



Health Facility Factors Affecting Maternal Health Seeking Behaviors among Pregnant Students in Masinde Muliro University of Science and Technology

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ABSTRACT

Introduction; Globally, approximately 800 women die every day from preventable causes related to pregnancy and childbirth and with 66% occurred in sub-Saharan Africa, while 99% of the maternal deaths occurred in low- and middle- income countries depending on various factors (WHO, 2014. and Konlan et al, 2020). In Kenya, it was found that approximately 40 percent (15 out of 47) counties accounted for 98.7% of the total maternal deaths in Kenya, Kakamega county being among the 15 most burdened counties, at 5th position with approximately MMR of 700(MMR ratio (deaths per 100,000 live births). This study sought to determine the Health Facility Factors Affecting Maternal Health Seeking Behaviors Among Pregnant Students in Masinde Muliro University of Science and Technology. **Methods;** The study was conducted at MMUST and was a descriptive cross-sectional study targeting pregnant and childbearing undergraduate mothers in MMUST. Purposive sampling was used with 60 participants being included in the sample. **Results;**

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I. INTRODUCTION

Lack of antenatal care as a risk factor for maternal morbidity and mortality (Ali *et al*, 2018). Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth and 99% of all maternal deaths occurring in developing countries depending on various factors that are preventable and the major ones being hemorrhage (PPH) mostly, hypertension and sepsis (WHO maternal mortality fact sheet, 2016 and Lancet Glob Health, 2014).

WHO recommends that pregnant women should have their first contact in the first twelve weeks of gestation (W H O Sexual Reproductive Health, 2016). The choice of place of antenatal care and delivery influences pregnancy outcomes for both mother and child as maternal health care services utilization and skilled attendance at delivery are essential for the reduction of the high morbidity and mortality rates associated with pregnancy in developing countries (Pell *et al*, 2013)

Kenya has a high maternal mortality rate of 342/100,000 live births (WHO, 2019) with huge disparities between various regions within the country. Provision of skilled delivery plays a major role in reducing maternal mortality. Cost is also a hindrance to the utilization of skilled delivery, but has recently improved, attributed to the free maternal care policy which was introduced. Over the last decade, maternal mortality ratio (MMR) has statistically remained almost same despite dropping from 590 in the 90s to 448 in 2008/2009 and 362 per 100,000 live births in 2014 and currently at 342. A situational analysis done by UNFPA on the burden of maternal deaths and their distribution in Kenya found that 15 out of 47 counties accounted for 98.7% of the total maternal deaths in Kenya, Kakamega county being among the 15 most burdened counties, at 5th position with approximately MMR of 700 deaths per 100,000 live births. In 2012, percentage of births delivered at a health facility in Kakamega county was 36%. Currently, percentage in Kenya is at 61.2% while in Kakamega county, 47% which is still not up to standard. It is regrettable that Adolescent girls are particularly at risk of dying in pregnancy and childbirth, yet too often they face barriers to life-saving information and services (UNFPA, 2014).

Perceived bad quality of service at the health care facility leads to late initiation of ANC. Some of the reasons include being sent home without receiving services due to insufficient staff, having to purchase drugs or diagnostic tests, even though the service is supposed to be free. Some staff even go to the extent of criticizing this group of People due to early pregnancy, leading to late or no initiation of ANC at all (Pell *et al*, 2013).

II. METHODS

The study was conducted at Masinde Muliro University of Science and Technology

A descriptive cross-sectional study design was employed. The study targeted pregnant and childbearing undergraduate mothers in Masinde Muliro University. The total number identified was 76. Purposive sampling technique was used to obtain sample size. The chosen respondents will voluntarily participate after giving consent to give data on the study. The total number of self-reported pregnant undergraduate students was 60. A census was decided on as the most appropriate method owing to the population size. Structured questionnaires were used to collect both qualitative and quantitative data. Data collected using questionnaire will be analyzed using a Statistical Package for Social Sciences (SPSS) software. The analyzed data will then be presented in form of tables from which conclusion will be made. Qualitative data will be analyzed thematically. Confidentiality, anonymity and privacy was ensured and informed consent obtained from all study participants.

