Factors affecting the utilization of antenatal care services among adolescent pregnant mothers. Case study of Naguru Teenage Health Center, Kampala, Uganda

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1. Abstract

The study aimed at finding out factors affecting utilization of antenatal care services among pregnant adolescents. In order to answer this objective, Naguru Teenage Health Centre found in Kampala was used as case study.

The study used both quantitative and qualitative methods of data collection where questionnaires, interview guides and observation guide were used. Sampling method was used and a sample of ninety six pregnant adolescents and two health workers were used.

The study revealed reasons affecting utilization of antenatal care services among adolescent pregnant mothers at the health center such as long waiting hours; lack of education; long distances to Health Center. It is therefore recommended to train more health workers, sensitizing the youth about utilization of antenatal care services and constructing more health centers in rural communities. However, findings show that services at Naguru Teenage Health Centre are user friendly compared to other maternity clinics.

2. Introduction

Antenatal care services refer to a critical intervention aimed at reducing maternal morbidity and mortality. It's a medical care given to expectant mothers whose major aim is to identify and treat problems and complications during pregnancy. In Africa, provision of universal antenatal care services face difficulties not only expenses involved but inability of facility staff to recognize obstetric emergency emergencies, shortage of skilled attendants at Health care facilities (Making motherhood safer, 2000)¹. The coverage for at least two doses of Tetanus Toxoid immunization currently stands at 42%. (UDHS, 20001)². 31% overall adolescents attending Antenatal care services (World report 2005) tend to fear thus this increasing complications and difficulties, by the time they discover the complications, it looks to be late to the realizing to attend the services (UDHS, 2000/01). Long awaiting hours have contributed to under utilization of antenatal care

services thus adolescent expectant mothers get tired and give up thus dropping out (strategies for improving reproductive health among adolescents, 2000)⁴. Longer hours of waiting are due to inadequate medical staffs in the health centers as being reported by health workers. The high client load leads to minimal or non existent provider client interaction.

(Dr. Arkutu A.A., 1990)⁵

Marital status is another important factor in affecting the utilization of antenatal care services among adolescent expectant mothers. They are often initiated into marriages and sex quite early when they are still growing thus contributing to 31% making Uganda one of the top ranking countries in sub-Saharan Africa (State of Uganda Report, 2005)⁶. Adolescent expectant lack support from their spouses thus lack of user fee to access antenatal care services (Dakpallah, 1988, Dor Varde Caag, 1988, Hausen 1995 etc)⁷. They depend on another member of the family who may not be well prepared for emergencies which may arise. In many settings, there are unexpected costs among adolescent expectant mothers associated with obstetric emergencies. They are unable to meet transport costs to antenatal care clinics.

The proportion of donor funding has been reduced in other areas in particularly in family planning. In Malawi, health workers ceased to provide reproductive health services in order to offer voluntary counseling and testing for HIV/AIDS (Schott, Stillman and Bennet, 2000)⁸. It's reported that expectant mothers from 19-24 years tend to be employed that's middle adolescents (20%) (UDHS 2000/01)⁹ compared to those below 18 years of age (23%) (UDHS, 2000/01)¹⁰. However, with lack of education some adolescent expectant mothers are ignorant about the use of attendance to ANC services.

3. Methodology

This paper identified factors affecting the utilization of antenatal care services among adolescent pregnant mothers at Naguru Teenage Health Centre. The study was both qualitative and quantitative in nature. In depth interviews were used to acquire information on perception of antenatal care among adolescent expectant mothers and antenatal care health providers at Naguru Teenage Health Centre. Simple random sampling method was used since it was a convenient and simple in determining a sample size that is a representative of the population of the study. Therefore a total of 96 adolescent expectant mothers and 2 health workers were interviewed in Naguru Teenage Health Centre. Data analysis was done by using the statistical package for social sciences (SPSS). Achi-square statistics was used to identify demographic and social factors associated with utilization of antenatal care services among adolescent expectant mothers. Frequencies and cross tabulations were run.

4. Results

Table 1 presents selected characteristics of adolescent expectant mothers attending antenatal care services in Naguru teenage health center. It was revealed that majority 62.5% of the adolescents were residing in town that is why they attend more the services compared to those from country side. Majority of adolescent expectant mothers accessing the services were between 18-17 years of age with 53.7%. Regarding education level majority attended secondary school (36.5%).Regarding marital status, about 35.4% were never married, 30.2% were married and others (separated, widowed etc) constituted 34.4%. Regarding occupation of expectant mothers,

majority 47.9% were housewives. Most of adolescent expectant mothers (72.9%) reported do not stay with their parents that is why attended more the services because are free.

Table 4.1 Percentage distribution of respondents by background characteristics.

Residence	Adolescent expectant mothers = 96
Town	62.5
Countryside	24.0
Age	
< 14	4.2
15-17	33.
18-20	57.3
21-24	5.2
Level of education	
None	16.7
Primary	41.6
Secondary	36.5
Post-secondary	5.2
Marital Status	
Never married	35.4
Married	30.2
Others	34.4
Occupation	
Farmer	7.3
Businesswomen	25.0
Housewife	47.9
Student	7.3
Community workers	1.0
None	11.5
Stays with	
Both parents	8.3
Father only	5.2
Mother only	13.5
None of them	72.9
Total	100.0

Table 2 presents the factors affecting the utilization of ANC services. Majority accessed antenatal care services 1-2 times followed by 43.8% 3-4 times and a few 3.1% accessed ANC services 5-6 times. Regarding the duration of attendance to antenatal care services, most of them attended 1-3 months (76%) because the complications weren't worsening. It is reported that all adolescent expectant mothers were attended to by a trained Health workers. During receiving antenatal care services, Majority 51.1% accessed the four services during antenatal care which were seen as the majority, 4.2% accessed three services that is TT, HIV test, Weight measurement, and Blood pressure testing and listening to fetus compared to other services.

