

KNOWLEDGE, ATTITUDE AND PRACTICES OF PREGNANT MOTHERS TOWARDS THE NEW GOAL ORIENTED ANTENATAL CARE SERVICES AT SOROTI REGIONAL REFERRAL HOSPITAL, SOROTI CITY. A CROSS-SECTIONAL STUDY.

Kevin Asio*, Barbara Akankunda Kansiime, Jane Frances Namuddu
Lubaga Hospital Training School

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Abstract

Background

This study aimed to assess the knowledge, attitude, and practices of pregnant mothers towards the new goal-oriented antenatal care services at Soroti Regional Referral Hospital, Soroti City.

Methodology

The study employed a cross-sectional descriptive design and thus quantitative methods of data collection which involved a self-administered questionnaire to collect data from a sample of 30 respondents who were sampled using a simple random sampling method. Data was collected from respondents after seeking consent from them analyzed and entered manually into the computer using Microsoft Excel Office programs 2016 which presented it in the form of tables, graphics, and pie-charts.

Results

Regarding knowledge, the majority 24(80%) of the respondents mentioned that they had never heard about goal-oriented antenatal care and 18(60%) of the respondents mentioned that one should attend goal-oriented antenatal care 1 to 2 times.

Concerning attitude, 21(70%) agreed that one can give birth to a healthy baby even when they have not attended the new goal-oriented antenatal care services, and 15(50%) were not sure that early goal-oriented antenatal care booking is good practice in pregnancy.

Regarding the practice, 27(90%) did practice goal-oriented antenatal care during pregnancy, 2(6.7%) mentioned that they get goal-oriented antenatal services from clinics and 17(56%) were not willing to attend all the 8 required goal-oriented antenatal visits during your pregnancy.

Conclusion

The findings of this study indicate that there is a lack of knowledge and low utilization of goal-oriented antenatal care services among pregnant women in Soroti City.

Recommendation

The Ministry of Health should conduct health education and awareness campaigns to sensitize pregnant women about the importance of goal-oriented antenatal care services.

Keywords: Knowledge, Attitude and Practices, Goal Oriented Antenatal, Soroti Regional Referral Hospital

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Corresponding Author: Kevin Asio

Email: asiokevin2@gmail.com

Lubaga hospital training school

Background of the study

Goal-oriented antenatal care (GANC) is personalized care provided to a pregnant woman with emphasis on the woman's overall health, preparation for childbirth, and readiness for complications (Konlan et al., 2020). It should be a friendly, timely simple, and safe service to a pregnant woman (Mohamoud et al., 2022). The importance of goal-oriented antenatal care is to permit the midwives make the primary role of a pregnant mother and her unborn baby, to take history and make physical assessments, therefore the professional behavior of midwives is essential, they must be sympathetic, and have a good attitude towards mothers and portray good knowledge and experience (Haruna et al., 2019).

A study in Benghazi Libya indicated that the majority of pregnant women 85.3% had a high knowledge score

concerning antenatal care and knew that it is an essential practice to maintain the wellness of the baby and the mother at large, especially during pregnancy, birth, and postnatal, majority of the mothers received information from health workers while 20% of respondents got information from friends and 3% got it from social media (Ibrahim et al., 2014). Similarly, a study in South Sudan indicated that the majority of the respondents had poor knowledge of antenatal care whereby they did not know the meaning of ANC, 50% were not certain about the right time to initiate the antenatal care services and 70% of the mothers did not know the frequency of ANC services (Tambua & Walaka, 2014). A study in Dodoma Tanzania indicated that the majority of women 92.2% knew that a pregnant woman needs at least 5 visits of antenatal to follow throughout her pregnancy whereas 7.8% did not know, 79.8% of the women knew that the first antenatal

checkup should be done by a midwife or gynecologist, however 39.8% of women did not know that hypertension in pregnant women affect the fetus (Lilungulu et al., 2016).

The study in Ethiopia indicated that 57% of the pregnant mothers had a poor attitude towards antenatal care and they were not interested in taking part in it, the pregnant women believed that even without antenatal care a mother can give birth to a live and healthy baby thus considering it unimportant, the negative attitude was high influenced by culture as some cultures did not believe in the practice thus not believing in GANC (Abdi, 2018).

