ASSESSMENT OF KAP ON ANC SERVICE AND PREFERENCE PLACE OF DELIVERY AMONG WOMEN IN HARGAISA

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ABSTRACT

Assessment of KAP on ANC service and preference place of delivery among pregnant mothers is crucial to detect early signs of/or risk factor that affect ANC follow up and finally to reduce morbidity and mortality of new born and pregnant women these services highly influenced by social, cultural and economic status in which a community and also affected by health provision system which are not address to pregnant women demand like planned place of delivery.

Most of the women of the developing country are not educated about danger signs that cause maternal death and other factors are responsible for low KAP on ANC and preference place of delivery especially in Somaliland

The objective of this study is to address KAP on ANC and reasons for preference of site of delivery among pregnant women.

Community based descriptive cross sectional study design on questionnaire in Hargaisa on a convenience sample of 111 respondents Data was collected using questionnaire in April 2022 upto August 2022 the study results can be concluded that the pregnant women attending ANC have significant knowledge about antenatal care ,positive knowledge and poor practice of ANC

INTRODUCTION

Background

ANC is a medical and general care that is provided to pregnant women during pregnancy with the aim of meeting both the psychological and medical need of pregnant women within the context of health care delivery system, Culture and religion in which pregnant women live. ANC program should be address risk assessment, health promotion and care provisions. On this regard It has been found to be effective in the treatment of anemia, hypertension (HTN), STI and other pregnancy related problems. ANC is more beneficial in preventing adverse pregnancy outcome, when it is sought early in the pregnancy and is continued through to delivery. WHO recommends that a woman without complication have at least four ANC visit to provide sufficient care. It is possible during these visits to detect health problems associated with pregnancy in the event of any complication, more frequent visits are advisable and admission to a health facility may be necessary (1).

From the total population of Ethiopia 2,851,000 is pregnant at national level, out of these pregnant women 1,407,574 had ANC follow up, from the country ANC coverage the highest was in Tigray (88.9%), followed by the SNNPR (70.8%) and the least in Somali regional state (5.4%). From the total expected deliveries at national level, Only (15.1%) had attended delivery in health institution, with the highest in Harari (45%), followed by the SNNPR (29.4%) and least in Somali (2.5%).There are large difference in the use of ANC service between urban and rural women ,in urban areas, health professional provides ANC for 69% of mothers where as they provides care for only 24% of mothers in rural areas. 28% of mothers receive ANC from health professional for their most recent birth, less than 1% of mothers receive ANC from TTBAs or NTTBAs, more than 72% receive no ANC for birth (2).

Statement of the problem

The use of ANC services is strongly associated with mother's level of education, women with at least secondary education are more likely to receive ANC from a health professional (81%) than women with primary education (39%) and those women with no education (22%).There is also a positive relationship between increasing wealth and receiving ANC from a health professional, with women in the highest wealth quintile nearly five times more likely to receive ANC from a health professional than women in the lowest wealth quintile. Because of low socio-economic and educational status the women delay in deciding to seek care due to failure to recognize signs of pregnancy complication, failure to perceive severity of illness, Cost

consideration, previous negative experience with the health system, long distance of health facilities, poor conditions of roads and delay in receiving appropriate care like uncaring attitudes of providers, shortage of supplies and basic equipment, non-availability of health personnel and poor skill of health providers.

Globally one woman dies each minute as result of pregnancy and estimated 500,000 /100,000 maternal deaths occur every year. Over 99% of the death takes place in developing countries. Over 90% of low-birth-weight infants (infant with a birth weight less than 2,500gm) in the world are born from woman's in developing countries. These babies account for 30% to 40% all infant death (3).

Planning for birth is not common concept in most developing countries, especially young adults, primigravida, whose first pregnancy is often vulnerable, Because of their immature anatomy and physiology, lack of access to accurate information and antenatal service and decision-making abilities. Giving birth at home is not a risk factor for maternal new born health.

Many TBA'S and women in developing countries are not able to recognize danger signal showing a complication and high rate of home deliveries with untrained providers is most pronounced on those countries. Many women don't know where to go if complication do arise and also have insufficient resource to access service. Many of them perceive service as in human or useless. Some cultures think feeding the women oil or putting her hair or finger in her mouth to induce gagging or Vomiting seem to be fairly used spread practices especially during prolonged labor if the placenta has not been delivered in many traditional cultures prolonged labor is believed to be caused by external forces or evil spirit.

