

**FACTORS AFFECTING THE UTILIZATION OF ANTENATAL CARE
SERVICES BY PREGNANT MOTHERS IN JINJA REGIONAL
REFERRAL HOSPITAL, JINJA DISTRICT**

BY

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INTERNATIONAL UNIVERSITY
WESTERN CAMPUS**

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DECLARATION

I hereby declare to the best of my knowledge that this dissertation is my original work and has never been submitted to any institution of higher learning for any undergraduate or post graduate academic award. Where the works of other people have been included, acknowledgement to this has been made to the text and references.


Name: Mwindi Richard

Date

Signature.....

APPROVAL

This is to certify that this dissertation titled "factors *affecting the utilization of antenatal care services by pregnant mothers in Jinja Regional Referral Hospital, Jinja district* submitted to the Department of Clinical Medicine of Dentistry of Kampala University, Western Campus is the original work done by Mwinda Richard under my supervision.

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DEDICATION

I dedicate this research to my mother, Mrs. Nakaima Robinah, sisters, Cathy and Christine, beloved brother Shaw Dickerson and the entire Dickerson family for the love and support rendered to me to accomplish my studies.

ACKNOWLEDGEMENT

I would like to thank the Almighty God for enabling me put together this piece of work.

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TABLE OF CONTENT

DECLARATION.....	i
APPROVAL	Error! Bookmark not defined.
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LIST OF FIGURE.....	viii
LIST OF TABLES	ix
LIST OF ABBREVIATIONS	x
DEFINITION OF KEY TERMS	xi
ABSTRACT.....	xii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background	1
1.2 Problem Statement	2
1.3 Purpose of the Study	2
1.4 Specific Objectives	2
1.5 Research Questions	3
1.6 Scope of the Study	3
1.6.1 Subject Scope.....	3
1.6.2 Geographic Scope	3
1.6.3 Time Scope	3
1.7 Justification of the Study.....	4
1.8 Conceptual Framework.....	5
CHAPTER TWO	6
LITERATURE REVIEW	6
2.0 Introduction.....	6
2.1 Maternal related factors affecting the utilization of antenatal care services among pregnant mothers	6
2.2 Socio-economic factors affecting the utilization of antenatal care services among pregnant mothers.	7
2.3 Hospital related factors affecting the utilization of antenatal care services among pregnant mothers.	8
CHAPTER THREE	10

METHODOLOGY	10
3.1 Study Design and Rationale	10
3.2 Study Setting and Rationale	10
3.3 Study Population	10
3.3.1 Sample Size Determination	11
3.3.2 Sampling Procedure	11
3.3.3 Inclusion Criteria	12
3.3.4 Exclusion Criteria	12
3.4 Data Collection Instruments	12
3.5 Data Collection Method	12
3.6 Data management and analysis	13
3.7 Ethical consideration	13
3.8 Limitation of the Study	13
3.9 Dissemination results	13
CHAPTER FOUR	14
DATA PRESENTATION	14
4.1 Introduction	14
4.2 Maternal related factors affecting utilization of antenatal care services by pregnant mothers.	14
4.3 Socio-economic factors affecting utilization of antenatal care services by pregnant mothers	19
4.4 Health facility related factors affecting utilization of antenatal care among pregnant women	22
CHAPTER FIVE	27
DISCUSSION, CONCLUSION AND RECOMMENDATIONS	27
5.0 Introduction	27
5.1 Discussion	27
5.1.1 Maternal related factors affecting utilization of antenatal care services by pregnant mothers ..	27
5.1.2 Socio-economic factors affecting utilization of antenatal care services by pregnant mothers...	29
5.1.3 Health facility related factors affecting utilization of antenatal care services by pregnant mothers	31
5.2 Conclusion	32
5.3 Recommendations	32
REFERENCES	34
APPENDIX I: CONSENT FORM	37

APPENDIX II: QUESTIONNAIRE.....	38
APPENDIX III: BUDGET	44
APPENDIX IV: MAP OF JINJA DISTRICT SHOWING LOCATION OF JINJA REGIONAL REFERRAL HOSPITAL.....	45
APPENDIX V: INTRODUCTION LETTER.....	46
APPENDIX VI: HOSPITAL LETTER	46

LIST OF FIGURE

Figure 1: Order of pregnancy	16
Figure 2: Number of deliveries that respondents had had so far.....	17
Figure 3: Gestation age of respondents' pregnancies	17
Figure 4: Respondents' knowledge about the recommended number of antenatal visits among pregnant mothers	19
Figure 5: Individual who makes decisions about health care services like antenatal care	19
Figure 6: Respondents' occupation	21
Figure 7: Transport costs respondents often spend accessing health care services from Jinja Regional Referral Hospital	22
Figure 8: Waiting time for accessing antenatal care at Jinja Regional Referral Hospital	24
Figure 9: Whether respondents had ever been advised to initiate antenatal care early by health workers from Jinja Regional Referral hospital	26
Figure 10: Whether the setting of antenatal clinic, Jinja Regional Referral Hospital provides privacy to pregnant women during antenatal care (n=200).....	27

LIST OF TABLES

Table 1: Age, marital status, educational level, occupation and whether the pregnancy was planned.	15
Table 2: Respondents' knowledge about antenatal care.....	18
Table 3: Number of dependents, partner support and education level.....	20
Table 4: Distance, affordability and where respondents intended to deliver from	23
Table 5: Respondents' perception of health workers and quality of antenatal care provided at Jinja Regional Referral hospital.	25

LIST OF ABBREVIATIONS

ANC	: Antenatal Care
CEE	: Central and East Europe
CIS	: Common Wealth of Independent States
JRRH	: Jinja Regional Referral Hospital
UDHS	: Uganda Demographic and Health Survey
UNICEF	: United Nations Children’s Emergency Fund
UNMEB	: Uganda Nurses and Midwives Examination Board
WHO	: World Health Organization

DEFINITION OF KEY TERMS

Antenatal care	: The “care before birth”, and includes education, counseling, screening, and treatment to monitor and to promote the wellbeing of the mother and foetus.
Delayed booking	: Seeking antenatal services after 28 weeks of gestation
Early booking	: Seeking antenatal services before 20 weeks of gestation
Factors	: A circumstance, fact, or influence that contributes to a result.
Health facility	: A hospital, health centre or clinic.
Maternal related	: Relating to a mother, especially during pregnancy or shortly after childbirth.

ABSTRACT

Utilization of antenatal care by pregnant mothers is important in improving maternal and neonatal health and survival. However, in Uganda, although over 90% of mothers utilize the services, only 17% initiate it at the appropriate time. The study was conducted to assess the factors affecting the utilization of antenatal care services by pregnant mothers in Jinja Regional Referral Hospital.

A cross-sectional descriptive study design employing quantitative methods of data collection was used to collect data from 200 pregnant mothers who were selected using a simple random sampling method. Data was collected through the use of pretested questionnaire and is presented in tables, figures with frequencies and explanatory remarks.

According to the study findings the maternal related factors affecting the utilization of antenatal care services by pregnant mothers were age, marital status, educational level, whether the pregnancy was planned, knowledge of antenatal care and decision making power.

Regarding the socio-economic factors affecting the utilization of antenatal care services by pregnant mothers, number of dependents, partners support and educational level, occupation, and ability to afford transport costs were mentioned.

About the health related factors affecting the utilization of antenatal care services by pregnant mothers, waiting time, yelling and shouting at mothers, perceptions towards health workers, perceived quality of antenatal care and being advised by health workers to seek antenatal care.

In conclusion, the major factors found to be affecting utilization of antenatal care services were maternal age, educational level, partner support, occupation, waiting time and perceptions towards health workers.

Therefore, there is need for health workers to encourage male involvement in antenatal care while providing timely quality services to pregnant women in Jinja Regional Referral Hospital.

CHAPTER ONE

INTRODUCTION

1.1 Background

According to World Health Organization, (WHO, 2017), Antenatal Care (ANC) is the "care before birth", and includes education, counseling, screening, and treatment to monitor and to promote the well-being of the mother and foetus. The aim of ANC is to assist women to remain healthy, to find and correct adverse conditions when present, and thus aid the health of the unborn.

Antenatal care deals with pre-symptomatic diagnosis of general medical disorders, nutrition, immunology, health education and social medicine in addition to prevention and early detection of pregnancy disorders. However many mothers have gone ahead to delay to go for booking (Medinda, 2014).

Early commencement of antenatal care by pregnant women as well as regular visits has the potential to affect maternal and foetal outcome positively (Ndidi & Oseremen, 2010). However, poor ANC utilization is a global problem in both developing and developed countries (Tariq, Elford, Cortina & Tookey, 2012). UNICEF, (2011) reported that regional averages range from a low of 68% in South Asia to high of 95% in Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS). In addition to CEE/CIS, more than 9 in 10 pregnant women attend at least once in Latin America, the Caribbean, East Asia and the Pacific. However, rates of late booking are rather higher for countries in Sub Saharan Africa (Baker & Rajasingam, 2012) due to lack of transport to health facilities and inadequate knowledge about when and why it is vital to book early for antenatal care.

Each year in Africa, 30 million women become pregnant, and about 250,000 of them die from pregnancy-related causes and in sub- Saharan Africa (Pearson, Larsson, Fauveau & Standley, 2009). Though timely ANC visit helps to improve maternal health outcomes, in sub-Saharan Africa the ANC utilization is low; the pregnant women who had at least one ANC visit are about 69%, and pregnant women who get ANC within 0-3 months of pregnancy are only 20%, which is low coverage compared to other parts of the world (Gomez & Munjanja, 2009).

In Uganda, records from the Uganda Demographic and Health Survey (UDHS, 2011) revealed that

on average, only 17% of mothers initiated the first antenatal visit in the first trimester. The UDHS report further states that factors related to delayed booking included 'low educational level belonging to poor economic status, inability to access media and poor obstetric history.

1.2 Problem Statement

Although all pregnant mothers are recommended to go for their first antenatal check-up in the first trimester or attend at least 4 ANC visits to identify and manage any medical complication as well as to screen them for any risk factors that may affect the progress and outcome of their pregnancy, (Rosliza & Muhamad, 2011) many women have poor antenatal care utilization. According to the Uganda Demographics and Health Survey (UDHS, 2016), almost all women (97%) age 15-49 with a 'live birth in the past 5 years received antenatal care (ANC) from a skilled provider during their most recent pregnancy. However, only 29% of women had their first ANC visit during the first trimester of pregnancy and only 60% completed at least four ANC visits.

Records obtained from Jinja Regional Referral Hospital (JRRH) showed that out of 55,430 women who accessed antenatal care in 2016, 46,006 (82.9%) accessed antenatal care after 3 months while only 24,389 (43.9%) completed 4 antenatal visits (Jinja regional referral hospital antenatal clinic records, 2018): This happened despite continuous health education by health workers to women of reproductive age about the importance of early booking, encouraging them to complete at least 4 visits, and motivating them through giving out maama kits. This predisposed the mothers to delayed detection of pregnancy related conditions like mal presentation, anaemia, infections like syphilis and gonorrhea among others. The researcher conducted a study about the factors affecting the utilization of antenatal care services by pregnant mothers in Jinja Regional Referral Hospital, Jinja district.