III. RESULTS

Data was collected from 60 participants which was a 79% response rate.

Background characteristics

The study sought the background characteristics of respondents. These characteristics include age, religion and marital status. Their responses are shown below

Table 3.1 showing Background characteristics of respondents

Characteristics		no. of respondents	Percentage %
Age of respondents (in years)	15-20	24	40
	21-34	28	47
	35-40	8	13
	41-44	0	0
Religion	Protestants	28	47
	Catholics	24	40
	Muslims	8	13
Marital status	Single	40	67
	Married	20	33

Majority of respondents (47%) were aged between 21-34 years. 40% were aged between 15-20 and 13% aged between 35-40. The sample was appropriate for this study because majority lie within the reproductive age, therefore, the respondents are believed to give reliable information about their reproductive experiences as well as being congruent with age cohorts in the institution.

Religion was considered a key factor in this study hence respondents were also asked about their religion. 47% were protestants, 40% Catholics and 13% muslims. They were also asked their various marital status. 67% of the respondents were single whereas 33% were married. Marital status is known to influence decision making on maternal health seeking behavior among women.

ANC attendance

Information on prior attendance of ANC was done and the table below shows the results

ANC attendance

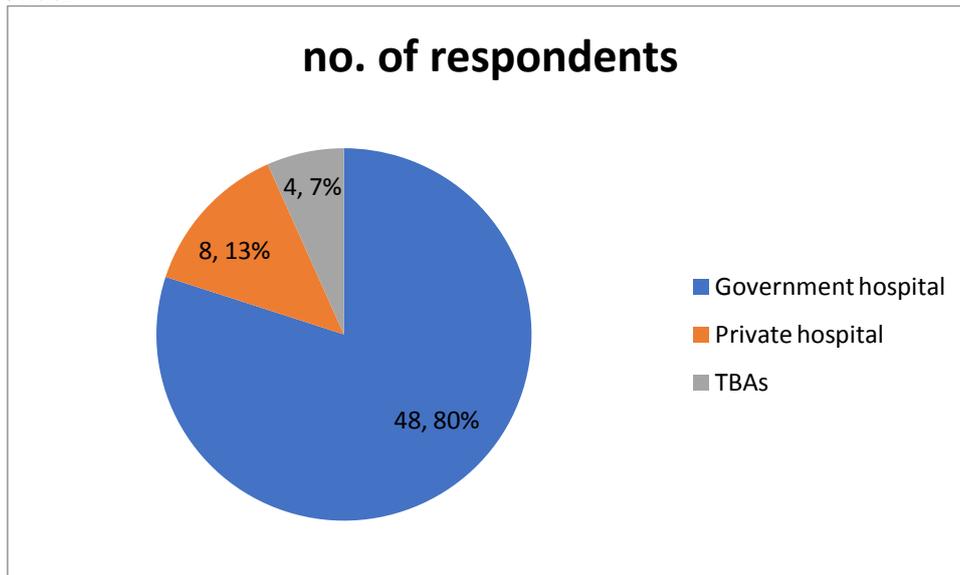
Response	no. of respondents	percentage %
Yes	52	87
No	8	13

87% of the respondents had sought ANC care in the course of the current pregnancy. this confirms that they were more likely to seek ANC, while 13% had not been able to seek care.

Type of facility

This was identified by inquiring from the participants where services were sought from. It was imperative to know exactly where these pregnant mothers sought their services from. Response is indicated below

