PROFILES OF PREGNANT WOMEN WHO STARTED ANTENATAL CLINIC AFTER 20 WEEKS OF PREGNANCY AT GREATER KOKSTAD SUB DISTRICT IN 2017.

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ABSTRACT

Background

Late initiation of antenatal care appears to be a global challenge, mostly affecting low and middle income countries. The challenge is more severe in rural areas compared to urban areas. Pregnant women access antenatal care after 20 weeks in their pregnancy, which contribute to maternal and infant mortality. However, many pregnancies related problems can be prevented when detected early; hence it is important to have innovative methods of encouraging early initiation of antenatal care.

Aim of the study

To describe the characteristics of pregnant women who started Antenatal Clinic after 20 weeks of pregnancy at Gateway and Greater Kokstad Clinics in 2017

Methods

An observational, descriptive cross-sectional study of previous records was undertaken using secondary data from the clinic registers. The study was conducted at Gateway and Greater Kokstad clinics under East Griqualand & Usher memorial Hospital at Harry Gwala district in KwaZulu-Natal. The study population involved records of all pregnant women who started Antenatal after 20 weeks of pregnancy during the period January to December 2017.Data was collected using data collection sheet.

Results

Data was collected from two clinics, Gateway and Greater Kokstad Clinics. Total number (n) for Gateway clinic= 750 and 255 registered after 20 weeks for Antenatal Care (ANC), 34%. Greater kokstad, n=495 and 208 registered late for ANC, 42%. Majority of patients from both clinics were from Shayamoya with Gateway Clinic registered 44.9% while Greater Kokstad registered 47.6% from the same Residential area. The prevalence was high among patients aged between 21-25 years with 36, 3% and 62% registered at Gateway and Greater Kokstad Clinics respectively. Low prevalence among age groups 32-37 years with 15.6 % and 4.3% registered at Gateway and Greater Kokstad Clinics Respectively. The lowest prevalence showing among age group 38-45 years with 2% for Gateway Clinic and 0.01% for Greater Kokstad Clinic.

Conclusion

Findings of the study suggest that there are still a large number of women who access ANC after 20 weeks of gestation during their pregnancy. Further research is therefore needed to determine the reasons for late access to ANC and come up with best initiatives and health education programs to reduce the prevalence.

1. INTRODUCTION

Many pregnancies related health problems can be prevented and even treated by qualified health workers during antenatal care visits especially when attended in the first trimester[1]. There is still a global challenge of pregnant women accessing antenatal care late more especially in developing countries, thus contributing to maternal and infant mortality [1].

There are several factors that contribute to this challenge; these include socio-economic status, level of education and living conditions [1, 2]. Other factors include culture, religion and level of education of maternal husband [1, 2]. Women with low level of education are more likely not to start antenatal care early due to lack of knowledge [2]. Culturally some women believe that disclosing pregnancy early exposes one to witchcraft, which in turn may result in poor maternal outcomes [2]. Therefore cultural beliefs and traditions may be barriers to effective antenatal care services, thus contributing negatively to maternal health outcomes[1, 2].

Most studies reveal that rural women are more likely to attend antenatal clinic late in their pregnancy than urban women [1, 2, 3].

Despite several initiative that are in place in South Africa to improve maternal and child health , like free health services for pregnant women and children under 6 years of age the challenge still persist.[5] However the socio- economic conditions have not been fully addressed[5].

South Africa has a high maternal mortality rate of 269 deaths per 100 000 live births and 60 % of these could be avoided with quality and timely antenatal care [5]. Also the idea of having Primary health care clinics in every 5 Km of the community has not been achieved, thus resulting in having communities in need of transport fees in order to access services [5]. Some women just attend antenatal care late in order to be accepted easy when they are due to deliver their babies [1]. A South Africa Maternity guideline 2016 requires pregnant women to access ANC as soon as pregnancy is confirmed as early as 16 weeks.

This study was done to assess the prevalence of late access to antenatal care by pregnant women at Gateway and Greater Kokstad Clinics and also to assess their profiles.

2. METHODS

2.1 Study Design

An observational descriptive, cross sectional study was conducted on patients records of pregnant women during their first visit for the period of January to December 2017 at Gateway and Greater Kokstad Clinics under East Griqualand and Usher Memorial Hospital in Harry Gwala District in KwaZulu-Natal.