1.3 Purpose of the Study

To assess the factors affecting the utilization of antenatal care services by pregnant mothers in Jinja Regional Referral Hospital, (JRRH) Jinja district so as to generate baseline data which will be used to improve maternal and child health through proper antenatal care utilization.

1.4 Specific Objectives

1. To assess the maternal related factors affecting utilization of ANC among pregnant mothers

attending JRRH.

2. To identify the socio-economic factors affecting utilization of ANC among pregnant mothers attending JRRH.
3. To establish the health facility factors affecting utilization of ANC among pregnant mothers attending JRRH

1.5 Research Questions

1. What are the maternal related factors affecting utilization of ANC among pregnant mothers attending JRRH?
2. What are the socio-economic factors affecting utilization of ANC among pregnant mothers attending JRRH?
3. What are the health facilities related factors affecting utilization of ANC among pregnant mothers attending JRRH?

1.6 Scope of the Study

1.6.1 Subject Scope

The study focused on the different factors that affect utilization of antenatal care services by pregnant mothers. Emphasis was put on the maternal, socio – economic and hospital related factors affecting utilization of antenatal care.

1.6.2 Geographic Scope

The study was conducted in Jinja Regional Referral Hospital, Jinja Municipality-West, Jinja district. Jinja district is Uganda's 2nd biggest industrial town after Kampala. The district is located 80 km away from the capital. JRRH is the largest hospital in Eastern Uganda and is a regional referral hospital for the districts in Eastern Uganda such as Jinja, Kamuli, Iganga, Bugiri, Kaliro, Mayuge, Parts of Buikwe, Mukono and Kayunga.

1.6.3 Time Scope

This research proposal was approved by the supervisor and took about 3 months, starting from

August – October 2018. During this time, data collected was analyzed, presented, interpreted and a report written henceforth.

1.7 Justification of the Study

Provision of antenatal care is regarded' as a cornerstone of maternal and perinatal health care and is expected to have a considerable impact on achieving Sustainable Development Goal (SDG 3) which seeks to ensure. healthy lives and promote well-being for all at all ages (Maternal Health Task Force (2018). WHO recommends a simplified antenatal care such that pregnant mothers attend at least 4 visits. However, only 64% of pregnant mothers attend 4 visits in Uganda putting them at risk of maternal and neonatal conditions which could lead to morbidity and mortality (UDHS, 2016).

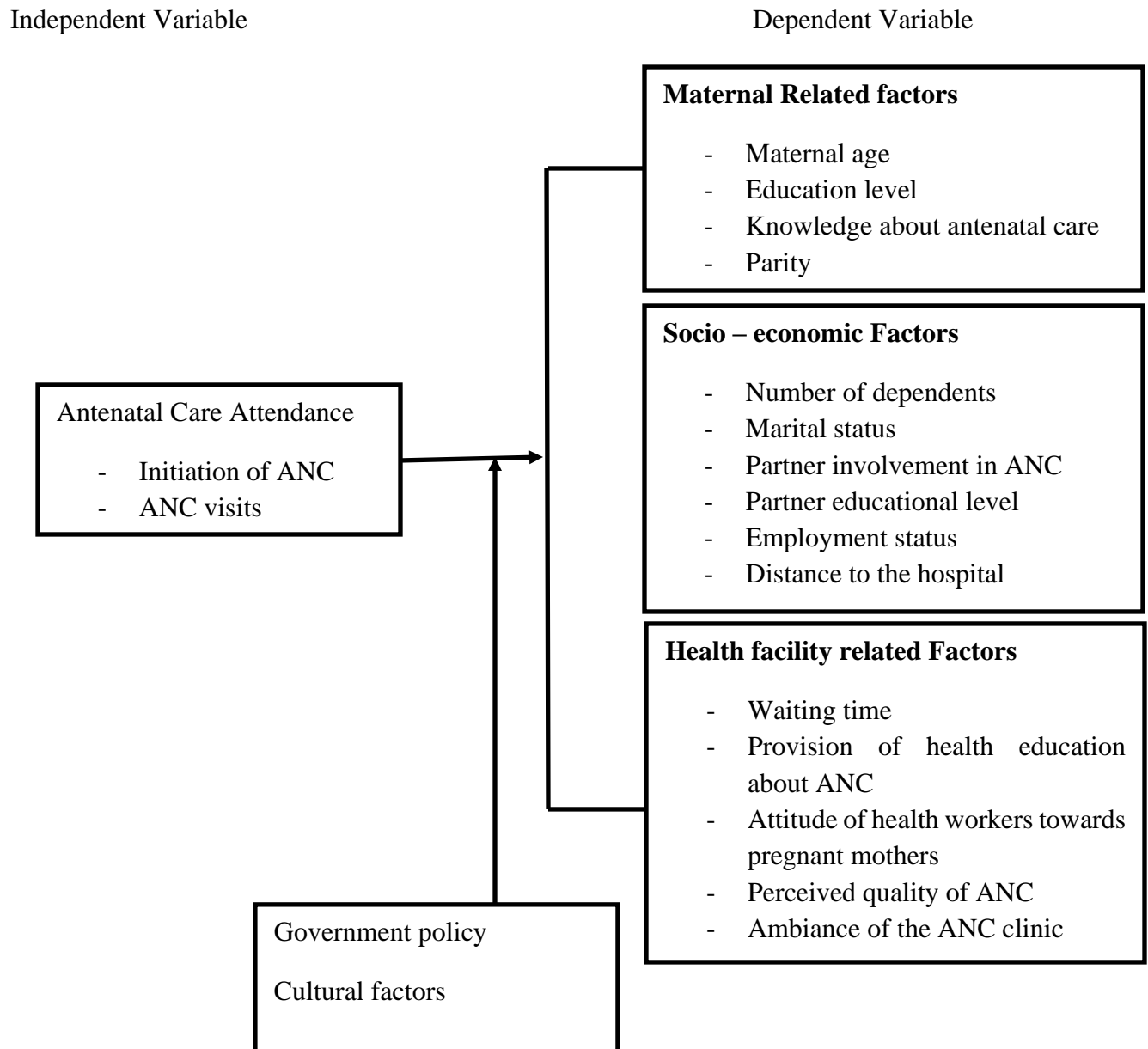
In Jinja Regional Referral Hospital, there were no 'Studies that had been carried out about the factors affecting utilization of ANC. The researcher carried out a study on the factors affecting utilization of ANC among pregnant mothers in JRRH in order to generate baseline data that may be used by health workers to formulate local policies aimed at increasing early booking by pregnant mothers.

This will help the Ministry of Health to draft policies and guidelines that lead to early and increased antenatal utilization nationwide.

The study will also act as a source of literature for future researchers who intend to carry out related studies. .

1.8 Conceptual Framework

Figure 1: Conceptual Framework showing the relationship between variables.



The conceptual framework shows that ANC care utilization (initiation and number of visits) is dependent on many factors which are the maternal, socio-economic and health facility related factors (dependent variables).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature on the factors affecting the utilization of antenatal care services among mothers on a global, regional and Uganda in particular.

2.1 Maternal related factors affecting the utilization of antenatal care services among pregnant mothers

Young maternal age has been associated with poor antenatal care utilization (Chote, Hoefma & Koopmans et al., (2011) due to the fact that many young women have unintended pregnancies, which may lead them to attend ANC late or not attend at all (Wado, Afework & Hindin, 2013). Kasuule, Kaye, Najjuka, Ssematimba, Arinda, Nakitende and Otim, (2013) in their study carried out in Mulago Hospital among 400 showed that poor knowledge about ANC was partly related to delayed booking and fewer antenatal visits. Jones, Haddrill, Mitchell and Anumba, (2011) in their study carried out in United Kingdom (UK) among 80 pregnant women showed that delayed booking for antenatal care was related to inadequate knowledge of mothers, that is to say, not believing and misinterpretation of pregnancy symptoms. In addition, Kasuule et al., (2013) in their study conducted in Mulago Hospital revealed that more than half of respondents did not book early for antenatal care due to inadequate knowledge about the practice. Furthermore, most women had only a few visits.

A study by Bbaale (2011) in Uganda found that maternal education affects the utilization of antenatal care. Mothers who have attained secondary education, compared to counterparts with no education, are 0.3 times more likely to use antenatal care while those who have attained post-secondary education are 0.4 times more likely to use the care as those with no education.

In addition, women with low educational levels are more likely to delay initiating antenatal care. This may be related to the fact that most times, they are more likely to belong to households with low family incomes (Nigatu, Gebremariam, Abera, Setegn & Derbe, 2014). Furthermore, low educational level may be related to ignorance, misconceptions of the purpose, and right time to commence antenatal care (Ndidi & Oseremen, 2010).

According to a study conducted by Guduya, Woldeyohannes & Adbo, (2014) revealed that women who had no decision making power were more likely to have poor antenatal care attendance. This could be because such women are at the mercy of another individual, most likely, their husbands or mother-in-law to access antenatal care. Related to the above, a study conducted by Bbale, (2011) in Uganda found that lack of autonomy in taking health decisions was associated with delayed initiation of antenatal care.

A study conducted in Canada by Heaman, Morris & Gregory et al., (2014) on barriers, motivators and facilitators related to prenatal care utilization among inner-city women in Winnipeg led to conclusion that negative attitudes towards pregnancy primarily due to having an unplanned or unwanted pregnancy were associated with increased odds of inadequate prenatal care including women who were thinking of having an abortion, 25% of cases did not think they needed antenatal care and 6% indicated they could take care of themselves during pregnancy.

2.2 Socio-economic factors affecting the utilization of antenatal care services among pregnant mothers.

According to a study carried out by Gross, Alba, Glass and Armstrong et al., (2012) among 440 pregnant women, it was found out that late recognition of pregnancy and not being supported by the husband or partner were identified as factors associated with a late antenatal care booking.

In a retrospective study carried out by Okunlola, Owonikoko and Fawole et al., (2008), results indicated that delayed booking is still a common practice in Africa with average gestational age at booking being 23 weeks, and only 14% of the women booked before the end of first trimester. Higher parity and lack of male partner support during antenatal period are associated with delayed booking for antenatal care.

According to a study carried out using records from the Uganda Demographic and Health Survey, it was indicated that on average, only 17% women initiate the first antenatal visit within the first trimester and 47% of mothers attain at least four antenatal visits. The timing and frequency of antenatal visits were significantly associated with education of their partner, wealth status, regional disparities, religious differences, access to media, occupations of the mother and her partner, timing of pregnancy, birth histories, and birth order (Bbaale, 2011).

According to a study conducted by Gloria, (2010) in Kisoro district to assess the factors influencing the utilization of late antenatal care services in rural areas, it was found out that mothers many mothers booked late and had less than 4 ANC visits. The study findings showed that many of the mother's income were low, so they failed to raise money for transport, lunch while on ANC visit and lacked what to put on like maternity dresses and knickers. Thus some mothers sought ANC late because the husbands could not raise money for the wife to use going to Hospital/clinic.

Likewise, poverty is also discussed through a study by Nwosu, Ugboaja & Obi et al., (2012) conducted in Nigeria which found that the lack of money for transport among pregnant mothers was a barrier to the utilization of antenatal care. Furthermore, Kintu, (2010) and USAID, (2010) also reported that many women do attend antenatal care because they cannot afford the transport costs to the health centres.