A study indicated that respondents had a poor attitude towards focused GANC where 22.3% preferred to use GANC, 31% believed that attending GANC is for the well-being of the pregnancy 32% believed that it prevents the death of pregnant women and 33% believed that GANC detects diseases early in a pregnant woman (Etuk et al., 2017).

A study in Kenya indicated that only 35% of pregnant mothers attended all 4 GANC visits while 37.3% of the respondents did not attend any visit during their pregnancy. Attendance to GANC services was highly influenced by the level of education, occupation, and level of income whereas age, marital status, and parity of pregnant mothers did not influence GANC service attendance (Mutai & Otieno, 2021). Findings indicated that 69.3% of the respondents had good practices towards the new goal-oriented antenatal care as they quit smoking as advised by health workers, visited the health facility before 3 months of pregnancy, and made 4 and above visits during their 9 months of pregnancy, the high levels of practices were influenced highly by age and level of knowledge on GANC by the respondents as the young and educated women highly utilized GANC services (Patel et al., 2016). Therefore, the objective of this study is to assess the knowledge, attitude, and practices of pregnant mothers toward the new goal-oriented antenatal care services at Soroti Regional Referral Hospital, Soroti City.

Methodology

Study design and rationale

In this study, a descriptive cross-sectional study design was used and it utilized quantitative methods of data collection. This research study design was preferred because it was less time-consuming and in addition, the researcher collected data at once without following up with respondents.

Study setting and rationale

The study was carried out in Soroti Regional Referral Hospital, Soroti City. Soroti Regional Referral Hospital is located on a long Lira road in the Teso region of Eastern Uganda. It is the most specialized health facility in the area with numerous services like surgical, obstetrics and gynecology, pediatrics, mental, and dental services among others. This made it a suitable study site for assessing the knowledge, attitude, and perceptions of pregnant mothers toward focused antenatal services.

Study population

The study targeted all pregnant mothers at Soroti Regional Referral Hospital, Soroti City.

Sample size determination

The sample size was determined according to UNMEB guidelines 2009 which stated that the appropriate sample size should be not less than 30 respondents. Therefore 30 pregnant mothers were sampled from Soroti Regional Referral Hospital, Soroti City.

Sampling procedure

A simple random sampling procedure was used. On each day of data collection, papers labeled "YES" or "NO" were put in a box and shaken. The eligible respondent was a pregnant mother who picked the paper with a Label "YES" and was enrolled in the study. This procedure was considered because of its ease and accuracy of representation; selecting subjects completely at random from the larger population produced a sample that was representative of the group being studied. This was repeated until the desired sample size of 30 pregnant mothers was reached during the three days of data collection.

Inclusion criteria

This study included all pregnant mothers aged 18 years and above who voluntarily took part in the study by consenting.

Exclusion criteria

Pregnant mothers who were eligible but did not consent to participate in the study.

Definition of variables

Independent variables

Knowledge, Attitude, and practices of Pregnant Mothers towards new goal-oriented antenatal services.

Dependent variable

Goal-oriented antenatal services among pregnant mothers.

Research instruments

Data was collected by a structured questionnaire consisting of both closed and open-ended questions in the English language designed to establish the knowledge, attitude, and perception of pregnant mothers towards the new goal-oriented antenatal services.

Data collection procedure

After approval of the proposal, an introductory letter was obtained from the school research committee which was then presented to the hospital administrator and area manager of Soroti Regional Referral Hospital and area manager of Soroti City. The researcher made a self-introduction and distributed the questionnaire to the mothers. The purpose of the study was explained to each respondent. A questionnaire was given to each participant and each respondent who fulfilled the criteria for participation in the study was greeted and made comfortable in a separate room to ensure privacy. For confidentiality and anonymity, serial numbers were used instead of names, and the questionnaires were kept in a locked cupboard and the key kept by the researcher. Then the researcher thanked the respondents after the interview.

Data management

In the process of data collection, each questionnaire after filling was checked for completeness and accuracy before leaving the area of study. Filled questionnaires were kept properly in a locker for confidentiality and safety.

Data analysis

The data collected was analyzed by entering it into the computer using Microsoft Office Word and Microsoft Excel 2013 where data was presented in tables, graphs, pie-charts, and figures.