Concerning attitudes towards the expectant mothers during attendance of ANC services, it's shown that health workers were more friendly to them (93.7%) compared to others reporting that are unfriendly (2.1%) fair (2.1%) and others who don't know (2.1%).

Table 4.2 Percentage distribution by factors affecting the ANC service utilization among teenage expectant mothers.

Frequency of antenatal care attendance	Adolescent expectant mothers = 96
1-2 times	53.1
3-4 times	43.8
5-6 times	3.1
Duration of attendance	
1-3 months	76.0
4-6 months	16.7
7-9 months	7.3
Who attended to them	
Trained health worker	100.0
Trained TBA	-
Untrained TBA	-
Services received	
TT	1.0
HIV test	6.3
Measurement of weight	1.0
Listening to the fetus	3.1
HIV test, Weight measurement and blood	10.4
pressure testing	
TT, HIV test, Weight Measurement, blood	51.0
pressure testing and listening to fetus.	
TT, HIV, Blood pressure testing and	4.2
listening to fetus	
All services	22.69
Attitudes towards Adolescent expectant	
mothers.	
Friendly	93.7
Unfriendly	2.1
Fair	2.1
Don't know	2.1
Total	100.0

Table 3 shows relationship between factors affecting the utilization of antenatal care services among adolescent expectant mothers and selected demographic and socio economic characteristics. Age of adolescents and antenatal care services among adolescent expectant mothers, results show that <14 years of age attended more 1-2times compared to other ages. However, those between 21-24 years reached 5-6 times because of complications were

worsening. Therefore the association between age and number of times of attendance (P = 0.251). The association between education and frequency of attendance to antenatal care services. Results show that majority attended 1-2 times (60%) were in post secondary. It was reported only those in higher level of education attended up to 5-6 times because were aware of the importance of utilizing the services. Therefore there was insignificant association between education and number of times attendance being P = 0.309. The association between marital status and attendance to antenatal care was also examined (P = 0.46). Married expectant mothers utilized antenatal care services up to 4 times compared to unmarried because of the encouragement and user fee being provided by their spouses.

Table 4.4 Relationship between factors affecting the utilization of ANC and selected demographic and social economic characteristics.

Adolescent expectant mothers = 96

Selected characteristic	S	Percentages

Age	1-2 times	3-4 times	5-6 times	
<14	75.0	25.0	0.0	
15-17 years	50.0	50.0	0.0	
18-20 years	52.7	41.8	3.6	
21-24 years	40.0	40.0	20.0	

$$P = 0.251$$

Education	1-2 times	3-4 times	5-6 times
None	0.0	100.0	0.0
Primary	56.1	41.5	2.4
Secondary	57.1	40.0	0.0
Post Secondary	60.0	20.0	20.0

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Marital status			
Never married	50.8	41.2	0.0
Married	37.9	58.6	3.4
Others	57.6	33.3	6.1

P = 0.46

5. Discussion and conclusion

The findings show the majority (55) of adolescent expectant mothers were in age bracket 18-20 years attending more compared to other ages. More (62.5%) of interviewed mothers were residing in town and 35% whenever married. Majority of respondents attained primary level of education. Results show that there were no significant relations between frequency of antenatal care attendance and selected background characteristics of adolescent expectant mothers. However, results show that some are turned down because of long awaiting hours, lack of education, and a problem of long distances. Research findings showed that services at Naguru Teenage Health Centre are user friendly compared to other maternity clinics.

6. Recommendation

It is therefore recommended that government should construct more health centers in rural areas. Training more health workers, the government should educate and sensitize the adolescent expectant mothers about the importance of receiving antenatal care services. This will encourage more to attend the given times thus reducing high pregnancy complications.

7. REFERENCES

- [1] Arkutu A.A. (1990 Healthy women, Health mothers. An informationGuideFamily Care international, in 588 Broadway, Suite, 503, New York
- [2] Dakpalla F.G. (1988) financing health services: Effects of costs Recovery Mechanisms in developing programmes on health services. Case study GHANA
- [3] Dor A of Vanden Gaog (1988): Demand for medical care for developing countries Quantity rationing in rural coted'/voire living standard measurements survey Working paper.No.35 World Bank
- [4] Kaberuka Will STATSTICAL TECHNIQUES vantage press, New York 1990.
- [5] Ministry of Health Department, The National Guides and service Standards For Reproductive Health: Community Health department Reproductive health Division 2001.
 - [6] Mukaire Phyllis Joy, Kaweesa Kisitu David, Ssekamatte Ssebuliba John B and Valedez Joseph (Oct-Nov2003, June2004): Assement of HIV/AIDs related Knowledge, practices and coverage in 19 District of Uganda.
- [7] Quaranta, P, Currell, R, Redman, C.W.G.etal (1981): Prediction of small for Date infants by measurement of symphyseal Fundal height. British Journal of obstetrics and Gynecology.
- [8] Safer Mother Hood (2000) Population reference Bureau
- [9] Strategies for improving reproductive health among adolescents (October 2000) Report
- [10] Uganda Demographic and Health surveys of 1988/89, 1995 and 2000/01)
 WHO (REP): Programming for adolescent health and development report of WHO/INFPA/UNICEF study group on programming for adolescent health