Over a Somali woman's lifetime risk of maternal death, where will face one in every 11 women dies from causes related to pregnancy or childbirth - the highest lifetime maternal death risk in the world.

The situation is grim for children, as well: Somalia has the world's fourth highest maternal mortality rate and child mortality rate. the reason priority that we are conducting this research is Somaliland have the highest maternal mortality rate, the mothers that are dying the complications related from pregnancy, at the same time the utilization of ANC service is not very high.

Antenatal Care related problem parameters are very sensitive because it has directly related with maternal morbidity and mortality, and loss of fetus. It is a necessary component of maternal health in order to identify complications.

The use of herbal medicine and abdominal massage to relax the laboring women is considered beneficial in many settings and many birth attendants lubricate the vagina with butter or coconut oil to make it more slippery. Those factors mentioned above and others are responsible for low KAP on ANC and preference place of delivery especially in Somaliand.

Significance of the study:

The result will be used as a base line data for local administrator, health bureau, planners and programmers who will work in Hargaisa on ANC Service provisions and for those individual or institutions who will conduct delivery. knowing knowledge, attitude and practice with regard to ANC service and demands of pregnant women on preference site of delivery benefits the stakeholders (local politicians, religious leaders and health professionals) how to address those individual, social, cultural and Economical issues to make ANC service attainable and goal oriented and also to encourage women institutional delivery by improving positive finding from the result of the study and to challenge the underlined problems identified from the result of this research.

Objectives:

- **General Objectives**

The general objectives of the research paper are to assess knowledge attitude and practice on ANC attendance and reasons for preference site of delivery among Women in Hargaisa

- **Specific Objectives**
    - To assess knowledge of pregnant women on ANC service.
    - To assess attitude of pregnant women on ANC and site of delivery.
    - To investigate ANC follow up practice during pregnancy.
    - To examine preference site of delivery among pregnant women of the area.

LITERATURE REVIEW

According to an institutional based cross-sectional study conducted in north central Nigeria to

investigate knowledge and utilization of ANC service has revealed that 87.7% of women in childbearing age was aware of the benefits of antenatal care out of which 25.9% had fair knowledge about the activities carried out during the antenatal care services, 69.9% had good knowledge while only 4.2% had poor knowledge. Similarly, a study that was conducted in Tunisia to investigate mothers' knowledge about preventive care indicated that 95% of women knew the importance of antenatal examination.

According to a cross-sectional study conducted using two-stage cluster sampling at 24 selected villages in the Kham District, Nagoya, Japan found that most of the respondents 73.9%, lacked sufficient knowledge towards ANC. In another cross-sectional study conducted in Metekel zone, Northwest Ethiopia, 65.6% of women interviewed knew at least half of the knowledge questions on ANC and so labeled as knowledgeable.

In this study, attitude refers to the expectant mother's affective feelings of like and dislike to antenatal services. Thus, the pregnant women's personal experience with antenatal services can be positive or negative.

According to Pakistan community-based survey on the provision and utilization of routine antenatal care has described that attitude towards ANC at government health facilities was mostly negative.

According to another cross-section Attitude of Women towards Antenatal Case study conducted using two-stage cluster sampling at 24 selected villages in the Kham District of Xiengkhouang Province, Nagoya, Japan, 61.9% of study participants had harbored a negative attitude towards the ANC.

According to previous studies in rural areas of the developing world have shown an association of specific attitudes with the utilization of and access to health services.

According to the study conducted in Nigeria attitude of pregnant women towards antenatal services was positive. It reveals the attitude of pregnant women with secondary school and tertiary education was positive while pregnant women with no formal education and primary educations were negative respectively.

According to research carried out to ascertain the determinants of antenatal booking time in a South-Western Nigeria revealed that, 57.3% of pregnant mothers felt that women should book

by the first trimester but half of them actively booked late. Cultural factors play an important role here. The lack of autonomy and low status of women also affect the decision to seek care. In some areas a woman cannot be taken to hospital without her husband's permission (11)

According to Kenya, a study carried out on acceptability and sustainability of the WHO focused antenatal care package, revealed that the majority seek antenatal care but late in pregnancy and make very few antenatal visits mainly because of lack of access to institutionalized care; quick means of transport, inability to meet user charges and associated costs, the availability of cheap and more accessible alternative care providers such as traditional birth attendants (TBAs), and the poor quality of services offered at the local health facilities. The study also revealed that while focused ANC is generally acceptable to clients, they had a few concerns. Clients cited the poor infrastructure and physical condition of clinics as some of the biggest impediments toward effective and sustainable implementation of focused ANC. Due to limited space, some crucial components of focused ANC, such as individualized counseling and laboratory tests, were not offered in some clinics.