2.2 Study Population

The study population involves the records of all pregnant women who started antenatal care after 20 weeks of pregnancy at Gateway and Greater kokstad Clinics during the period January to December 2017.

2.3 Data Collection

The data was collected by the principal researcher. The data collection tool was used to collect age of patients, place of residents and gestational age.

2.4 Data management and analysis

An Excel data base was used for entry of data and Descriptive statistical analysis was conducted.

2.5 Informed consent and Ethics.

The secondary data was used and no patients' names were recorded on the collection tool. Ethical approval to conduct the study was obtained from Biomedical Research Ethics Committee (BREC) at the University of KwaZulu-Natal, Ref No: BE 379/18. Gate keeper permission was also obtained from KwaZulu- natal Department of health (DoH) and from the Chief Executive Officer of East Griqualand & Usher memorial Hospital.

3. RESULTS

3.1 socio-Demographic factors of participants

Two hundred and fifty six (256) patients according to the records at Gateway clinic started antenatal care after 20 weeks. There were 13 residential areas appearing on the records where the patients came from, most of these patients 44.9% were from Shayamoya which recorded the highest number followed by Horse Shoe at 19.1 %. The other area recorded less percentage as shown in table1. The age group that appears to be mostly affected is

21-25 at 36.3%

Table 1. Frequency table of Socio – demographic characteristics of respondents at Gateway Clinic

Variable : Area of Residence

Residential area	Frequency	Percentage %
Shayamoya	115	44.9
Horse Shoe	49	19.1
Bhongweni	33	12.9
Brooksnek	8	3.1
Long Homes	5	2.0
Kokstad Town	15	5.9
Cerdaville	6	2.3
Mt. Ayliff	11	4.3
Pakkies	1	0.4
Marikana	2	0.8
Mphela	4	1.6
Phepheni	3	1.2
Bizana	3	1.2