According to a study carried out in KwaZulu-Natal province in South Africa among 244 pregnant mothers attending antenatal care, it was found out that the majority of women were unemployed and poor. In addition, attending a public health care facility was associated with early booking. Only 9% of pregnant women booked a visit during their first trimester period but most of them (two-thirds) booked a visit during the second trimester of pregnancy (Hoque and Kader, 2008).

2.3 Hospital related factors affecting the utilization of antenatal care services among pregnant mothers.

Poor quality of antenatal care characterized with long waiting time may lead mothers infrequent access or delay first visits for antenatal care (Tariku, Melkamu & Kebede, 2010). This confirms what was reported by Kiguli et al., (2009) who mentioned that in Uganda, in some of the health facilities, pregnant mothers have to queue for long hours before receiving attention when accessing antenatal care.

Nabiruma, (2012) also reported that in Uganda, it is common among most mothers who have ever sought for antenatal care or delivered from government health facilities to say that "midwives are rude" which leads to delayed antenatal care booking. Such negative attitudes towards Nakazzi, (2011) explained that some midwives are insensitive to the needs of poor, uneducated mothers and these mothers are given sub-standard care during pregnancy and child birth. Likewise, a study conducted in Malawi by Roberts, Sealy, Marshak et al., (2015) on the patient-provider relationship

and antenatal care uptake at two referral hospitals revealed that pregnant women do not attend antenatal care early or do not attend at all as the nurses are always shouting and yelling at clients.

A study by Waiswa et al, (2008) reported that a barrier to early booking for antenatal care among mothers is poor attitude and inadequate communication skills of health workers towards mothers. In addition, the unavailability of staff at health facilities is a hindrance to early booking for antenatal care among mothers (Solarin & Black, 2013). To add to the above, Gebremeskel, Dibaba & Admassu, (2015) in their study conducted in Ethiopia to establish the timing for 1st antenatal care and associated factors revealed that pregnant women who did not receive advice on when to initiate by health workers antenatal care booked late for the services. It was therefore asserted that ANC booking was associated with provision of health education about the services to mothers by health workers.

A study conducted by Mkhari, (2016) in South Africa reported that the lack of privacy with the setting of the antenatal clinic contributed to late care booking. Similarly, results from the study conducted by Amnesty International Researchers (2014) on struggle for maternal health:

Barriers to antenatal care in South Africa stated that some of the clinics they visited were in unsuitable buildings which lacked privacy; the rooms were small and overcrowded making it difficult to maintain confidentiality. This contributed to delayed booking for antenatal care among mothers. Related to the above, Valla (2016) in a study on patient flow system for antenatal primary health care facilities in the Frances Baard District, Northern Cape Province stated that health facilities were overcrowded, lacked of space which compromised health care user's right to privacy.

More so, Jat & San, (2011) in their study conducted in India about factors affecting the use of maternal health services indicated that limited working hours for antenatal clinics was a barrier to early booking. In addition, Boerleider, Wiegers, Mannien et al., (2013) in their study conducted in non-western countries to assess the factors affecting the use of prenatal care found that long waiting time at antenatal clinics was a hindrance to early booking.

CHAPTER THREE

METHODOLOGY

3.1 Study Design and Rationale

A descriptive cross-sectional study design comprising of quantitative methods of data collection was used. The study design was chosen because it enabled the researcher to collect a lot of data in a short period of time.

3.2 Study Setting and Rationale

The study was carried out in Jinja Regional Referral Hospital which is one of the regional referral hospitals in Uganda. It is situated in Jinja Municipality West, surrounded by Narambhai Road Primary School to the East, both Jinja-Kampala highway and Jinja Senior Secondary School to the North West, the Source of the River Nile to the South and the Owen falls dam and Bridge to the South West. It serves five health Sub districts which are Jinja Municipality West, Jinja Municipality East, Kakira, Kagoma and Butembe. Additionally it serves some neighbouring districts like Iganga, Mukono, Bugiri, Kamuli, Mayuge, Kayunga, Buikwe, and some islands in Lake Victoria. The hospital has a bed capacity of 600 beds and ,?ccupancy rate of 75%. The hospital has a variety of services it offers to the community, which among others include; antenatal care, postnatal care, immunization, family planning, prevention of mother to child transmission of HIV, management of sexually transmitted diseases and adolescent health friendly services.

The study setting was chosen because the hospital is a referral facility that serves many pregnant mothers.

3.3 Study Population

The study involved pregnant mothers attending Antenatal Clinic, Jinja Regional Referral Hospital, Jinja District.

3.3.1 Sample Size Determination

The study sample size was determined using a sample size formula by Kish Leslie for cross-sectional studies

$$N = \frac{Z^2 P (1 - P)}{\sigma^2}$$

Where N = Project Sample Size for mothers who attend the antenatal clinic

P = Assumed number of mothers who do not attend 4 antenatal visits from JRRH, so P = 44

1 – P = Probability of having a mother who has not attended at least 4 ANC visits so 1 – P = 1 – 44/60

Za = Standard normal deviate at 95% confidence interval corresponding to 1.96

σ = Absolute error be of precision, so σ = 0.05

$$N = \frac{1.96 \times 1.96 \times 0.44 (1 - 0.44)}{0.05 \times 0.05}$$
$$= 384.3$$

(Due to financial reasons, the study involved 200 respondents)

3.3.2 Sampling Procedure

The study used a simple random sampling method where the researcher was provided with 50 files of mothers attending the ANC willing to participate in the study. These were numbered from 1-50. Small pieces of paper number 1-50 were put in a box and 20 were picked at random corresponding to the 20 files. The owners of the files were interviewed. This was done for 10 days bringing the total of participants to 200.

3.3.3 Inclusion Criteria

All pregnant mothers attending the antenatal clinic, JRRH, Jinja district who were available during the days of data collection were included in the study.

3.3.4 Exclusion Criteria

All pregnant women who were not available during data collection and those who were mentally unstable or those who refused to voluntarily consent to participate were excluded from the study.

3.4 Data Collection Instruments

A semi-structured questionnaire was developed with support from the supervisor which was used to collect primarily quantitative data from pregnant mothers. The questionnaire was arranged in the following format: fdrhgbjmngukyku7;po9

- Maternal related factors affecting utilization of ANC services such as age, educational level, knowledge of ANC services, parity among others.
- Socio-economic factors affecting utilization of ANC services such as marital status, number of dependents, male support and involvement, employment status, distance to health facility and ability to afford the transport costs.
- Health facility related factors affecting utilization of ANC services such as wasting time, perceived ambience, attitude of health workers towards mothers and quality of antenatal care services.

3.5 Data Collection Method

The researcher personally collected data by administering the questionnaire to respondents. The researcher gave respondents a reasonable amount of time to give in their views and responses after which the questionnaires were collected. For the respondents who could not know English, the researcher translated the questionnaire to local languages before collecting data from them. Data was collected from 20 respondents per day and this was done for 10 days.

3.6 Data management and analysis

After filling in their views and responses, the researcher collected questionnaires from respondents and checked them to ensure that all questions were answered. For questionnaires which were not fully filled in, the researcher probed for more information from those particular respondents and ensured completeness. The data was later coded, stored and entered into Microsoft Excel which helped in tallying and converting frequencies to percentages. The information was presented in charts, graphs and tables.

The data was analyzed using a computer program, Microsoft Excel and interpreted.

3.7 Ethical consideration

After approval of the proposal by the Supervisor, Kampala International University, an introductory letter was got from the School to the In-Charge of Antenatal Clinic who introduced the researcher to the in-charge of antenatal clinic and to the respondents. The respondents were explained the research purpose, potential risks involved in participating in the study, assured of utmost confidentiality of their responses and requested to participate voluntarily in the study.

3.8 Limitation of the Study

Time was not enough to obtain information from wide range respondents. This was overcome by working beyond office hours.

The researcher faced financial difficulties as a student with no external funding and therefore used the available financial resources sparingly and sought financial help from friends, relatives and well-wishers.

3.9 Dissemination results

Upon completion of the report, the researcher disseminates the study findings to Jinja Regional Referral Hospital, Kampala International University and District Health Office, Jinja.

CHAPTER FOUR

DATA PRESENTATION

4.1 Introduction

This chapter presents data obtained from pregnant mothers about the factors affecting utilization of antenatal care services by pregnant mothers in Jinja Regional Referral Hospital. The data was collected using quantitative method where 200 respondents were interviewed, analyzed using Microsoft excel and presented in figures and tables with explanatory remarks in accordance to the specific objectives of the study.

4.2 Maternal related factors affecting utilization of antenatal care services by pregnant mothers.

Table 1: Age, marital status, educational level, occupation and whether the pregnancy was planned.

Category	Frequency (n=200)	Percentage (%)
15-19 years	33	16.5
20-24 years	45	22.5
25-29 years	67	33.5
30-34 years	38	19
35 years and above	17	8.5
Marital Status		
Married	123	61.5
Single	43	21.5
Separated	34	17
Educational Level		
None	41	20.5
Primary level	55	27.5
Secondary Level	79	39.5
Tertiary/University	25	12.5
Whether the pregnancy was planned		
Yes	87	43.5
No	113	56.5

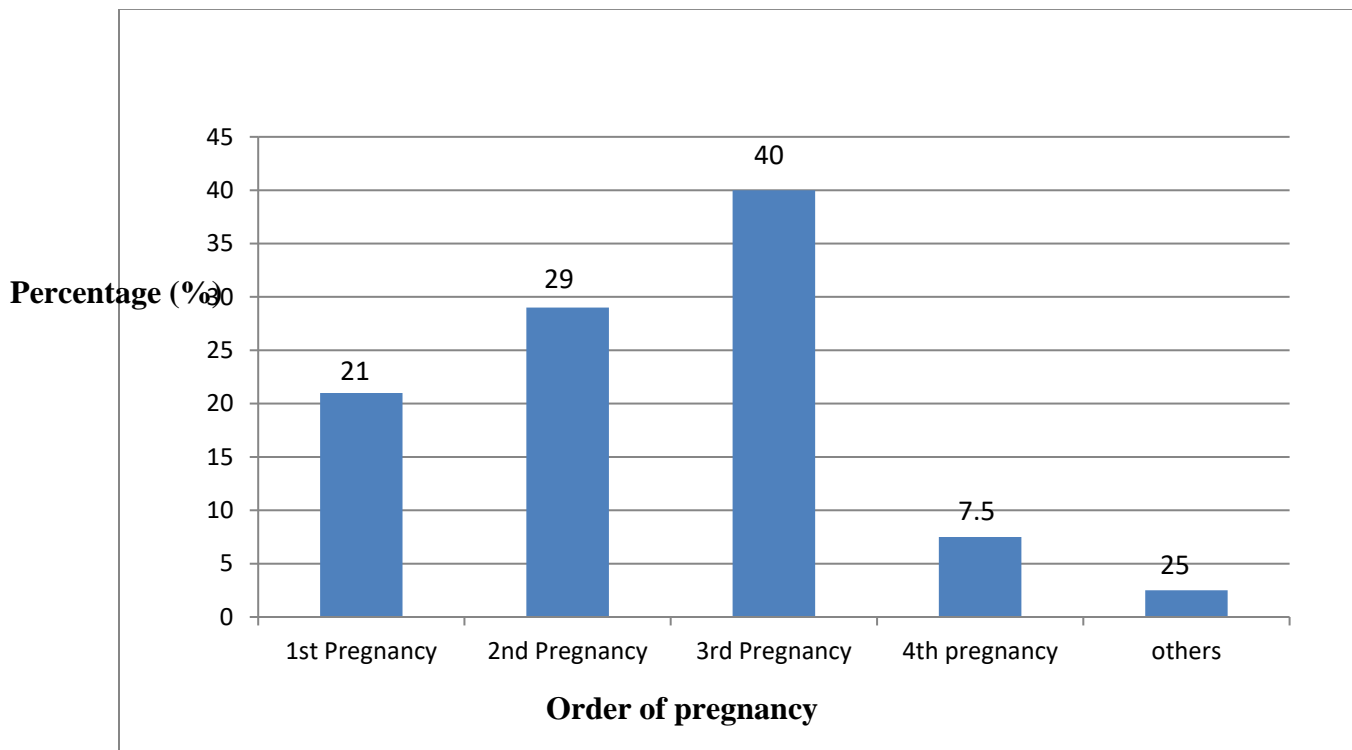
According to information presented in table 1 above, 67/200 (33.5%) of respondents were in the age group of 25-29 years while the least 17/200 (8.5%) in the age bracket of 35 years and above.