The cultural prospective on the use of maternal health services suggest medical need is determined not only by the presence of physical disease, but also by cultural perception of illness (12). While most safe motherhood programs emphasize ensuring access to emergency obstetric care and skilled care at delivery, there continues to be an important role for antenatal care. The results of this analysis of trends, levels, and differentials in antenatal care in developing countries from 1990 to 2001 indicate that antenatal care is largely a success. On average, two-thirds of pregnant women in developing countries report for at least one antenatal care visit (4).

During the 1990s, use of antenatal care increased 20 percent overall, although there has been little change in Sub-Saharan Africa. Disparities in care remain between rural and urban areas, and more educated and wealthier women tend to receive more care. Women who present for one antenatal care visit are likely to come for more care. Efforts are needed to close the exiting gaps in antenatal care and improve the content and quality of care (4).

In many parts of Africa women's decision-making power is extremely limited, particularly in matters of reproduction and sexuality. Decision-making with regards to maternal care is often made by husband or other family members (4). In a study conducted in Nigeria, it was found

that in almost all cases, a husband's permission is required for a woman to seek health services, including lifesaving care. Men play a determining role in decisions over when to seek treatment, be it traditional or orthodox in many cultural contexts (8).

The study conducted in central India rural area, Deoli of wordha district on Antenatal service and pregnancy outcome shows; As many 11(40.5%) of pregnant women, said that they had not planned the current pregnancy with regard to the number of ANC center visits. 112(41.6%) women had less than three visits and almost one third of them had only one antenatal care visit. 160(58.4%) had visits were done by the pregnant women. only 92(33.6%) pregnant women had undergone the maximum number of recommended antenatal check-ups during their current pregnancy. Only 22(7.5%) women's registered in third trimester had undergone three Antenatal check-ups as compared to 133(48.3%) and 85(30.8%) women registered in the first trimester and second trimester respectively.86 women delivered at home among these 60(22%) were assisted by TBAs and of the 188(68.6%) institutional delivery nearly half of these which conducted at private hospital or nursing homes, 52(27.6%) at district hospitals. 34(18.2%) at general hospital and very few 6 deliveries were conducted at primary health center. On average 59.3(31.3%) of women delivered in this institution had received minimum recommended antenatal care, whereas 27(45%) of women who had home deliveries assisted by TBA's and received minimum recommended Antenatal care. However, it was observed that the preference for place of delivery was not significantly influenced by minimum recommended Antenatal care (6).6

The other study conducted in Ethiopia, Addis Ababa, and Gulele district. To describe clinical attendance, women's characteristics and their reasons for choosing place of delivery. On 411 women who were in their third trimester and findings shows; the majority of the respondent age group 25-34yrs (46.3%). Most of the pregnant women were illiterate (58.7%), the substantial majority of them married (92.1%) and the median income (186Birr). About (39%) of the third trimester women had not attended ANC clinic and only (25%) of attainders starts going for Antenatal checkups during the first trimester, being too busy to attend ANC service clinic was the most common reason given (49.1%) for not attending. Absence of illness was given as a reason for not to attend ANC clinic in (21.5%). Seventeen respondents

Said they had little or no knowledge about the activities at ANC clinics and several other reasons were given in (7.2%) of cases. Most pregnant women (55.6%) preferred to deliver in a hospital, another (18.1%) said that they wanted to deliver in a health center or a health institution and total of (24.3%) of the women preferred to deliver in home and (2.3%) could not start any prefer for place of delivery at the time of interviews. The most frequent reasons for preferring to deliver in particular health institution was high quality of service (50.1%), followed by nearness of the health institution (36.8%) and the approaches of good health workers. (90%) of those respondents who preferred to deliver at home (42.9%) wished home delivery because relatives would be nearby (23.8%) said cost for delivery at health institution were unaffordable and (20.7%) claimed that they had more trust in traditional birth attendants and relatives than health professionals. Fully (13.5%) stated that they dislike the behavior of health professionalisms at health institution (7).