3.2 Prevalence of Late access to Antenatal Care

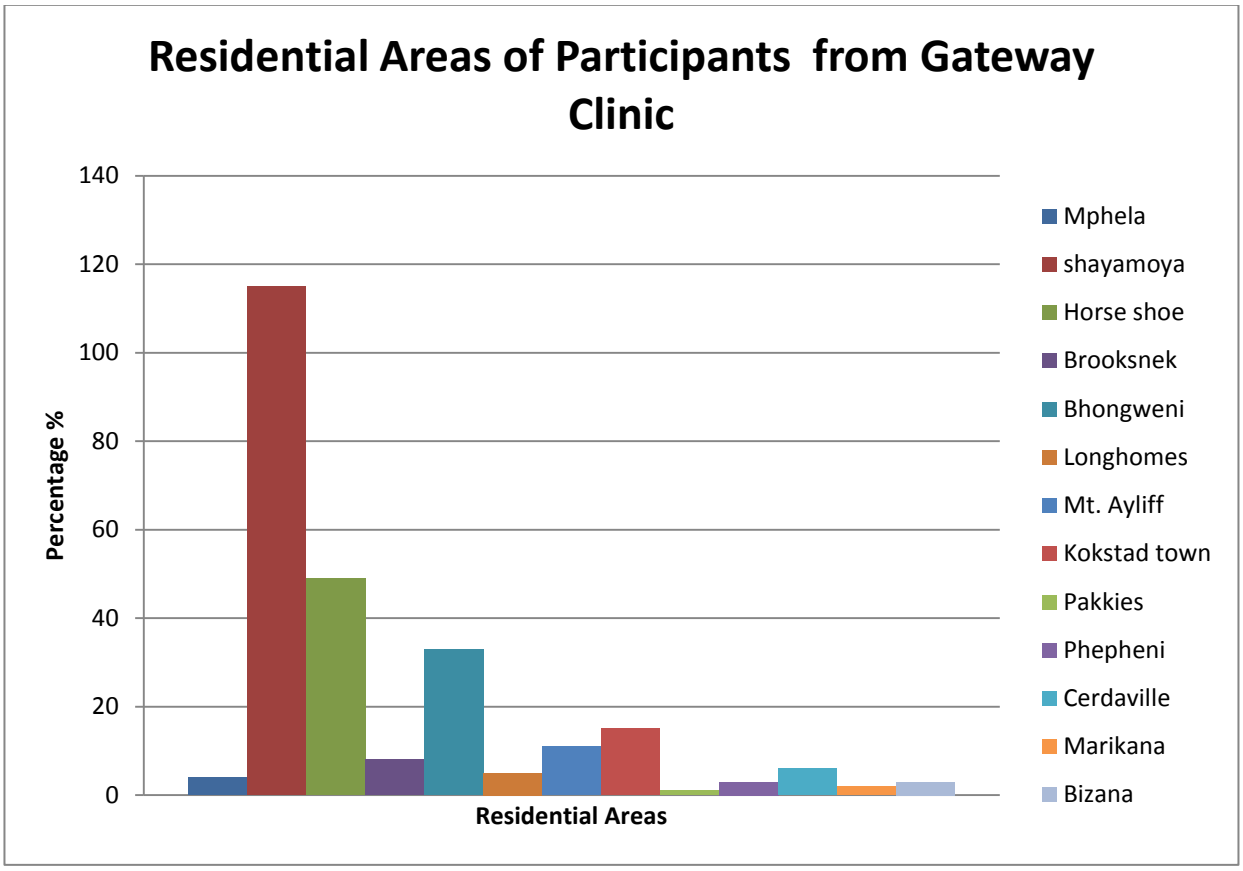

Fig.1

Table 2. Age Group (Years)

Variable Age	**Frequency**	**Percentage %**
15-20	52	**20.3**
21-25	93	**36.3**
26-31	65	**25.4**
32-37	40	**15.6**
38-45	5	**2.0**