Regarding the marital status, more than half of respondents 123/200 (61.5%) were married while the minority 34/200 (17%) were single mothers.

According to educational level, more than a third of respondents 79/200 (39.5%) had attained secondary education while 25/200 (12.5%) had attained tertiary/university education.

Majority of respondents 113/200 (56.5%) had pregnancies which were unplanned while the least 87/200 (43.5%) had planned pregnancies.

FIGURE 1: Order of pregnancy (n=200)



Nearly a third of respondents 70/200 (35%) indicated that the current pregnancy was their 3rd while others 5/200 (2.5%) had more than 4 pregnancies.

Figure 2: Number of deliveries that respondents had had so far (n=200)

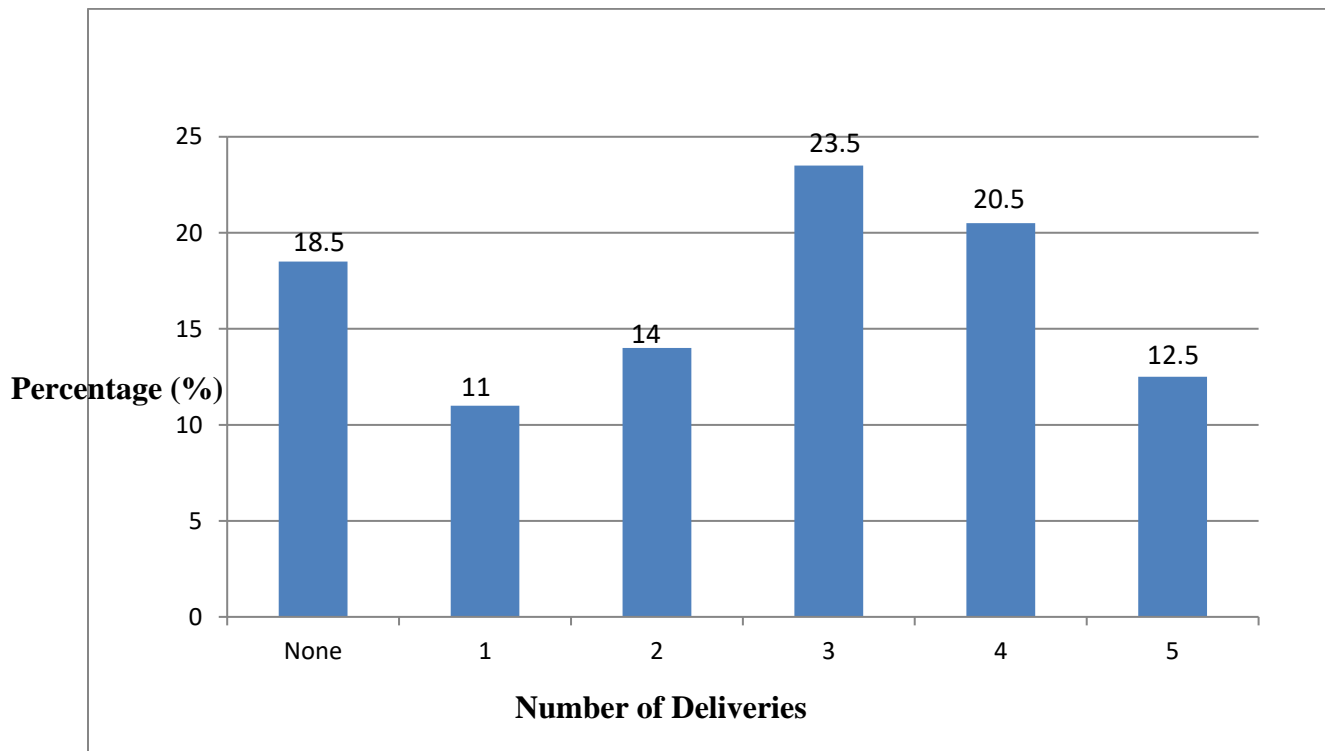


Figure 2 shows that the highest number of respondents 47/200 (23.5%) had 3 deliveries while 22/200 (11%) had 1 delivery.

Figure 3: Gestation age of respondents' pregnancies (n=200)

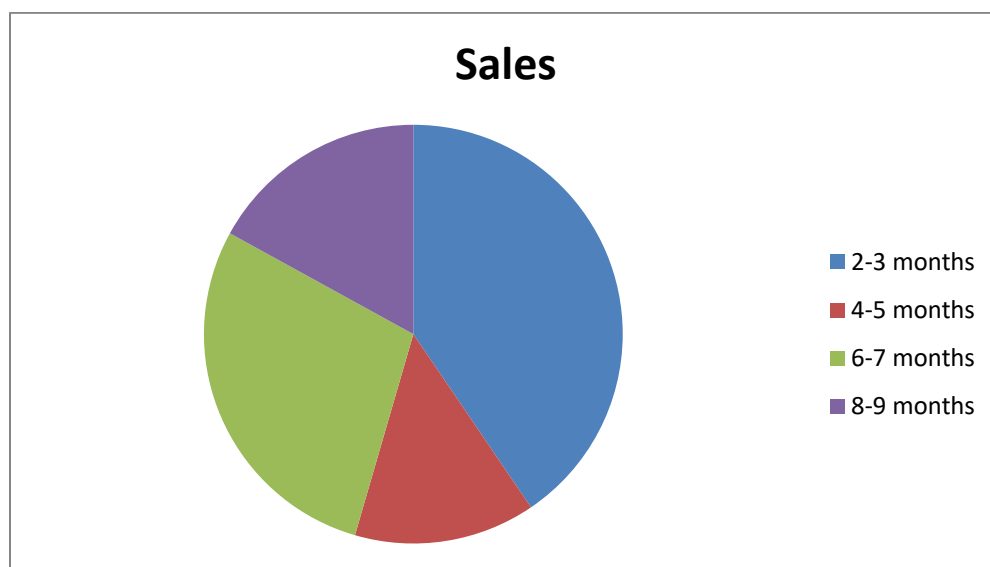


Figure 3 shows that most respondents 81/200 (40.5%) had pregnancies with a gestation age of 4-5 months while 28/200 (14%) had pregnancies with a gestation age of 8-9 months.

Table 2: Respondents' knowledge about antenatal care

Definition of antenatal care	Frequency (n=200)	Percentage (%)
Medical care of pregnant woman during	94	47
Taking of medicine by pregnant women	76	38
I don't know	30	15
Right time to seek antenatal care		
After 14 weeks of pregnancy	57	28.5
After 28 weeks of pregnancy	80	40
Immediately one knows they are pregnant	63	31.5
Whether it is important to seek antenatal care early		
Yes	106	53
No	94	47
Importance of early seeking of antenatal care	(n=106)	
Early detection, treatment and care of infections	50	47.1
Improved neonatal health	44	41.5
I don't know	26	24.5

Note: Multiple answers were given

Table 2 shows that nearly half of respondents 94/200 (47%) defined antenatal care as the medical care of pregnant women during pregnancy while 30/200 (15%) did not know.

About the right time to seek antenatal care, most respondents 80/200 (40%) indicated after 28 weeks of pregnancy while the least 57/200 (28.5%) said after 14 weeks of pregnancy.

When asked whether it is important to seek antenatal care early, the biggest number of respondents 106/200 (53%) agreed while the smallest number 94/200 (47%) disagreed. Of the 106 who agreed, 50 (47.1%) said it is important for early detection, treatment and care infections while 26 did not know.

Figure 4: Respondents' knowledge about the recommended number of antenatal visits among pregnant mothers (n=200)

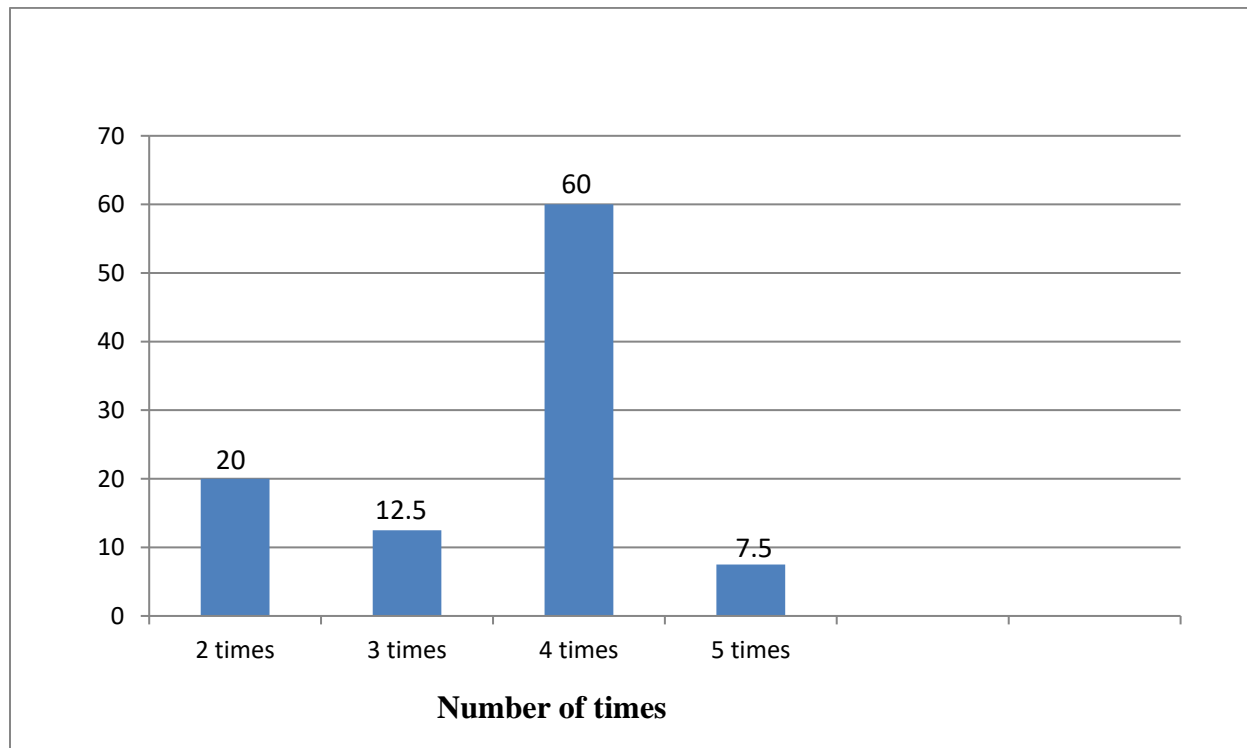


Figure 2 shows that majority of respondents 120/200 (60%) mentioned that the recommended number of times to attend antenatal is 4 times while 15/200 (7.5) said it is 5 times.

