve maternal health outcomes.

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