Service provider

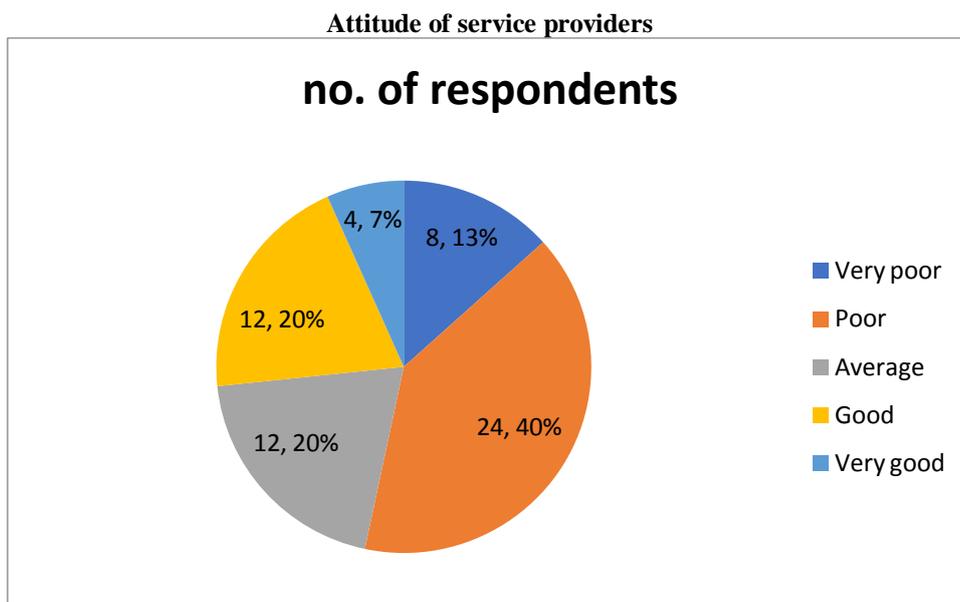


A majority (80%) visit government hospital for ANC, 13% visit private facilities and 7% to TBAs. This is an indication that cultural attributes and values also play a role in maternal health seeking behavior among women.

Attitude of service providers

The respondents were asked to rate the attitude of health care providers regarding caring for pregnant undergraduates and the response is as below

	Facility					
Attitude	Public	Private	TBA			
Very poor						
Poor						
Average						
Good						
Very good						



A majority (40%) of respondents considered the attitude to be poor followed by 20% who indicated care to be good, 20% indicated average, 13% selected very poor and a few, 7%, considered the attitude to be very good. Attitude towards pregnant undergraduates could either motivate or discourage this group of population from attending ANC.

Availability of health care workers

46 out of the 60 participants reported that there were enough health workers in the facility they visited. One participant said, *‘we see so many of the nurses and doctors in the hospitals. Sometimes we even read their duty rotas on the walls, but they keep moving in and out and saying they are not the one attending to you until sometimes you wonder’*.

Another participant said *‘ the cues are not good. You are just attended to in piecemeals. One person does one thing for you, they sent you to another where you wait too long to be attended to and this one sends you to another and the chain is boring especially the laboratory aspects’*.

Another said *‘ people say when you go for the first visit, you will spend the whole day there and then they tell you to come back another day for results is when they will start providing care, yet you just keep seeing them pass and sometimes with the people they know then attend to them and keep you waiting’*.

Challenges faced.

Some of the challenges faced when the pregnant students attended ANC are as shown in the table below.

Challenges faced.

Response	no. of respondents	percentage %
Service unsatisfactory	8	13
Long waiting periods	32	53
Doctors unavailable	4	7
Medicine unavailable	16	27

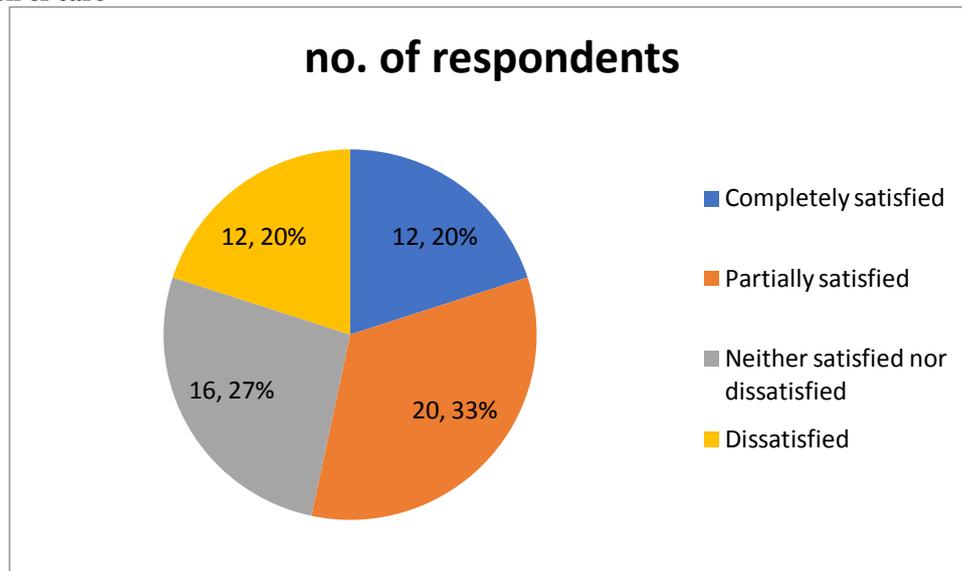
Majority (53%),said that the most challenging factor was long waiting hours at the facility, then followed by 27%,who faced the challenge of unavailable medications, 13% service was unsatisfactory, and to 7%,the doctors weren't available.