The study in the southern Ethiopia; on patterns of maternity care service utilization show that professionally assisted delivery was very low only (3.3%) of the women were attended by a medically trained professional and there is variation in professionally assisted delivery between urban and rural areas. In rural area only (1.2%) of the deliveries were attended by trained medical personnel while it was (42.8%) for the urban area. Only (4%) of the women had their deliveries assisted by TTBAS. Coverage by trained traditional birth attendants was more than five times higher in urban areas. More than 16% of the urban women were assisted by trained traditional birth attendants at delivery compared to (3.2%) in the rural parts of the study area. In general, untrained traditional birth attendants assisted about (31.5%) of the women at delivery, on other hand (61.1%) family members (8).

Safe delivery service utilization among women at child bearing age in Metekle zone Benishangule Gumez region, North West Ehtiopia. From 1038 respondent 123(12%), Receive safe delivery service for their last delivery in health institution. About half (49.8%) had at least one ANC visit during the pregnancy of their last delivery 681(65.6%) and 816(78.6%) were knowledgeable about ANC and safe delivery, respectively. Most (72.6%) at home delivery were reported to have been attended by relatives or family members the main reason for home delivery was absence of health problems during labor (71.2%) (9).

Determinants of safe delivery utilization among women at child bearing age in Aris zone, Oromia national regional state, south east Ethiopia. A total of 1074 women had at least one birth one year prior to the survey. The study revealed that 75% at urban and 52% at rural women received ANC from trained professional at least once during their last pregnancy. About 4.3% at rural and 40.4% at urban women gave birth in health institution, multivariate analysis showed that the residential area, parity and ANC utilization were most significant factors determining safe delivery utilization followed by maternal education (10).

METHODOLOGY

Introduction

This chapter deals with research design, study population, sample size and sampling procedures, research instruments, data collection procedures, data analysis techniques, and ethical considerations.

Study Design

A community based cross-sectional study was used to assess knowledge, attitude and practice of ANC of pregnant women in Hargeisa, Somaliland.

Study Area

The study was conducted in Hargeisa district, Somaliland. Hargeisa is the capital city of Somaliland and locates in the northern part of Somalia (Brown, 2010). Hargeisa is on latitude 9º.5624" and longitude, 44º.177" and 1,334 meters (4,377 feet) of above the sea level (Hargeisa Local Government, 2016). Hargeisa is the capital city of Somaliland and should provide a pointer to matters of education. It was therefore provided an overview what is expected in the rest on the country.

Study Period

The study was conducted from April 2022 to August 2022.

Target Population

The target population was all pregnant now or recently women attending MCHs in Hargeisa the target population is 150 Mothers

Sample Size

The sample comprised 111 mothers distributed across Hargeisa hospital (See Appendix F). The sample has been determined according to tables of sample of Yamane (as cited in Oso, 2013). The table selected among other tables because it indicates both number of population and sample size to be drawn with the different significant levels and marginal errors, they recommend a sample size of 111 for a population of 150.

- Inclusion Criteria

A) All current pregnant females and previously pregnancy mothers

- Exclusion Criteria

- All females who are above the reproductive age.
- Unmarried females

Sample Procedure

This is study used convenience sampling method. It is a method in which for convenience's sake the study units that happen to be available at the time of data collection are selected.

Data Collection Procedure

The data was collected using a structured questionnaire regarding to the knowledge, attitude and practice of ANC of pregnant women attending MCHs in districts of Hargeisa, Somaliland. The questionnaire was personally administered by the researcher after getting written oral from participants. Participants filled the questionnaire. The participants who are unable to fill the questionnaire was interviewed, each questionnaire was filled in and collected before leaving to the next selected study participant.

Data Analysis Method

The collected data was cleaned, entered and analyzed using Statistical Package of social sciences (SPSs)

Ethical Consideration

The researcher obtained all necessary permits as well as obtains the consent of each respondent. The researcher guarantees that no information was passed to other people. The respondents enabled to ignore items that they do not want to respond.

Operational Definitions

Parity: - Delivery of fetus after 28 weeks of gestational age.

Gravidity: - All forms of pregnancy (term, live birth still birth abortion).

First trimester: - Gestational age between 1-3months.

Second trimester: - Gestational age between 4-6 months.

Third trimester: - Gestational age between 7-9 months.

Knowledge: - Those pregnant women who have information about ANC.

Positive attitude: - Those pregnant women who accept the importance ANC.