3.3 The graph showing the prevalence of late antenatal care among different age groups.

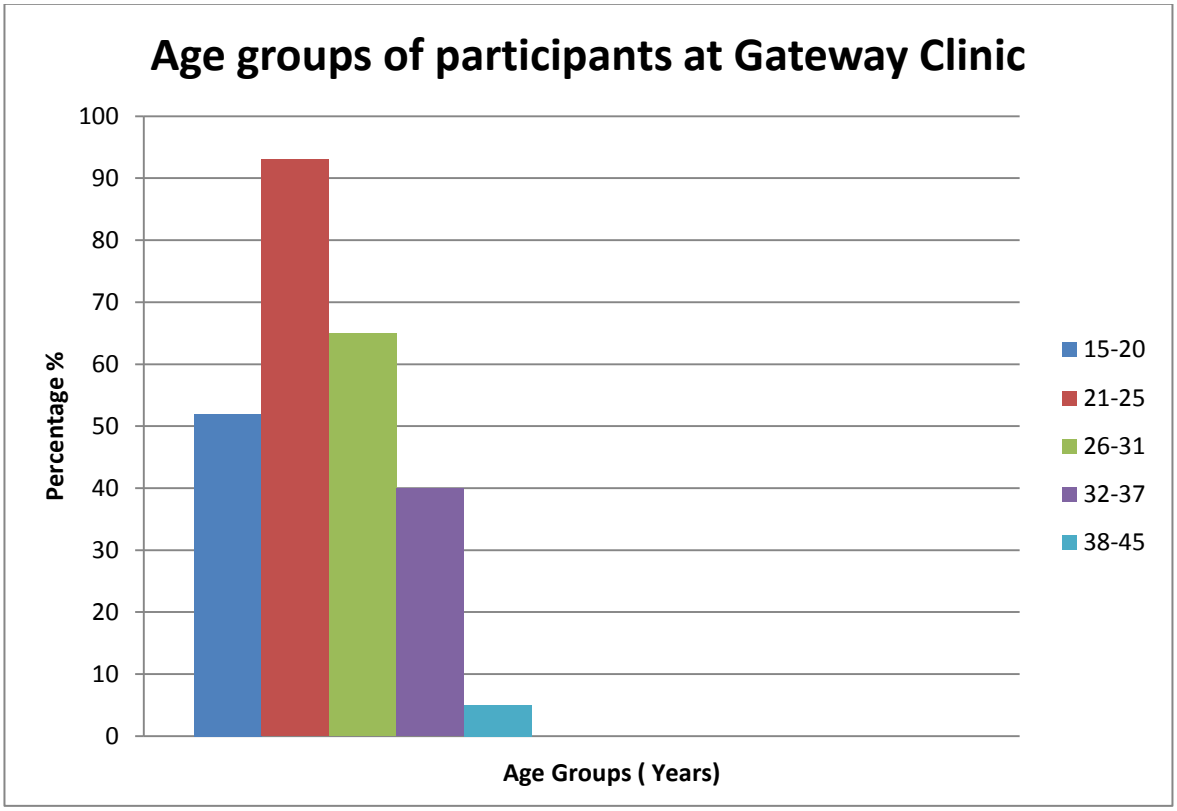

Fig.2

3.4 The study population of pregnant women attended ANC at Gateway Clinic for 2017

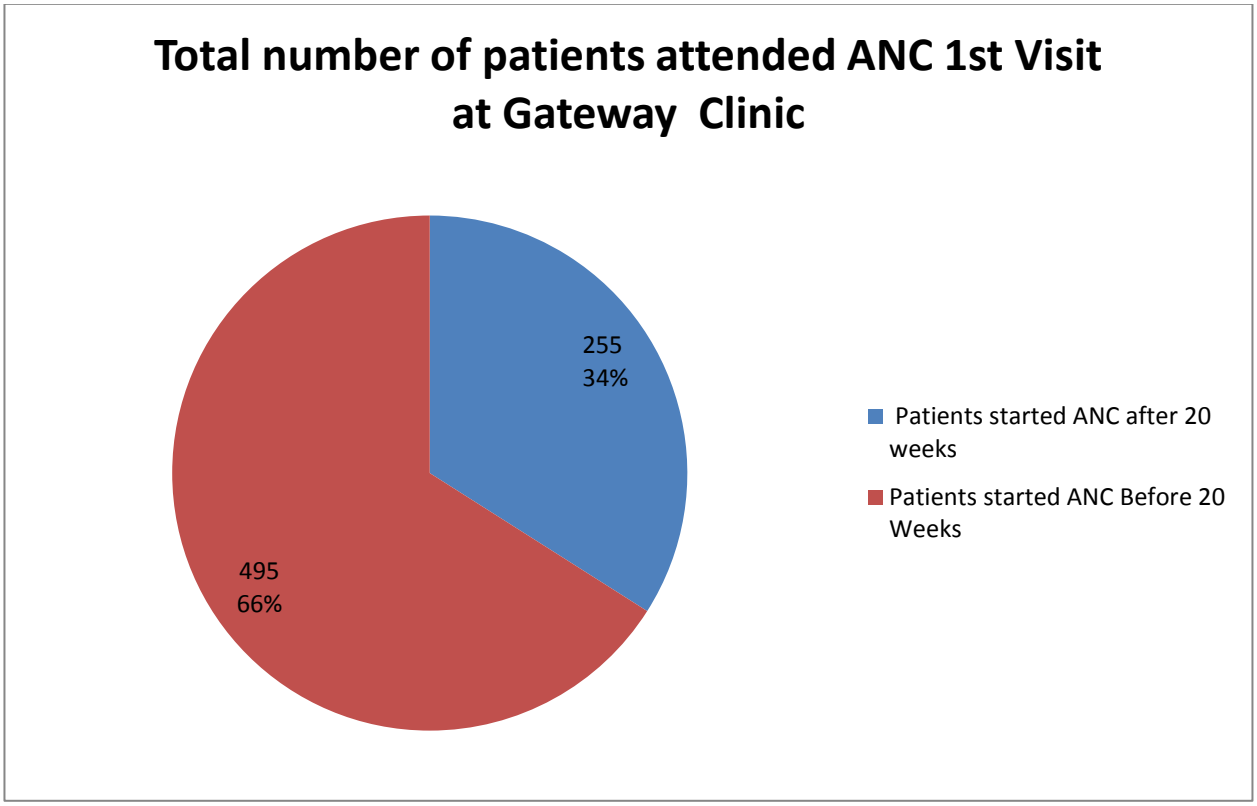

Fig.3

Table 3. Frequency table of Socio – demographic characteristics of respondents at Greater Kokstad Clinic

Variable: Area of Residence

Residential Area	**Frequency**	**Percentage %**
Place of residence		
Shayamoya	99	47.6
Horse shoe	60	29.0
Bhongweni	9	4.3
Brooksnek	15	7.2
Long homes	7	3.4
Marikana	5	2.4
Mphela	7	3.4
Kokstad town	2	1.0
Mt. Ayliff	4	2.0