Ethical consideration

An introductory letter was obtained from the principal of Lubaga Hospital Training School. This letter was presented to the Director of Soroti Regional Referral Hospital, Soroti City seeking permission to carry out the study. Participants received an explanation of what the study was about in a simple and easy language that was understood by everyone before enrollment and only those who were willing to participate and consented. Anyone who wanted to pull out of the study was free to do out. People were not forced to participate in the study which was a fundamental principle of voluntary participation in research ethics. Confidentiality was ensured to respondents and was highly observed during the study by

respondents using serial numbers instead of names and questionnaires were kept in a locked cupboard and the key kept by the researcher.

Results

Socio-demographic characteristics of respondents

According to table 1, more than a half 16(53.3%) of the respondents had between 18 and 28years, 10(33.3%) had between 28 and 38 years and only 4(13.4%) had between 38 and 48 years.

Regarding religion, most 11(36.7%) of the respondents were born again, 9(30%) were Catholics, 7(23.3%) were protestants and 3(10%) were Muslims.

Concerning level of education, a half 15(50%) of the respondents had no formal education, 8(26.7%) had primary education, 5(16.6%) had secondary education and 2(6.7%) had tertiary education.

Pertaining marital status, majority 24(80%) of the respondents were married, 5(16.7%) were single, and minority 1(3.3%) was divorced.

About parity, most 9(30%) of the respondents were para 2, 8(26.7%) were para 1, 7(23.3%) were para 3 and the least 6(20%) were para 4 and above.

Table 1: Showing socio-demographic characteristics of respondents n=30

Variable	Category	Frequency (f)	Percentage (%)
Age	18 -28 years	16	53.3
	28 – 38 years	10	33.3
	38 – 48 years	4	13.4
	Total	30	100
Religion	Protestant	7	23.3
	Catholic	9	30
	Muslim	3	10
	Born Again	11	36.7
	Total	30	100
Level of education	Primary	8	26.7
	Secondary	5	16.6
	Tertiary	2	6.7
	None	15	50
	Total	30	100
Marital status	Single	5	16.7
	Widowed	0	0
	Divorced	1	3.3
	Married	24	80
	Total	30	100
Parity	1	8	26.7
	2	9	30
	3	7	23.3
	4 and above	6	20
	Total	30	100

Figure 1: Showing responses to whether respondents had ever heard about goal oriented antenatal care. (n=30)