Negative attitude: - Those pregnant women who do not accept the importance of ANC.

Table 1: Socio Demographic Characteristics of Respondents

		Frequency	Percent
Age status	A. 15-25	43	38.7%
	B. 26-35	42	37.8%
	C. 36-45	16	14.4%

	D. >46	10	9.0%
Education status	A. Illiterate	33	29.7%
	B. Grad (1-8)	14	12.6%
	C. Grad (9-12)	12	10.8%
	D. Collage /university	52	46.8%
Marital status	A. Married	93	83.8%
	B. devoiced	9	8.1%
	C. widowed	9	8.1%
Economic status	A. Enough	66	59.5%
	B. Somewhat enough	38	34.2%
	C. Unsatisfactory	7	6.3%

This table indicates the socio demographic characteristics of respondents and it shows that the Age status of mothers are 15-25 which is 43 respondents (38.7%), 26-35 is 42 respondents (37.8%) 36-45 is 16 respondent while 10 respondents are 36-45 which is 14.4 %, while the least are greater than 46 (9.0%) which means majority of mothers who respond this questionnaire their age was 15-25.

This above table illustrates the education status of mothers of Illiterate is 33 (29.7%) , Grad (1-8) is 12.6% , Grad (9-12) is 10.8% , Collage /university is 46.8% that means majority of the mothers have attend university.

Also marital status of the mothers 83.8% was married, 8.1% divorced and 8.1% widowed which means majority of the respondens was married mothers.

Lastly, the economic status of the respondents indicates 59.5% have enough income, 34.2% have average income while 6.3% unsatisfactory income that means majority of respondents have enough income.

Table 2: Knowledge status of respondents to wards ANC

	Categories	Frequency	Percent
Do you know ANC	A. Yes	103	92.8%
	B. No	8	7.2%
If you know, where did you get the information	A. Media	41	36.9%
	A. Media; C. Health institution	1	.9%
	B. Health extension worker	24	21.6%
	B. Health extension worker; C. Health institution	2	1.8%
	C. Health institution	40	36.0%
	D. Neigh born /relatives	3	2.7%
Where is the ANC provided	A. Governmental Health institution	62	55.9%
	B. Private health institution	19	17.1%
	C. in both institution	30	27.0%
When ANC follow up was started	A. In the 1st 3 months of GA	61	55.0%
	B. In the 2nd 3 months of GA	26	23.4%

	C. in the last 3 months of GA	24	21.6%

This table indicates that the mothers know the antenatal care 103 respondents (92.8%) was known while 8 (7.2%) did not know what is antenatal care is that means majority of the mothers known the ANC.

Secondly, if the mothers know the ANC where they get the information about the ANC 41 mothers (36.9%) get media,

Also this table shows where mothers get the ANC services 62 mothers (55.9%) respond that they got governmental health institutions, 17 mothers (17.1) got private health institutions this shows that majority of respondents attend governmental health institutions during ANC.

Finally, mothers started their ANC follow up 61 (55.0%) start their 1st 3 months of GA, 26 respondents (23.4%) started in the 2nd 3 months of GA while 24 (21.6%) start last 3 months of GA, which means majority of mothers star their follow up the first 3 months of their gestational age.

Table 3: Attitude status of respondents to wards ANC

For whom do you think ANC follow up is important	A. For pregnant women	87	78.4%
	B. Non pregnant women	7	6.3%
	C. for All	15	13.5%
	D. No importance	2	1.8%
Where do you prefer the delivery	A. At home by NTTBA	9	8.1%

	A. At home by NTTB C. Health institution	1	.9%
	B. At home by TTBA	16	14.4%
	C. Health institution	85	76.6%
If you reason is the Home facility what is your reason	A. Lack of awareness for other delivery places	17	65.3.%
	B. Because of presence /nearness of family and relatives	9	34.7%
	B. Because of presence /nearness of family and relatives;D. Lack of money		
	C. Due to cultural believes		
	D. Lack of money		
	E. Absence of health problem during labour.	5	4.5%

If you reason is the health facility what is your reason	A. To get better care	50	58.8%
	B. Nearness of health institution	15	17.6%
	C. Due to health problem	20	23.5%

This above table illustrates the attitude of mothers toward ANC, the result was 84 (78.4%) think it's important for pregnant women,7 respondent (6.3%) thought it's important for non-pregnant women, 1.8% thought it's important for all while 1.8% thought have no importance which means majority of mothers thought it's important for pregnant women.