Figure 5: Individual who makes decisions about health care services like antenatal care (n=200)

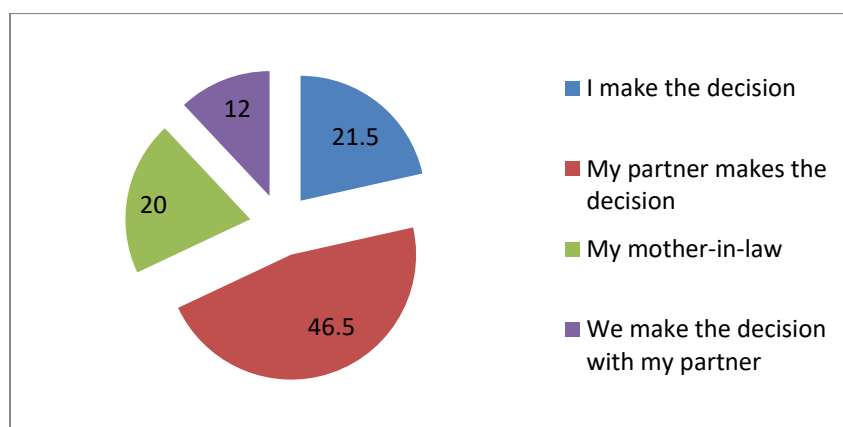


Figure 5 reveals that less than half of respondents 93/200 (46.5%) stated that their partners made the decision to access antenatal care while 24/200 (12%) said they made decision with their partners.

4.3 Socio-economic factors affecting utilization of antenatal care services by pregnant mothers.

Table 3: Number of dependents, partner support and education level

Number of dependents	Frequency (n=200)	Percentage (%)
1-3 dependents	45	22.5
4-6 dependents	86	43.0
7 -9 dependents	41	20.5
10 and above	28	14.0
Whether respondents' partners support them financially and morally during pregnancy		
Yes	137	68.5
No	63	31.5
Reasons why male partner does not support respondents during pregnancy (n=63)		
I separated with him	34	54.0
He denied the pregnancy	25	39.7
He has many wives	18	28.6
He is poor	20	31.7
Partners' Educational level		
No formal education	20	10.0
Primary level	35	17.5
Secondary level	31	15.5
Tertiary	65	32.5
University level	49	24.5

Table 3 above shows that most respondents 86/200 (43%) reported that they had 4-6 dependents while 28/200 (14%) said they had 10 and above dependents.

When asked whether their partners supported them financially and morally during pregnancy, majority of respondents 137/200 (68.5%) said yes while the least 63/200 (31.5%) said no. Of the 63 who said their partners did not support them morally and financially during pregnancy more

than 34 (54%) said they had separated with them while 18 (28.6) reported that their partners had many wives.

On the education level of respondents' partners, 65/200 (32.5%) said they attained tertiary education while 20/200 (10%) said they did not attain any formal education.

Figure 6: Respondents' occupation (n=200)

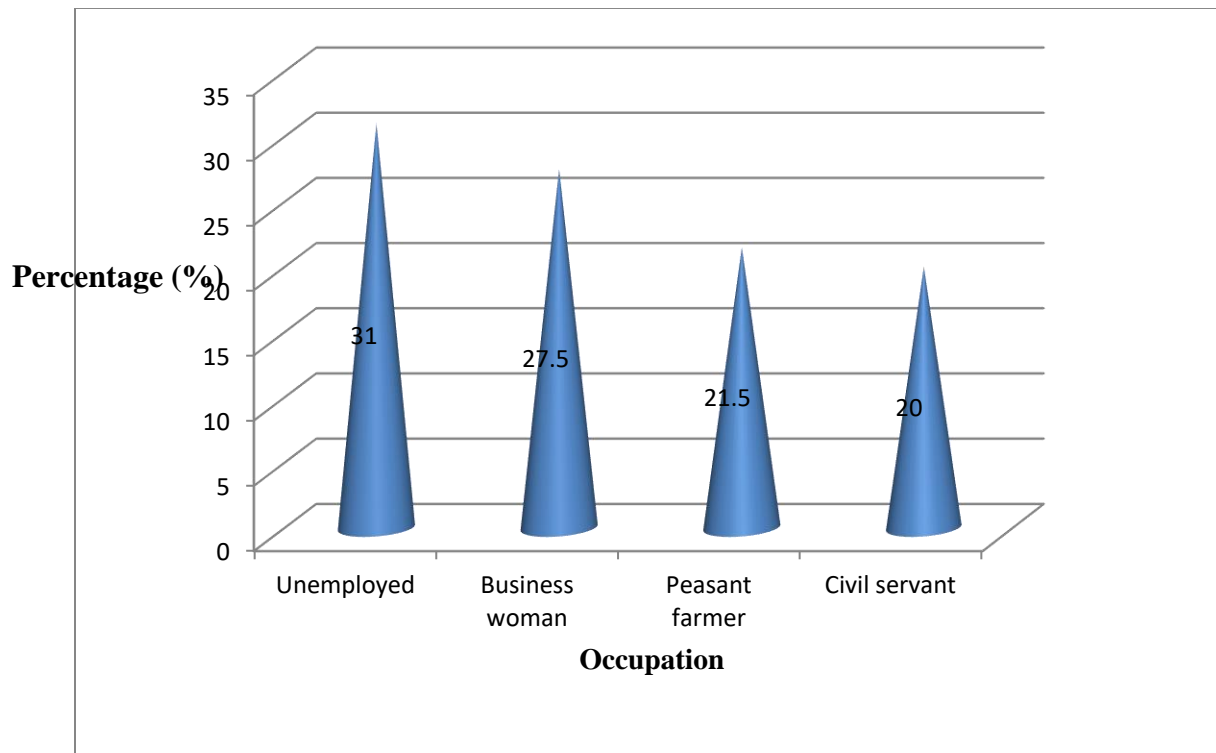
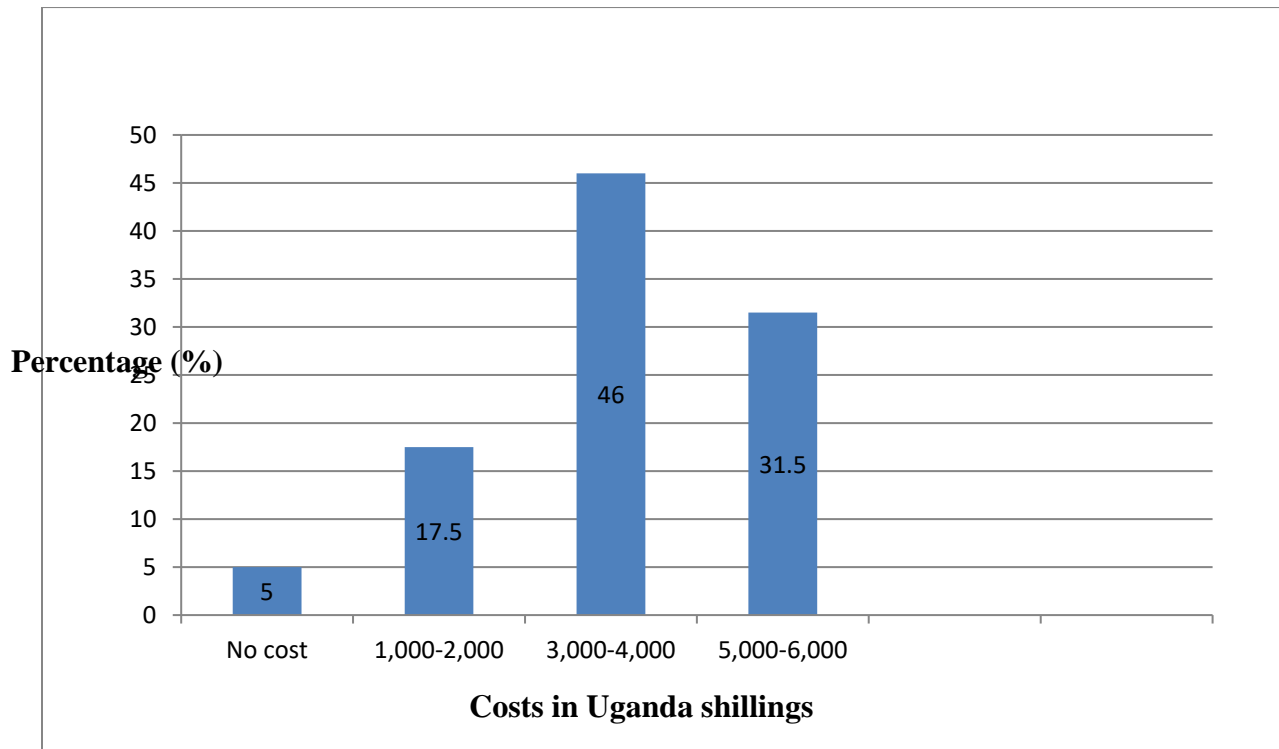


Figure 6 reveals that the highest number of mothers 62/100 (31%) were unemployed while the lowest number 40/200 (20%) were civil servants.

Figure 7: Transport costs respondents often spend accessing health care services from Jinja Regional Referral Hospital (n=200)



The highest number of respondents 92/100 (46%) indicated they spent 3,000-4,000 Uganda shillings to access health care services from Jinja Regional Referral hospital while 10/200 (5%) did not spend any money.

Table 4: Distance, affordability and where respondents intended to deliver from

Distance from respondents' home to Jinja Hospital	Frequency (n=200)	Percentage (%)
Less than 1km	12	6.0
1-5 Km	28	14
6-10 Km	98	49.0
11 and above	62	31.0
Ability to afford transport costs		
Yes	95	63.3
No	75	36.7
Where respondents planned to deliver from		
Health facility	152	76.0
At home	18	9.0
TBA	30	15.0

Nearly half of the respondents 98/200 (49%) said that the distance from their homes to Jinja hospital was 6-10 Km while 12/200 (6%) said it was less than 1Km.

When asked whether respondents who stay 5Km and above were able to afford the transport costs to Jinja Hospital, 95/150 (63.3%) said yes while 75/150 (36.7%) said no.

More than three quarters of respondents 152/200 (76%) planned to deliver from health facilities while 18/200 (9%) planned to deliver from their homes.