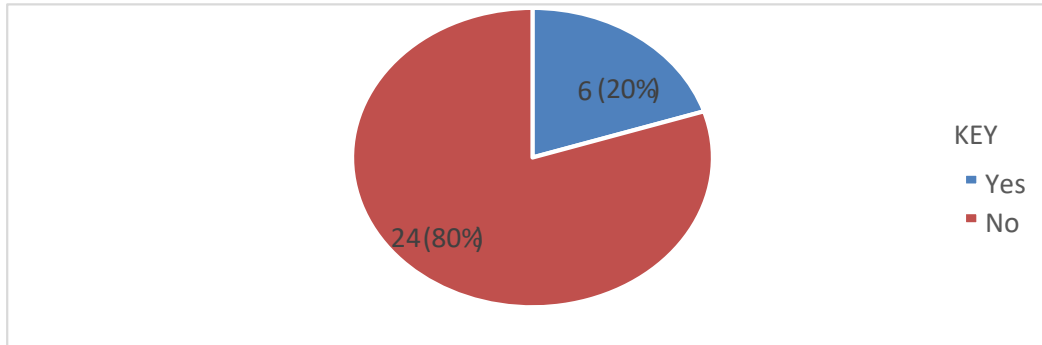


Figure 2: Shows source of information about goal oriented antenatal care n=30

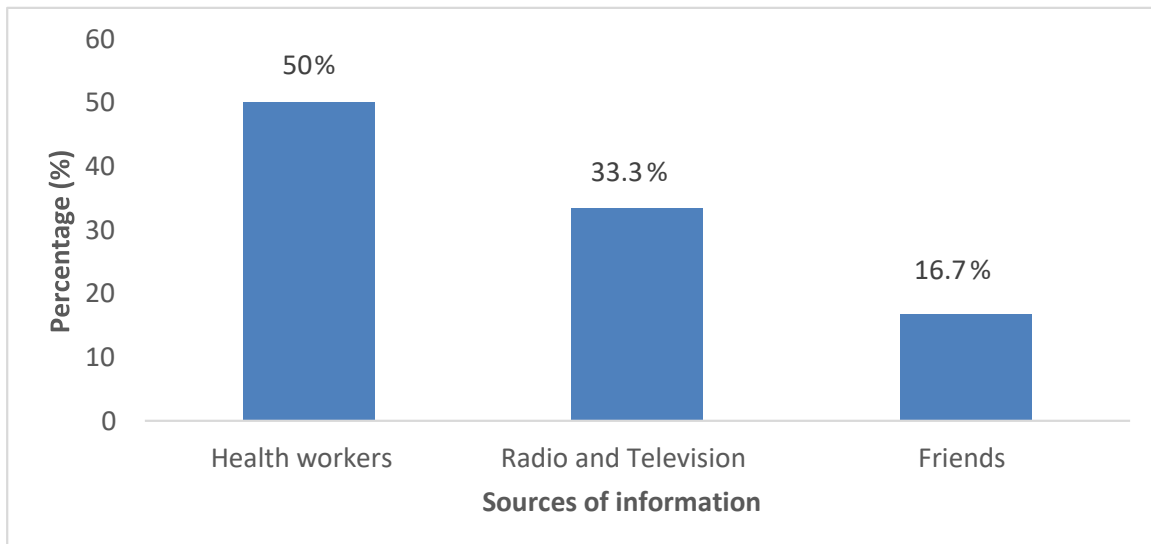


Figure 3: Responses to whether goal oriented antenatal care is important n=30

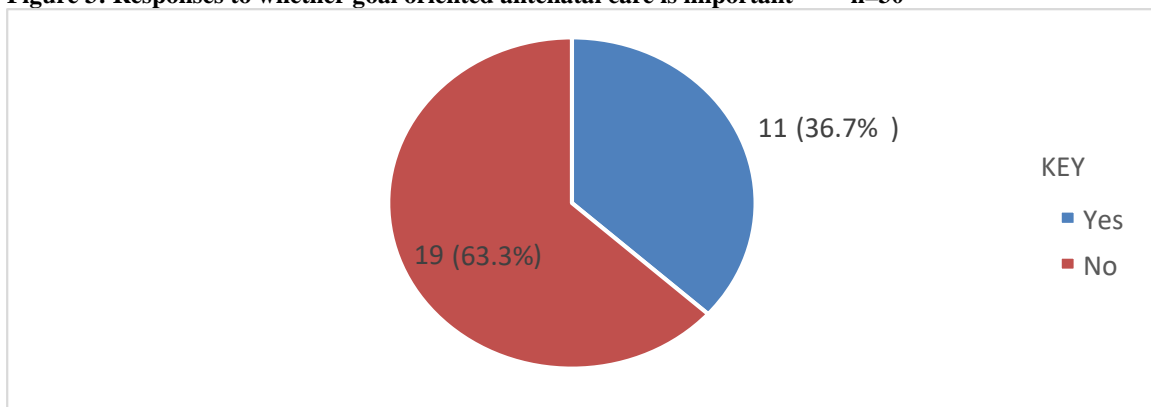


Table 2: Shows responses on importance of goal oriented antenatal care n=30

Variable	Frequency (f)	Percentage (%)
Promotes wellness of the fetus and mother	21	70
Helps in birth preparation	6	20
Detects abnormalities in both mother and fetus and ensures rectification	3	10

Table 3: shows months of pregnancy to start goal oriented antenatal care services n=30

Variable	Frequency (f)	Percentage (%)
0-3 months	6	20
3-5 months	5	16.6
5-7 months	17	56.7
7 and above	2	6.7

Knowledge of pregnant women towards the new goal oriented antenatal care services at Soroti Regional Referral Hospital, Soroti City

From figure 1, majority 24(80%) of the respondents mentioned that they had never heard about goal oriented antenatal care while the least 6(20%) mentioned that they had ever heard about it.