3.5 Prevalence of Late access to Antenatal care at greater Kokstad Clinic

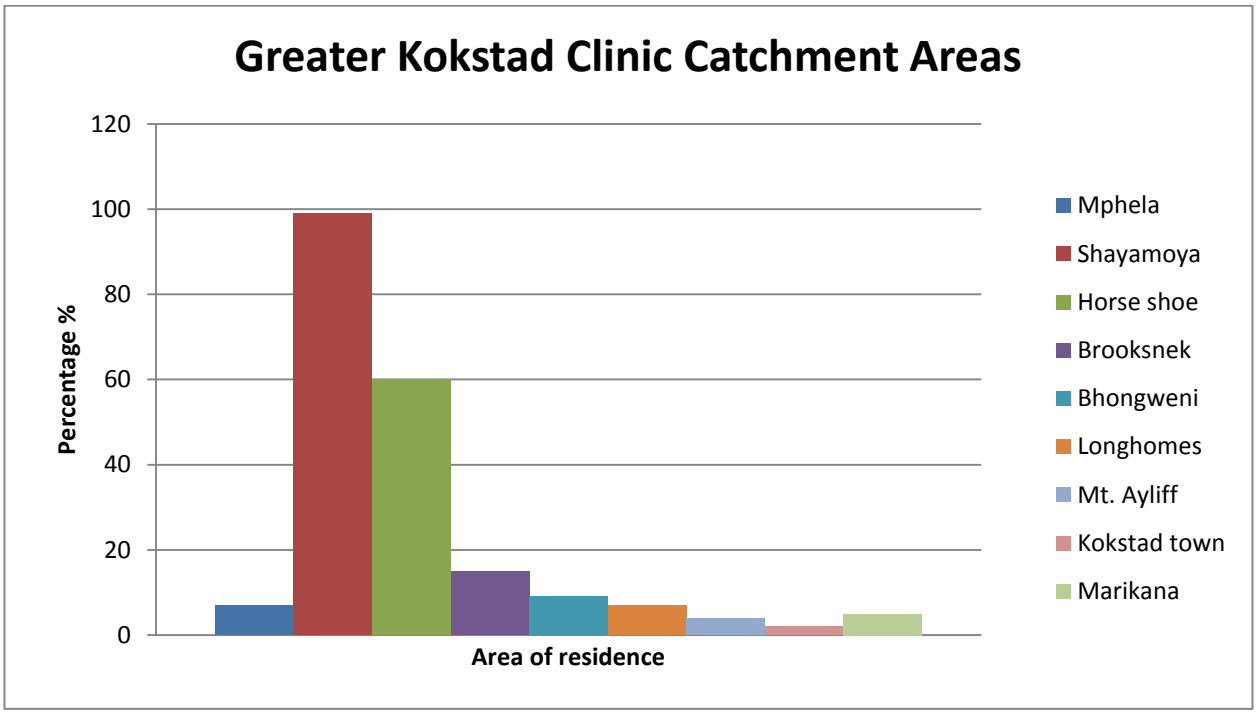

Fig.4

Table 4. Age Group (Years)

Variable	Frequency	Percentage %
Age		
15-20	50	24.0
21- 25	129	62.0
26-31	19	9.1
32-37	9	4.3
38-45	1	0.01