4.4 Health facility related factors affecting utilization of antenatal care among pregnant women

Figure 8: Waiting time for accessing antenatal care at Jinja Regional Referral Hospital (n=200)

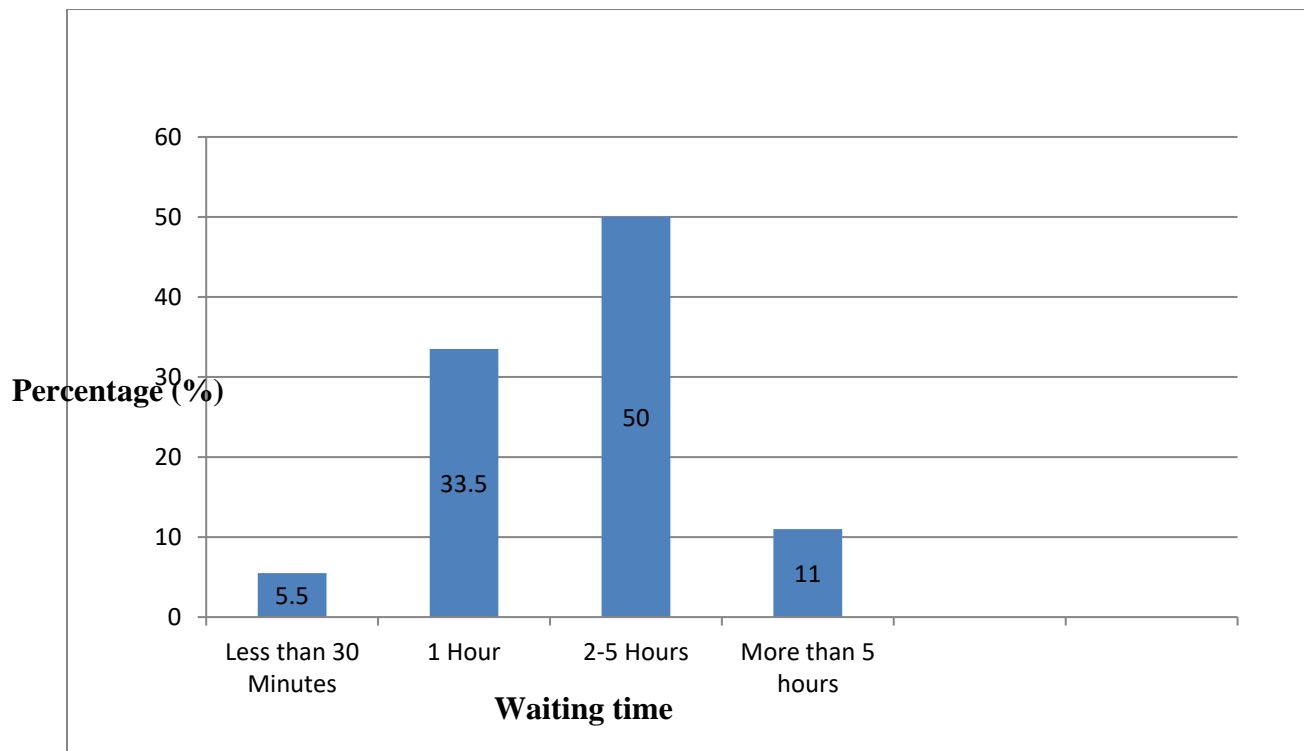


Figure 8 shows that half of the study participants 100/200 reported that the waiting time for antenatal care from Jinja Regional Referral hospital is between 2 to 5 hours while 11/200 (5.5%) said it is less than 30 minutes.

Table 5: Respondents' perception of health workers and quality of antenatal care provided at Jinja Regional Referral hospital.

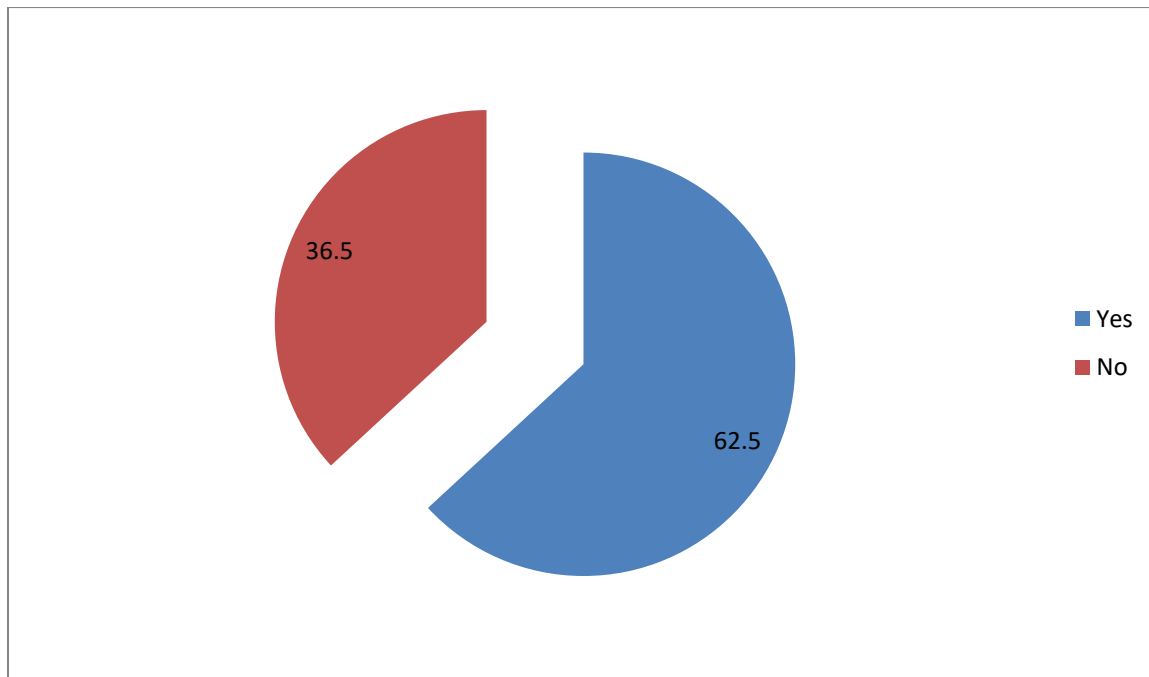
Whether respondents have ever been yelled or shouted at while accessing antenatal care from Jinja hospital	Frequency (n=200)	Percentage (%)
Yes	62	31.0
No	138	69.0
Respondents feeling about health workers providing antenatal care from Jinja hospital		
They were welcoming and polite to mothers	102	51.5
They were abusive to pregnant mothers	44	22.0
They take long to work on mothers	54	27.0
Respondents' rating of the quality of antenatal care provided at Jinja Hospital		
Very good	45	22.5
Good	113	56.5
Fair	30	15.0
Poor	12	6.0

Majority of respondents 138/200 (69%) revealed that they have never been yelled or shouted at while accessing antenatal care from Jinja hospital while the minority 62/200 (31%) said they have ever been yelled at.

When asked about their feelings concerning health workers providing antenatal care from Jinja hospital, the highest number 102/200 (51.5%) said they were welcoming and polite to mothers while 44/200 (22%) said they were abusive to mothers.

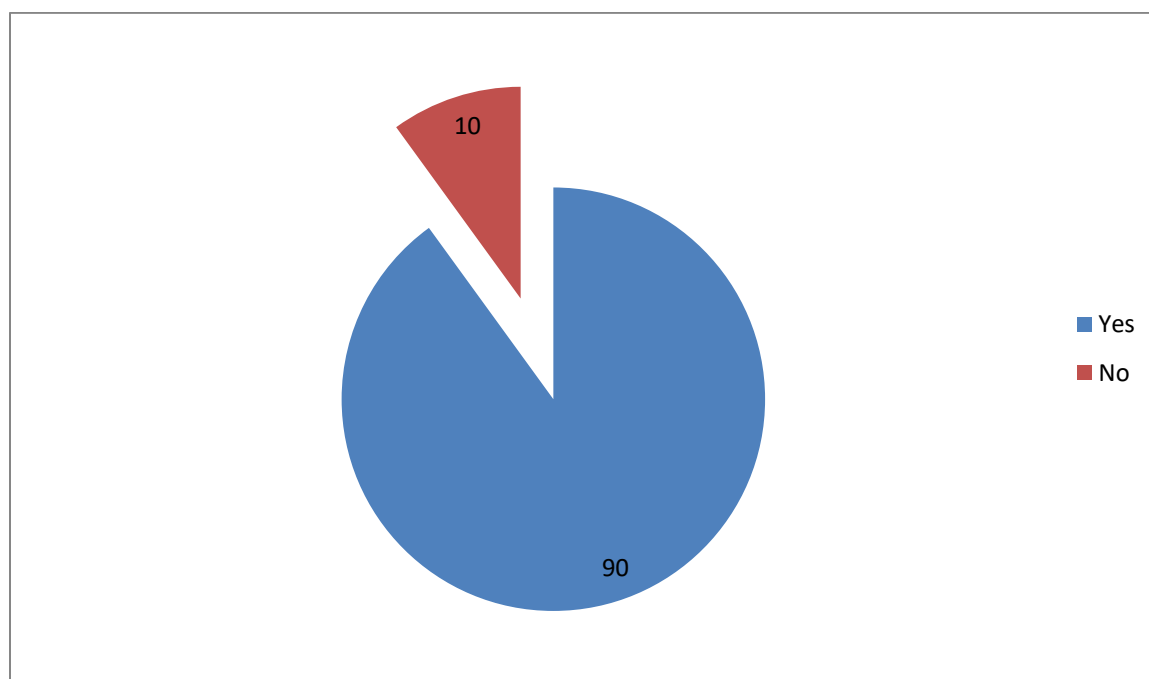
When asked to rate the quality of antenatal care services provided from Jinja hospital, more than half of respondents 158/200 (79%) gave it a rating of very good and good while 12/200 (6%) gave it a rating of poor.

Figure 9: Whether respondents had ever been advised to initiate antenatal care early by health workers from Jinja Regional Referral hospital (N=200)



More than half of respondents 125/200 (62.5) revealed that they had ever been advised to initiate antenatal care early by health workers from Jinja Regional Referral Hospital while the least 75/200 (36.5) said they had never been advised.

Figure 10: Whether the setting of antenatal clinic, Jinja Regional Referral Hospital provides privacy to pregnant women during antenatal care (n=200)



An overwhelming majority of respondents 180/200 (90%) reported that the clinic of Jinja hospital provides privacy while 20/200 (10%) said it did not.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents discussions in accordance to the specific objectives of the study and related literature.

5.1 Discussion

5.1.1 Maternal related factors affecting utilization of antenatal care services by pregnant mothers

According to the study findings, most respondents (33.5%) were in the age group of 25 – 29 years. In addition, (16.5%) of respondents were in the age bracket of 15-19 years. These were young women who might have likely experienced unwanted pregnancies, had reduced financial resources and were more likely to have lower antenatal visits. Furthermore, antenatal care services may not be youth friendly and the approach by health professionals to the aged 15 – 19 years may be discouraging which reduces on their utilization of the services. Related to the results, Chote et al., (2011) indicated that maternal young age is associated with lower rates for antenatal care due to many young women having unwanted pregnancies.

Contrary to the above results, Pandey and Karki, (2014) in their study conducted in Nepal found that younger women (below 25 years) were more likely to receive antenatal care than older women (above 31 year). Women in lower age group were more likely to have ANC services for more than four times than the women in higher age group.

Regarding the marital status, majority of respondents (61.5%) were married which could have been because the production of children according to the African culture is expected in marriage. Married pregnant mothers have higher chances of utilizing antenatal care due to increased resources from their family (in-laws) and male partner. In support of the findings, Mathe (2017) in his study conducted in Botswana found that married women were more likely to utilize antenatal care services as compared to unmarried pregnant mothers.