Figure 2 shows that a half 3(50%) of the respondents stated that got information about goal oriented antenatal care from health workers, 2(33.3%) stated that the information was got from radio and television and only 1(16.7%) stated that the information was got from friends. From figure 3, majority 19(63.3%) of the respondents said that goal oriented antenatal care is not important while the minority 11(36.7%) said that goal oriented antenatal care is important.

Table 2 shows that most 21(75%) of the respondents mentioned that goal oriented antenatal care promotes

wellness of the fetus and mother, 6(20%) mentioned that it helps in birth preparation and the least 3(10%) mentioned that it helps to detect abnormalities in both mother and fetus and ensures rectification.

Table 3 above shows that more than a half 17(56.7%) of the respondents mentioned that one should start goal oriented antenatal care at 5 to 7 months, 6(20%) mentioned 0 to 3 months, 5(16.6%) mentioned 3 to 5 months and 2(6.7%) mentioned 7 and above months.

Figure 4 shows that majority 18(60%) of the respondents mentioned that one should attend goal oriented antenatal care 1 to 2 times, 5(16.7%) mentioned 4 to 6 times, 4(13.3%) mentioned 2 to 4 times and 3(10%) mentioned 6 to 8 times.

Figure 5 shows that a half 15(50%) of the respondents mentioned test done is urine testing, 8 (26.7%) mentioned blood pressure measuring and 7(23.3%) mentioned blood testing

Figure 4: Shows number of times one should attend goal oriented antenatal care during your pregnancy. (n=30)

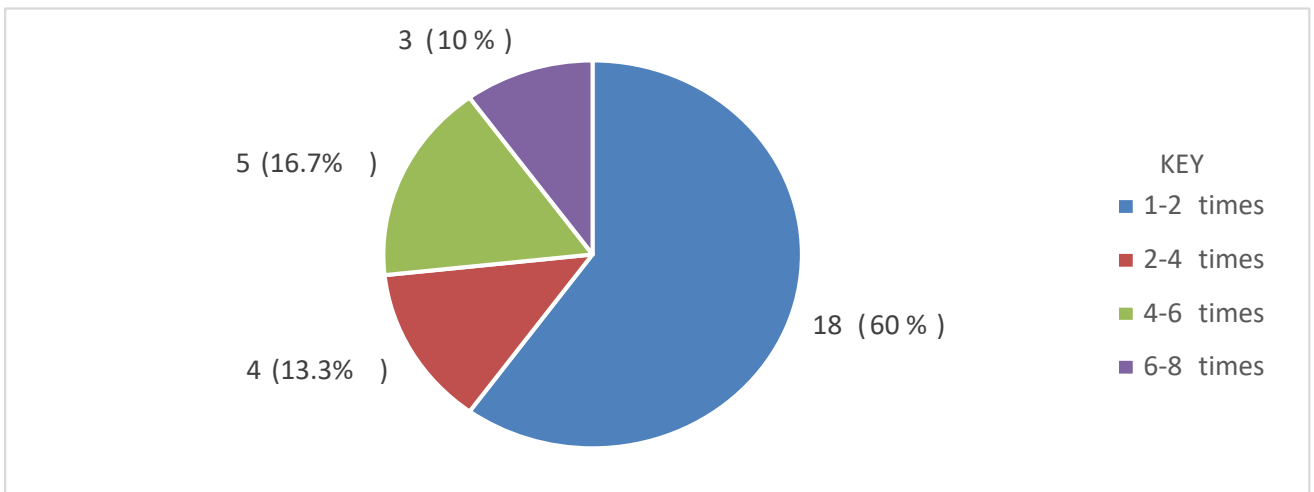
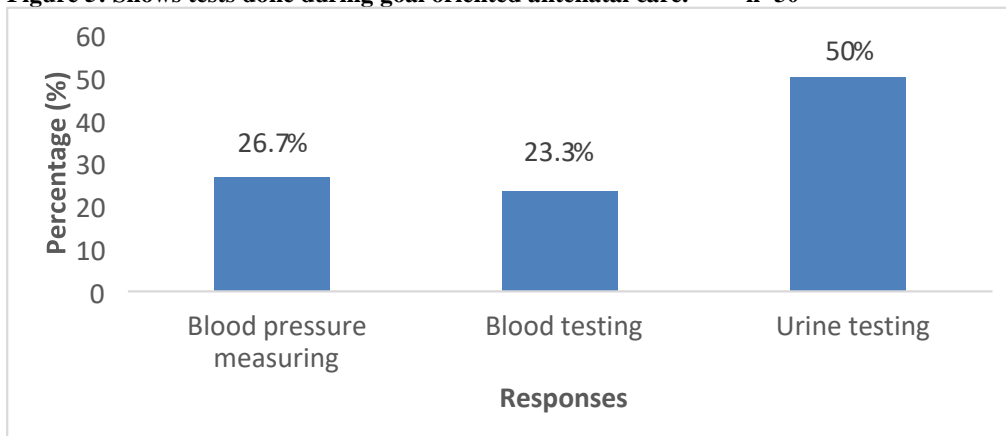