3.6 The graph showing the prevalence of late antenatal care among different age groups.

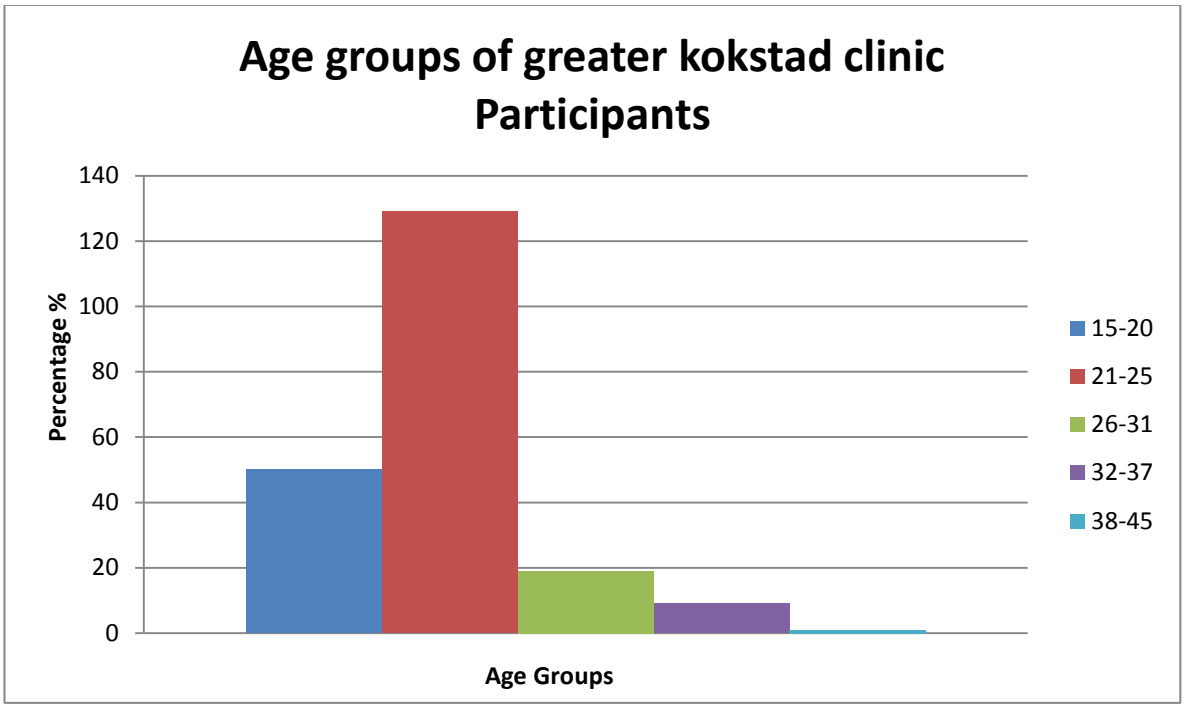

Fig.5

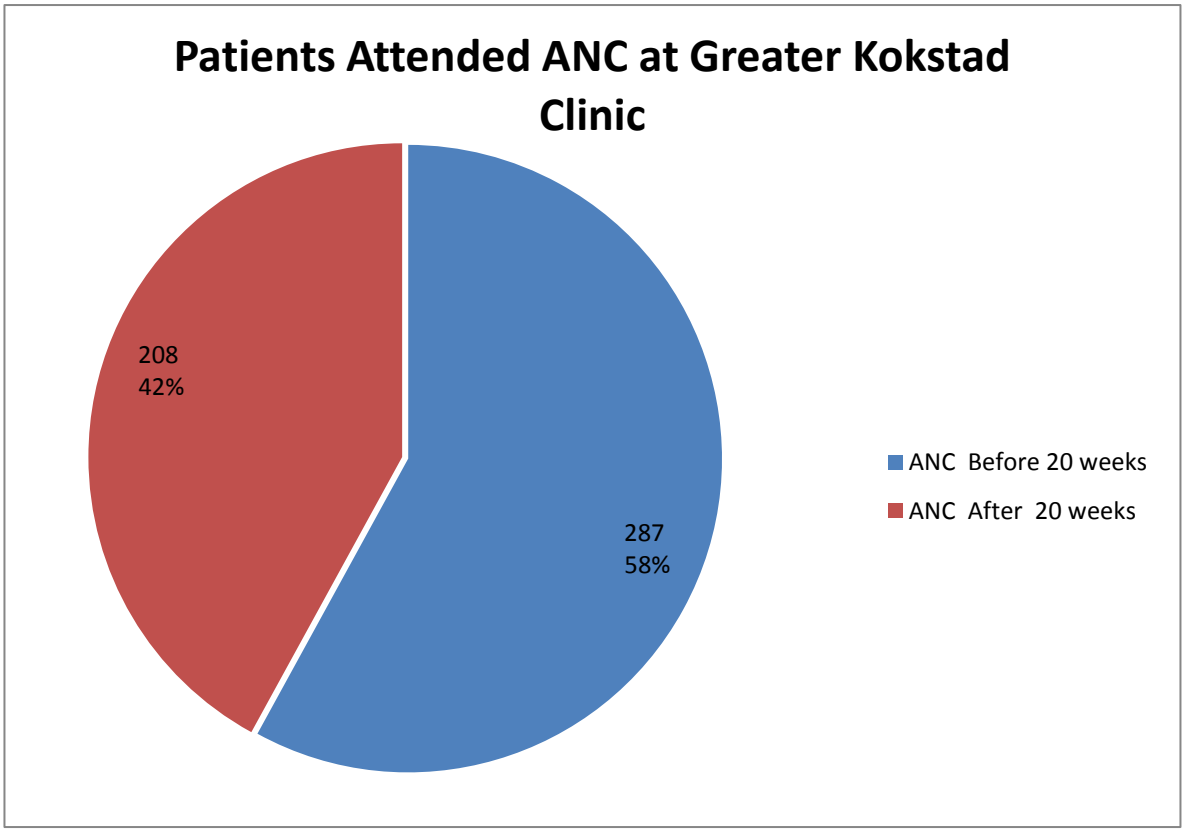

Fig.6

4. DISCUSSION

The patients who attended Antenatal care at Gateway Clinic were from 13 different residential areas while those who attended at Greater Kokstad Clinic were from 9 residential areas. Among these residential areas there were areas not under Greater kokstad municipality, thus showing a challenge of cross border patients. These areas include Bizana (1.2%), Mt. Ayliff (4.3%) and Cedarville (2.3%) all from Eastern Cape Province.

The findings of the study from both clinics indicates that the prevalence of late antenatal care is high at Shayamoya location , 44.9% for Gateway and 47.6% for greater Kokstad Clinic ,followed by Horse shoe at 19.1 % for Gateway and 29.0 % for Greater Kokstad Clinics and Bhongweni at 12.9% for Gateway and 4.3 % for Greater Kokstad Clinic. What is surprising is that, among the residential areas at Greater Kokstad municipality, Shayamoya has the least population of 1855 yet on the results of the study is the most affected compared to Horse shoe and Bhongweni with population of 17588 and 21186 respectively, however it is the one with large number of patients seen at these clinics. This could be due to socio-economic conditions of this area as it also has section with informal settlements.

Gateway Clinic has seen 750 patients for first visits in antenatal care and 256 of these patients started Antenatal care late (34%) of patients' access antenatal care late while 66% have accessed care before 20 weeks. Greater kokstad Clinic seen 495 patients and 208 of them started ANC after 20 weeks (42%) patients accessed antenatal care after 20 weeks while 58% accessed care before 20 weeks.

The study reveals that there is still a challenge of pregnant women accessing care late despite all the interventions in place for them, like free antenatal care. There are also community health workers, ward base outreach teams and primary health care clinics. Literature reveals that several factors contribute to the high prevalence of late access to Antenatal care, these include socio –economic status, level of education and maternal marital status [1, 2]. On this study most of these variables were not captured into the registers, hence a need for further research on the topic in a form of primary research where questionnaires will be used to find out the reasons for Registering late for ANC.