Also the majority of mothers 85(76.6) prefer to delivery health institute while the 16 mothers (14.44%) prefer home by TTBA,0.9% prefer home by NTTBA

The majority of respondent 17(65.3%) respondents respond the main reason they prefer to deliver home is lack of awareness also 9(34.7%) respondents respond Because of presence /nearness of family and relatives.

In health facility the majority of respondent 50(58.8) choose in order to get better care while the least of respondents 15(17.6%) choose for nearness in health facility.

Table 4: Practice status of respondents to wards ANC

Do you have ANC the current o rprevious	A. Yes	97	87.4%
	B. No	14	12.6%
If yes for the above question what is the reason			
	A. Previous cesarean section	25	25.7%

	A. Previous cesarean section; B. Known chronic history	1	1 %
	B. Known chronic history	14	14.4%
	C. previous pregnancy related problems	16	16.4%
	D. to know pregnancy condition	41	42.2%
If no for question 6 what is the reason			
	A. Lack of awareness	8	57.1%
	B. Lack of health institution around the area	3	21.4%
	C. Because pregnancy is natural process and not need follow up	2	14.2%
	D. Fear of seen by other persons	1	7.1%
Have you ever discontinued the follow up	A. Yes	56	50.5%
	B. No	55	49.5%

If yes for the above question what is your reason			
	A. Because I have no health problem	27	48.2%
	B. Unwillingness of husband	13	23.2%
	C. Distance of health institution	17	30.2%

The Above table illustrates that majority of respondents 97(87.4%) have current or previous ANC practice while the least 14(12.6%) have no practice of ANC the main reason that majority of respondents 41(42.2%) is in order to know the pregnancy conditions while least practice 1(1%) practice because of both Previous cesarean section and they have also Known chronic history, in the other hand those majority of those who don't practice 8(57.1 %)they don't because of lack of awareness,3(women's (21.4%) responded Lack of health institution around the area while the least 1 (7,1%) responded that she Fear of seen by other persons

In discontinuation the majority of respondents 56(50.5%) responded that they discontinued the follow up and the main reason that majority discontinue 27(48.2%) was responded because I have no health problem while the least 13(23.2%) responded unwillingness of husband

Overall Knowledge

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	52	46.8	46.8	46.8
	1	59	53.2	53.2	100.0
	Total	111	100.0	100.0	

This table shows overall knowledge of ANC towards mothers 0 indicates zero knowledge while 1 indicates Good knowledge so majority of respondents 59(53.2%) have good knowledge while 52 (46.8%) have poor knowledge for ANC this shows that still high number of mothers have poor knowledge of ANC

Overall attitude

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	50	45.2	45,2	45.2
	61	54	54.8.8	54.8
1 Total		100.0	100.0	100
	Total			

This table shows overall Attitude of ANC towards mothers 0 indicates negative attitude while 1 indicates positive attitude majority of mothers 61 (54.8%) have positive attitude while 50(45.2%) have negative attitude but sill high number of mothers have negative attitude for ANC.

Overall practice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	61	54.8	54.8	54.8
	1	50	45.2	45.2	45.2
	Total	111	100.0	100.0	100

This table shows overall practice of ANC towards mothers 0 indicates poor practice while 1 indicates good practice majority of mothers 61 (54.8%) have poor practice for overall while 50(45.2%) have good practice of ANC

This study tried to assess the knowledge, attitude and practice of pregnant women towards antenatal care. This is found tha majority of respondents 59(53.2%) have good knowledge while 52 (46.8%) have poor knowledge for ANC this shows that still high number of mothers have poor knowledge of ANC Assiut General Hospital which was 25.5%. This difference could be due to difference in source population and time of study and the other reason is difference in operational definition (el-Sherbini, 19933).

The other study conducted in Kahm district hospital reported that 73% of the respondent said antenatal care is not essential for pregnant women. This result was extremely higher than our study.

This study found majority of mothers 61 (54.8%) have positive attitude while 50(45.2%)have negative attitude. This result was lower than the result of the study conducted in Kahm district hospital which reported that 61.9% of respondents had negative attitude towards to Antenatal care.

This study found that majority of mothers 61 (54.8%) have poor practice for overall while 50(45.2%)have good practice of ANC. This finding was lower than the study conducted in

Debark health center. The study conducted in debark health center showed that the antenatal care coverage was 71.5%.