From the findings, (21.5%) of respondents were single while (17%) had separated from their

partners. This could be because they had unwanted pregnancies that caused relationships issues that led them to separate or stop their relationships. Single mothers are less likely to have the needed moral support and financial resources to access timely antenatal services.

As regards to educational level, nearly half of respondents had low educational levels; 20.5% had no formal education while 27.5% had attained primary education. This could be related to low preference for higher educational attainment for women in many societies. Low educational levels are not related to limited financial resources but also inadequate knowledge of the importance of antenatal care attendance. In line with the findings, Nigatu et al., (2014) argued that women with low educational levels are more likely to have low antenatal care visits which are often initiated late. This may be related to the fact that most times, they are more likely to belong to households with low family incomes. Likewise, Bbaale, (2011) in his study carried out using data from UDHS records revealed that lower education among mothers predicted late booking for antenatal care Uganda.

Majority of respondents (56.5%) had planned pregnancies. This could be linked to the huge unmet need for family planning services in Uganda today. Furthermore, women with unplanned or unintended pregnancies are less likely to utilize antenatal care early due to fear, shame or late decision making of whether to continue with the pregnancy. In support of the results Wado Afework & Hindin (2013) stated that many young women have unintended pregnancies which may lead them to attend ANC late or not attend at all.

Findings from the study showed that most respondents (40%) indicated that the right time to seek antenatal care is after 28 weeks of pregnancy. This could be because respondents lacked knowledge about the correct time to initiate care. In line with the results, Nddi and Oseremen, (2010) in their study carried out in the Niger Delta in Nigeria, showed that a bigger number of women 3/5 (Three fifth) (65,6%) booked late due to ignorance of the right time to commence antenatal care.

Study findings also revealed that majority of respondents (60%) mentioned that the' recommended number of times to attend antenatal is 4 times. This implies that respondents had knowledge about the correct recommended number of antenatal visits which can be related to health education by health workers. The results concur with what was found by Ibrahim, Borgy & Mohammed (2014)

in their study conducted in Libya which found that majority of women (85.3%) had knowledge about the recommended number of antenatal visits.

Majority of respondents reported that they lacked the decision making power to access antenatal care. Nearly half of respondents (46.5%) indicated that their partners made the decision to access antenatal care while (20%) said the decision was made by their mother-in-law.

This may be related to the patrilineal nature of Uganda's society where the man or relatives to the man make decisions for the wife which affects the utilization of antenatal care. Related to the results, Guduya, Woldeyohannes and Adbo, (2014) revealed that women who had no decision making power are more likely to delay initiating antenatal care. Furthermore, a study conducted by Bbale, (2011) in Uganda found that lack of autonomy in taking health decisions was associated with delayed initiation of antenatal care.

5.1.2 Socio-economic factors affecting utilization of antenatal care services by pregnant mothers

Majority of study participants had a big number of dependents they were looking after; (43%) reported that they had 4-6 dependents, (20%) had 7-9 dependents while (14%) said they have 10 and above dependents. A large family size comes with many household chores for mothers which leave them with limited time for antenatal care. Related to the study, Gebremeskel, Dibaba & Admassu, (2015) in their study conducted in Ethiopia found that a large family size of 3-5 reduces the likelihood that a pregnant mother had at least 4 antenatal care visits. This could be related to increased financial constraints associated with a big family which limit financial resources to access several antenatal care visits (Girum, 2016).

Study findings showed that majority of respondents (68.5%) were supported by their partners morally and financially. This increases the likelihood that pregnant mothers utilize antenatal care. In support of the results, UNFPA (2013) stressed that male partner support is instrumental in increasing access and utilization of antenatal care services among pregnant women.

From the study, 63 out of the 200 pregnant mothers said their partners did not support them morally and financially to access antenatal care. The reason was that they separated with them (54%) while others (28.6%) reported that their partners had many female partners. Lack of male partner support

is linked to poor antenatal care utilization with delayed booking. In line with the study, Okunlola, et al, (2008) in their study conducted in Nigeria found that lack of male partner support during antenatal period was associated with delayed booking for antenatal care.

On the educational level of respondents' partners, 32.5% of the respondents said they attained tertiary education while 24.5% had attained University education. High educational level and better occupations which paid higher incomes of male partners is associated with increased knowledge about antenatal care. This increases the chances that pregnant mothers access antenatal care early and at least attend 4 visits. The results are in agreement with what was observed by Pandey and Karki (2014) when they revealed that antenatal care utilization increased with maternal educational level. Higher educational level of pregnant mothers is a predictor of higher rates of antenatal care attendance.

The findings also indicate that 17.5% of respondents' partners had attained primary education and 10% had no formal education. Low educational level of male partners is associated with limited knowledge about the importance of antenatal care and poor male involvement and support of pregnant mothers' attendance of antenatal care. In line with the results, a study by Onasoga, Afolayan and Oladimeiji (2012) in Nigeria found that pregnant mothers with lower educational levels had lower and irregular antenatal care utilization.

The highest numbers of mothers (31%) were unemployed which could be related to the high unemployed rates in Uganda. This is a barrier to increased utilization of antenatal care among mothers due to financial difficulties. In support of the results, Hoque and Kader, (2008) in their study conducted in south Africa found that unemployment of women as associated with late initiation of antenatal care. Likewise, Nwosu et al., (2012) reported that lack of money for transport among pregnant mothers is a barrier to the utilization of antenatal care.

Most respondents (46%) indicated that they spent 3,000 - 4,000 Uganda shillings to access health care services from Jinja Regional Referral Hospital. Furthermore, nearly half of them (49%) said that the distance from their homes to Jinja hospital was 6-10 km and 36.7% reported that they are unable to afford the transport costs. In relation to the study, Kintu, (2010) reported that many women do attend antenatal care because they cannot afford transport costs to the health centers.

5.1.3 Health facility related factors affecting utilization of antenatal care services by pregnant mothers

Study findings revealed that half of the study participants reported that the waiting time for antenatal care from Jinja Regional Referral Hospital was between 2 to 5 hours. This could be due to inadequate staffing at the health facility which leaves the available health workers with a big workload and long waiting time for clients. In line with the findings, Kiguli et al., (2009) reported that in Uganda, in some of the health facilities, pregnant mothers have to queue for long hours before receiving attention when accessing antenatal care. Furthermore, Boerleider, Wieggers, Mannien et al., (2013) in their study found that long waiting time at antenatal clinics was a hindrance to antenatal care utilization.

Majority of respondents (69%) revealed that they had never been yelled or shouted at while accessing antenatal care services from Jinja hospital. However, 31% indicated that they had ever been yelled or shouted at while accessing antenatal care services. This may be due to fatigue and burnout due to heavy workload which compromises on the communication skills of health workers as they are easily irritated and annoyed. This is a barrier to antenatal care utilization among pregnant mothers. In agreement with the results, a study (Roberts, Sealy, Marshak et al., 2015) conducted in Malawi revealed that pregnant women were not attending antenatal care early or not at all due to the fact that nurses were always shouting and yelling at them.

Majority of respondents (78%) reported that health workers providing antenatal care from Jinja hospital were welcoming and polite to mothers. On the contrary, 22% said they were abusive to mothers. This could be attributed to easy irritation among some health workers due to burnout from a big workload due to inadequate staffing. Such experiences lead to delayed and limited attendance of antenatal care which is in line with Nabiruma, (2012) who reported that in Uganda, it is common among most mothers who have ever sought for antenatal care or delivered from government health facilities to say the “midwives are rude”.

When asked to rate the quality of antenatal care services provided from Jinja Hospital, more than half of respondents gave it a rating of very good and good 22.5% & 56.5% respectively while (6%) gave it a rating of poor. Poor perceived quality of antenatal care is a barrier to

timely access to antenatal care services. In agreement of the findings, Tariku, Melkamu & Kebede, (2010) argued that poor quality of antenatal care characterized with long waiting time may lead mothers to have infrequent access or delayed first visits for antenatal care.

Although majority of the respondents (65.5) revealed that they had ever been advised to initiate antenatal care early by health workers from Jinja Regional Referral Hospital a considerable number of respondents (36.5%) stated that they had never been advised to initiate antenatal care early by health workers which could be related to inadequate staffing and lack of enough time to attend to all mothers. In support of the findings, Gebremeskel, Dibaba & Admassu, (2015) in their study conducted in Ethiopia revealed that pregnant women who did not receive advice on when to initiate by the health workers' antenatal care booked late for the services.

5.2 Conclusion

According to the study findings, the maternal related factors affecting the utilization of antenatal care services by pregnant mothers were age, marital status, education level, whether the pregnancy was planned, knowledge of antenatal care and decision making power.

Regarding the socio-economic factors affecting the utilization of antenatal care services by pregnant mothers, waiting time, yelling and shouting at mothers, perceptions towards health workers, perceived quality of antenatal care and being advised by health workers to seek antenatal care were identified as important.

5.3 Recommendations

- 1) There is need for health workers to encourage men to get involved in antenatal care as a means of improving their knowledge about the practice and hence facilitate attitude change.
- 2) There is need for the administration of Jinja Regional Referral Hospital through the Ministry of Health and Ministry of Public Services to recruit more health workers, especially those providing services to mothers and children.
- 3) There is need for the administration of Jinja Regional Referral Hospital to caution

health workers providing care to pregnant women to stop yelling and shouting at the mothers so as to foster a good client-health relationship.

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APPENDIX I: CONSENT FORM

Topic: Factors affecting utilization of Antenatal care services among pregnant mothers in Jinja Regional Referral Hospitals.

Details of Researcher: Mwindar Richard

Purposes and benefits of the study: The main purpose of this study is academic in nature, being a partial fulfillment for the requirement of a Bachelor in Medicine and Bachelor in Surgery. The study will generate information which may be used by different stake holders like, Jinja Regional Referral Hospital and Ministry of Health to make appropriate measures to improve on infant health and survival.

Statement of Consent: The purpose and nature of this study has been explained to me and I thoroughly understood that my participation in it is voluntary, with no harmful effects and any information/views/responses given will be treated with utmost confidentiality and only used for the purposes indicated above. I may withdraw from this study at any time I feel like and I therefore sign here down, to show consent for my approval to participate in it.

Signature/Thumbprint: Date:

I have explained to the best of my knowledge the purpose and nature of this study and what it completely entails to the participant and her consent has been without force or any other form of coercion.

Researcher's Name: ***Mwindar Richard***

Signature..... Date:

APPENDIX II: QUESTIONNAIRE

INSTRUCTIONS: Answer the following questions in the spaces provided or circle the most correct choice/alternative.