The findings further indicate that the prevalence of late antenatal care is high among age group 21-25 years for both clinics, with Gateway at 36.3 % and Greater Kokstad at 62%. Gateway Clinic also reveals a prevalence of 25.4% among age group 26-31, 20.3 % among age group 15-20. Age group 32-37 years at 15.6 % while 38-45 are at 2 %. Greater Kokstad Clinic 15-20 age group at 24%, 26-31 age groups at 9.1 %, 32-37 age group at 4.3 % and 38-45 years at 0.01%.These findings reveal that the older women are more likely to access antenatal care early in their pregnancy compared to the younger women. These findings are in agreement with the study conducted in Johannesburg which revealed that young women are reluctant to access antenatal care early as they are ashamed of the pregnancy[8].

5. STUDY LIMITATIONS

The registers did not have some useful information like the maternal education level and marital status which could give clear profile of the pregnant women who access ANC after 20 weeks.

6. CONCLUSION

It appears that late access to antenatal care is a global challenge, but mostly affecting middle and low income countries. It is also evident that quality antenatal care can improve maternal and child health outcomes. The study conducted suggests that there is still a huge challenge of late access to antenatal care by pregnant women in Greater kokstad sub district and the mostly affected area being Shayamoya followed by Horse Shoe and Bhongweni, It is therefore important to give health education to all women of child bearing age about pregnancy related matters and encouraging healthy life style. There are very few studies conducted in South Africa regarding the challenge of late access to antenatal care. The available Studies were done in urban areas. There is still a gap in conducting such studies in rural areas where the challenge seem to be severe.

7. RECOMMENDATIONS

Strengthening of primary health care services , outreach services and improving the use of community health workers in doing pregnancy testing on women of child bearing age during house hold visits, so as to detect and confirm pregnancy early. Also strengthening health education on pregnancy related matters while encouraging healthy life style to all. Use of mobile phones by sending messages to patients as reminder to honor their appointments. Involvement of community, community leadership and all relevant stakeholders is necessary.

The registers should be made in such a way that it captures all important elements about pregnant women; these include marital status, Ethnic group and maternal education level.

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