The result of our study was also lower than the study conducted in Tanzania, Rwanda and Malawi. The 2010 demographic and health survey of Tanzania indicated that the proportion of pregnant women who ever had at least one antenatal care visit was 96%. The demographic and health survey of Rwanda and Malawi reported similar results. This figure was 98% and 97.6% in Rwanda and Malawi respectively (MDHS, 2010, RDHS, 2010, TDHS, 2010).

CONCLUSION

In conclusion, this study demonstrated that the knowledge, attitude and practice of women and site of preference for delivery the study results can be concluded that the pregnant women attending ANC have significant knowledge about antenatal care because several of was known While small numbers of women did not know what is antenatal care is that means majority of the mothers known the ANC. And majority of them got the information form the media and they most of them went for ANC for governmental institution

Attitude can be concluded that the pregnant women attitude towards antenatal care was positive because majority of the respondents believed that antenatal checkups were necessary to know the condition of the baby and that pregnant women need to come for at least four antenatal check-ups throughout her pregnancy but still huge number of pregnant women have negative attitude and they believe that to delivery health institution

Practice of antenatal care service at Sahardiid MCH was concluded that some of the women were practicing antenatal care because they were regular to their antenatal visits, Also most of the women started visiting the MCH at their first trimester

RECOMMENDATIONS

- This study will recommend staff of MCH especially those in the antenatal to increase the knowledge of ANC.

- The staff most encourage pregnant women to follow regularly to the ANC visit schedule and to use the iron &folic acid as prescribed.
- This will also recommend to Ministry of health to increase the Information, education and communication on ANC to reach all segments of the population more in rural areas.
- Public health educators should plan appropriate technique to modify the attitude of some pregnant women on the concept of ANC.
- This study will recommend pregnant females to practice the antenatal care and do all the screenings done in the MCH
- This study will also encourage to improve the knowledge &attitude of fathers for Antenatal care mostly
- This study also recommends that to build new health centers for which is near for homes.

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APPENDIX

Socio demographic date

Questionnaire:

1. Age ----------
2. Religion
   a. Muslim B. orthodox C. protestant D. catholic E. others /specify
3. Educational status
   A. Illiterate B. Grd (1-8) C. Grd (9-12).
   D. Collage /university
4. Occupational status
   A. Farmer B. merchant C. house wife D. governmental employer
5. Marital status
   A. Married B. devoiced C. widowed D. unmarried

6. Economic status

A. Enough B. somewhat enough C. unsatisfactory

Past reproductive history

1. Do you get pregnancy before?

A. Yes B. No

2. If your answer is yes for Q1 by which mode of delivery did you give birth?

A spontaneous vaginal delivery B caesarian section C others, specify-------

3. Where was delivery conducted?

A. At home.

B. In health institution.

4. If your answer for question 3 is in (B) which one of the following?

A health center B privet clinics C hospital

5. Was any problem occurred within few weeks after delivery?

A. Yes B. No

6. If your answer is yes for Q-5 what kind of health problem did you face?

A. Massive vaginal bleeding C. Breast problems

B. Retained placenta D. other specify

7. Do you have history of chronic disease?

A. Yes B. No

8. If your answer is yes for Q-7 what type of disease do you have?

A. Diabetics mellitus C. Asthma

B. Hypertension D. other /specify

Knowledge, Attitude and Practice on ANC attendance

1. Do you know about ANC services?

A. Yes B. No

2. If you know, where did you get the information?
   A. Media C. health institution E. other /specify
   B. Health extension worker D. Neigh born /relatives
3. Where ANC service is provided?
   A. Governmental Health institution C. in both institution
   B. Private health institution D. other /specify
4. When ANC follow up was started?
   A. In the 1st 3 months of GA C. in the last 3 months of GA
   B. In the 2nd 3 months of GA
5. For whom do you think ANC follow up is important?
   A. For pregnant women B. non pregnant women C. for All
   D. no importance
6. If you think that ANC is important Describe it _____
7. If you think that ANC is not important Describe it----------
8. Do you have ANC follow up for current pregnancy?
   A. Yes B. No
9. If your answer is yes for Q-8 what is your reason to attend ANC?
   A. Previous cesarean section C. previous pregnancy related problems
   B. Known chronic history D. to know pregnancy condition
   E. Other
10. Did you get a problem during ANC visits? if yes, specify----------.
11. If you don't have ANC follow up what is your reason not to attend?
   A. Lack of awareness
   B. Lack of health institution around the area
   C. Because pregnancy is natural process and not need follow up
   D. Fear of seen by other persons
   E. Other specify _____
12. Have you ever discontinue the follow up?
   A Yes B NO
13. If you discontinue the follow up what is your reasons?