Before finding a way of dealing with the challenges, the pregnant mothers are more motivated to attend ANC clinics early enough in pregnancy.

Satisfaction of care

To find out if the respondents had been satisfied from the care received from the facility, they were asked to indicate the most appropriate for them as shown below.

Satisfaction of care



Majority (33%) were partially satisfied from the care received, 27% were neither satisfied nor dissatisfied, 20% were completely satisfied and another 20% completely dissatisfied with the care received.

This helps in knowing which areas to improve on as health care providers to be able to meet the needs of the pregnancy, regardless of being a student or not.

IV. Discussions, Conclusions And Recommendations

A majority (80%) visit government hospital for ANC, 13% visit private facilities and 7% to TBAs. Quality of care was perceived by the client was found to affect ANC use with 40% of respondents indicating

that the attitude towards pregnant undergraduates was poor. These perceived bad quality of services at the facilities lead to late initiation of ANC. This results concurs with the study conducted by Pell et al (2015) that reported interactions with healthcare workers, particularly messages about timing of ANC; and the cost of ANC, including charges levied for ANC procedures being found as biggest hinderances to initiation. The biggest challenge being long waiting periods, unavailability of commodities and service providers and timing of the services among others to include treatment being costly. Challenges faced by the youth and adolescents as they seek service are also echoed in the findings of UNFPA (2014) who reported that Adolescent girls are particularly at risk of dying in pregnancy and childbirth, yet too often they face barriers to life-saving information and services

Conclusion

From the study findings discussed above, the following conclusions were made. Both client and health facility factors play an integral role in antenatal care health seeking behavior among undergraduates in Masinde Muliro University. Economic independence also influences how they seek ANC. It's important to help train this group of women to be self-sustainable.

Recommendations.

Based on the study findings discussed in this study, the following recommendations were put forward.

- Sensitization programs should be increased and implemented especially in institutions of learning.
- Trained health workers can also be mobilized to transmit health messages to women especially in institutions.

REFERENCES

- [1]. Ali SA, Dero AA, Ali SA, et al. Factors affecting the utilization of antenatal care among pregnant women: A literature review. *J Preg` Neonatal Med* 2018;2(2):41-45.
- [2]. Pell C, Menaca A, Were F, et al. Factors affecting antenatal care attendance: results from qualitative studies in Ghana, Kenya, and Malawi. *PloS one*. 2013;8:e53747
- [3]. World Health Organization 2014
- [4]. World Health Organization 2016
- [5]. Konlan D,K;, Saah J.A.; Amoah R.M and Doat A.R(2020).Factors influencing the utilization of Focused antenatal care services during pregnancy, a study among postnatal women in a tertiary healthcare facility, Ghana; *Nursing Open* 2020;7(6)1822-1832
- [6]. World Health Organization maternal mortality fact sheet, 2016
- [7]. *Lancet Global Health*, 2014
- [8]. World Health Organization Sexual Reproductive Health 2016
- [9]. WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. *Trends in Maternal Mortality: 2000 to 2017*. Geneva, World Health Organization, 2019
- [10]. UNFPA (2014). *From promise to action: Ending preventable maternal deaths in Kenya*