Section A: Maternal related factors affecting utilization of antenatal care among pregnant mothers

- 1) Age
 - a) 15-19 years
 - b) 20-24 years
 - c) 25-29 years
 - d) 30-34 years
 - e) Others (Specify).....
- 2) Marital Status
 - a) Married
 - b) Single
 - c) Divorced
 - d) Others (specify).....
- 3) Educational level
 - a) None
 - b) Primary
 - c) Secondary
 - d) Others (Specify).....
- 4) Occupation
 - a) Peasant farmer
 - b) Business woman
 - c) Civil servant
 - d) Others (Specify).....
- 5) Was this pregnancy planned?
 - a) Yes
 - b) No
- 6) Number of pregnancies
 - a) 1st pregnancy

- b) 2nd pregnancy
 - c) 3rd pregnancy
 - d) 4th pregnancy
 - e) Others (Specify).....
- 7) Number of deliveries
- a) 0
 - b) 1
 - c) 2
 - d) 3
 - e) 4
 - f) 5 and above.....
- 8) How many months is your current pregnancy?
- a) 2-3 months
 - b) 4-5 months
 - c) 6-7 months
 - d) 8-9 months
- 9) What is antenatal care?
- a) Medical care of a pregnant woman during pregnancy.
 - b) Taking of medication by pregnant women
 - c) I don't know
 - d) Others (Specify).....
- 10) When is the right time to seek antenatal care?
- a) After 14 weeks of pregnancy
 - b) After 28 weeks of pregnancy
 - c) After 32 weeks of pregnancy
 - d) Immediately
 - e) Others (Specify).....
- 11) Do you think it is important to book early for antenatal care?
- a) Yes
 - b) No

12) If Yes, give at least 2 benefits of early booking by pregnant mothers?

- a) Early detection, treatment and care of infections
- b) Improved neonatal health
- c) I don't know
- d) Others (Specify).....

13) What is the recommended number of times to attend antenatal care among pregnant mothers?

- a) 2 times
- b) 5 times
- c) 4 times
- d) Others (Specify).....

14) Who makes your decisions to seek health care services like antenatal care?

- a) I make the decision
- b) My partner makes the decision
- c) My mother-in-law
- d) We both make the decision
- e) Others (Specify).....

Section B: Socio-economic factors affecting utilization of antenatal care among pregnant mothers

15) Number of dependents.....

16) What is the attitude of your partner towards antenatal care?

- a) He is encouraging and supportive
- b) He discourages me
- c) I don't know
- d) Others (Specify).....

17) Does your partner support you financially or morally during your pregnancy?

- a) Yes
- b) No

18) If no, explain your answer

.....

19) What is your partner's educational level?

- a) No formal education
- b) Primary level
- c) Secondary
- d) Others (Specify).....

20) What is your employment status?

- a) Unemployed (housewife)
- b) Business woman
- c) Civil Servant
- d) Others (Specify).....

21) How much do you often spend on transport costs accessing health care services from Jinja Hospital?

- a) No cost
- b) 1,000-2,000
- c) 3,000-4,000
- d) 5,000-6,000
- e) Others (Specify).....

22) What is the distance of the health facility where you access antenatal care from your home?

- a) Less than 1 km
- b) 1-5 km
- c) 6-10 km
- d) 11 and more km

23) If more than 5km, are you able to afford the transport charges?

- a) Yes
- b) No

i. Are you able to afford the above costs in case you needed to initiate antenatal care?

- a) Yes
- b) No

24) Where do you intend to delivery from?

- a) Health facility
- b) At home
- c) At a traditional birth attendants place
- d) Others (Specify).....

Section C: Health facility Related Factors Contributing to Delay Booking of Pregnant Mothers

25) When accessing antenatal care services, how long does it take to be served?

- a) Less than 30 minutes
- b) 1 hour
- c) 2-5 hours
- d) More than 5 hours
- e) Others (Specify).....

26) Have you ever been yelled at or shouted at when accessing antenatal care services from Jinja Regional Referral Hospital?

- a) Yes
- b) No

27) How do you feel about health workers providing antenatal care services?

- a) They are welcoming and polite to workers
- b) They take long to work on mothers
- c) They are abusive to pregnant mothers
- d) Others (Specify).....

28) How do you rate the quality of antenatal care provide by Jinja Regional Referral Hospital?

- a) Very Good
- b) Good
- c) Fair
- d) Poor
- e) Others (Specify).....

29) Have you ever been advised to initiate antenatal care early by health workers from Jinja Regional Referral Hospital?

- a) Yes
- b) No

30) Does the setting of Jinja Regional Referral Hospital provide privacy?

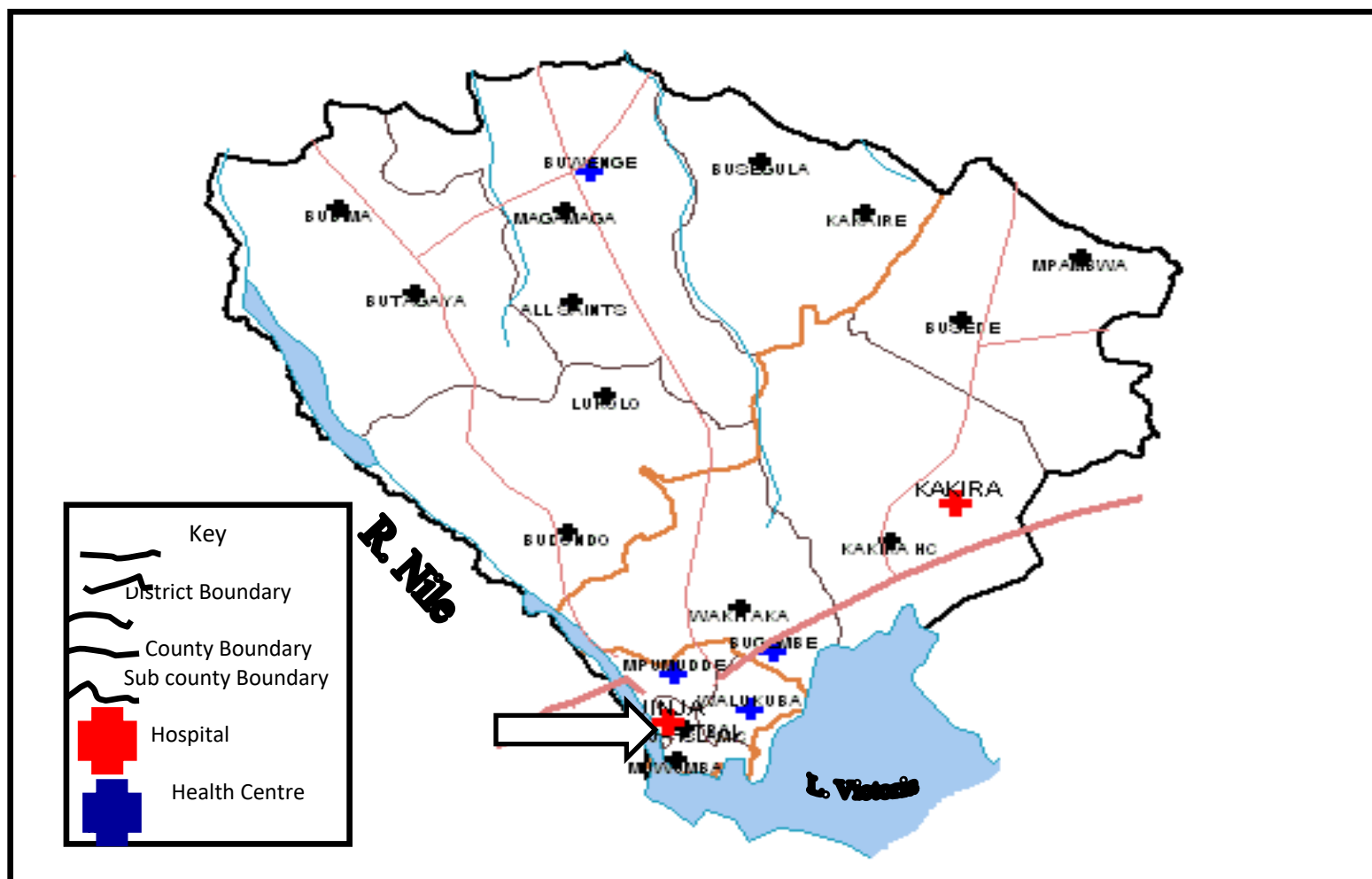
- a) Yes
- b) No

Thank you for your participation

APPENDIX III: BUDGET

S/N	ITEM	QUANTITY	UNIT COST	TOTAL COST
1	Proposal writing			
	Pens	10	@ 500	5,000
	Typing	Cumulative	@ 500	20,000
	Flash disk	1	40,000	40,000
	Internet fee	Cumulative		15,000
	Note books	2	@ 1500	3,000
	Printing proposal	35 pages	500 each page	17,500
	Binding proposal	3	3500	10,500
	Sub total			111,000
2	Gathering data			
	Photocopying questionnaires	200	500 @	100,000
	Air time	1	30,000	30,000
	Sub total			130,000
3	Writing a report			
	Typing	Cumulative	500 @	50,000
	Printing	Cumulative	500 @	120,000
	Binding	4	4000 @	16,000
	Miscellaneous			100,000
	Sub total			286,000
	Total			527,000

**APPENDIX IV: MAP OF JINJA DISTRICT SHOWING LOCATION OF JINJA
REGIONAL REFERRAL HOSPITAL**



APPENDIX V: INTRODUCTION LETTER



**KAMPALA INTERNATIONAL
UNIVERSITY – WESTERN CAMPUS**

P O BOX 71, ISHAKA UGANDA
Tel: +256 200923534
www.kiu.ac.ug

**OFFICE OF THE DEAN
FACULTY OF CLINICAL MEDICINE & DENTISTRY**

05/01/2018

TO WHOM IT MAY CONCERN

RE: MWINDA RICHARD (BMS/0021/133/DU)

The above named person is a fifth year student at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) Programme.

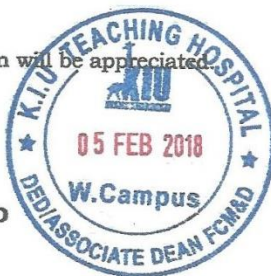
He wishes to conduct his student research in your community.

Topic: Factors affecting the utilization of Antenatal care services by pregnant mothers in Jinja regional referral hospital, Jinja District

Supervisor: Dr. Nyolia James

Any assistance given will be appreciated.

S-O. Akib
Dr. Akib Surat O
Assoc Dean FCM&D



"Exploring the Heights"

Assoc. Prof Ssebuufu Robinson, Dean (FCM & D) 0772 507248 email: ssebuufu@gmail.com
Dr. Akib Surat Associate Dean FCM & D) email: doctorakib@yahoo.com

APPENDIX VI: HOSPITAL LETTER



**JINJA REGIONAL REFERRAL HOSPITAL
P.O.BOX 43 JINJA**

November 16, 2018

ALL HEADS OF DEPARTMENT

OBSTETRICS AND GYNAECOLOGY

Jinja Regional Referral Hospital

RE: MWINDA RICHARD

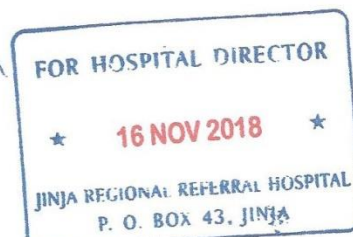
This is to introduce to you the above named student from kampala international university he has come to Jinja regional referral hospital to do research on:-

Topic: Factors affecting the unilization of antenatal care services by pregnant mothers in Jinja regional referal hospital ,Jinaj District.

kindly assist him.

Dr. Senyonjo

DR, SENYONJO GODFREY



FOR: CHAIRMAN RESEARCH COMMITTEE-