A. Because I have no health problem
B. Un willingness of husband
C. Distance of health institution
D. Other: specify _____

Preference site of delivery

1. Do you plan place of delivery?
   A. Yes B. NO
2. If yes where do you prefer to delivery?
   A. At home by NTTBA's C. health institution
   B. At home by TTBA's D. others : specify _____
3. If your answer is at home: what is your reason?
   A. Lack of awareness for other delivery places
   B. Because of presence /nearness of family and relatives
   C. Due to cultural believes
   D. Lack of money
   E. Absence of health problem during labour.
4. If your answer is in health institution: what is your reason?
   A. To get better care
   B. Nearness of health institution
   C. Due to health problem
   D. Other: specify _____

DUMMY TABLE

S/n	Questions		Frequency	
			No	**%**
1	Age			
	A	<18		
	B	18-25		
	C	26-34		
	D	>35		
2	Educational status			
	A	Illitrate		
	B	Grade1-8		
	C	Grade9-12		
	D	College/University		
3	Marital status			
	A	Married		
	B	Divorced		
	C	Widowed		
	D	Un married		
4	Economic status			
	A	Enough		
	B	Somewhat enough		
	C	Un satisfactory		

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Table 3.3. Frequency distribution of knowledge, Attitude and practice on ANC attendance

S/n	Questions		Frequency	
			No	%
1	Do you know about ANC service?			
	A	Yes		
	B	No		
2	If you know where did you get the information?			
	A	Media		
	B	Health extension workers		
	C	Health institution		
	D	Neighboring		
	E	Others: specify_____		
3	Where ANC service is provided?			
	A	Governmental health institution		
	B	Private health institution		
	C	Others: specify_____		
4	When ANC follow up was started?			
	A	In the 1st 3month		
	B	In the 2nd 3month		
	C	In the 3rd 3month		
5	For whom do you think ANC follow up is important?			

	A	For pregnant women		
	B	Non pregnant women		
	C	For all		
	D	No importance		
6	Do you have ANC follow up current pregnancy>			
	A	Yes		
	B	No		
7	If your answer for Q8 is Yes how many times?			
	A	Previous operative delivery		
	B	Known chronic disease history		
	C	Previous pregnancy related problem		
	D	To know pregnancy condition		
	E	Others:- specify_____		
8	If you do not have ANC follow up what is your reason?			
	A	Lack of awareness		
	B	Lack of health institution		
	C	Pregnancy is natural process and do not need follow up		
	D	Fear of seen by other people		
	E	Other: specify_____		
12	Have you ever discontinue ANC follow up			
	A	Yes		
	B	No		

13	If you discontinue the follow up what is your reason?			
	A	Because I have no health problem		
	B	Unwillingness of my husband		
	C	Distance of health institution		
	D	Others: specify_____		

Table 3.4:- frequency distribution of preference place of delivery

S/n	Questions		Frequency	
			No	%
1	Do you plan place of delivery?			
	A	Yes		
	B	No		
2	If Yes where do you prefer to deliver?			
	A	At home by NTTBA's		
	B	At home by TTBA's		
	C	Health institution		
	D	Others:- specify_____		
3	If your answer is at home what is your reason?			
	A	Lack of awareness for other delivery place		
	B	Because of presence or nearness of family/relatives		
	C	Due to cultural beliefs		
	D	Lack of money		
	E	Absence of health problem during labor		
4	If your answer is in health institution what is your reason?			
	A	To get better care		
	B	Nearness of health institution		

	C	Due to health problem		

Appendix F

Sample Size for ±5%, ±7% and ±10% Precision Levels where Confidence Level Is 95% and P=.5.

Size of Population	Sample Size (n) for Precision (e) of:		
	±5%	±7%	±10%
100	81	67	51
125	96	78	56
150	111	86	61
175	122	94	64
200	134	101	67
225	144	107	70
250	154	112	72
275	163	117	74
300	172	121	76
325	180	125	77
350	187	129	78

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375	194	132	80
400	201	135	81
425	207	138	82
450	212	140	82

Yamane 1967 Table