Figure 5: Shows tests done during goal oriented antenatal care. n=30



Attitude of pregnant mothers towards the new goal oriented antenatal care services at Soroti Regional Referral Hospital, Soroti City

According to table 4, majority 21(70%) of the respondents agreed that can give birth to a healthy baby even when they have not attended the new goal oriented antenatal care services, 7(23.3%) were not sure and 2(6.7%) disagreed with the statement.

In addition, 20(66.7%) of the respondents disagreed that attending the new goal oriented prevents the death of pregnant women, 6(20%) agreed and 4(13.3%) mentioned that were not sure.

Furthermore, most 18(60%) of the respondents agreed that Vitamins and iron supplements given during goal oriented are essential in pregnancy, while 12(40%) were not sure. On the other hand, a half 15(50%) of the respondents mentioned that they were not sure that early goal oriented antenatal care booking is good practice in pregnancy, 9(30%) agreed and 6(20%) disagreed with the statement.

Table 4: Shows attitude of pregnant mothers towards the new goal oriented antenatal care services at Soroti Regional Referral Hospital, Soroti City. n=30

Variable	Category	Frequency (f)	Percentage (%)
I can give birth to a healthy baby even when i have not attended the new goal oriented antenatal care services Total	Agree	21	70
	Disagree	2	6.7
	Not sure	7	23.3
	Total	30	100
Attending the new goal oriented prevents the death of pregnant women Total	Agree	6	20
	Disagree	20	66.7
	Not sure	4	13.3
	Total	30	100
Vitamins and iron supplements given during goal oriented are essential in pregnancy Total	Agree	18	60
	Disagree	0	0
	Not sure	12	40
	Total	30	100
Early goal oriented antenatal care booking is good practice in pregnancy Total	Agree	9	30
	Disagree	6	20
	Not sure	15	50
	Total	30	100

Figure 6: Shows whether respondents utilize goal oriented antenatal care services during Pregnancy. n=30

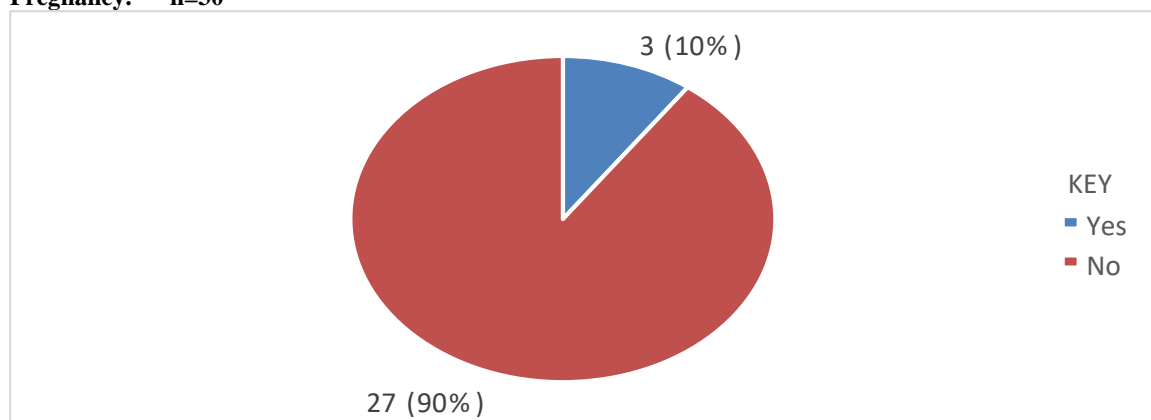


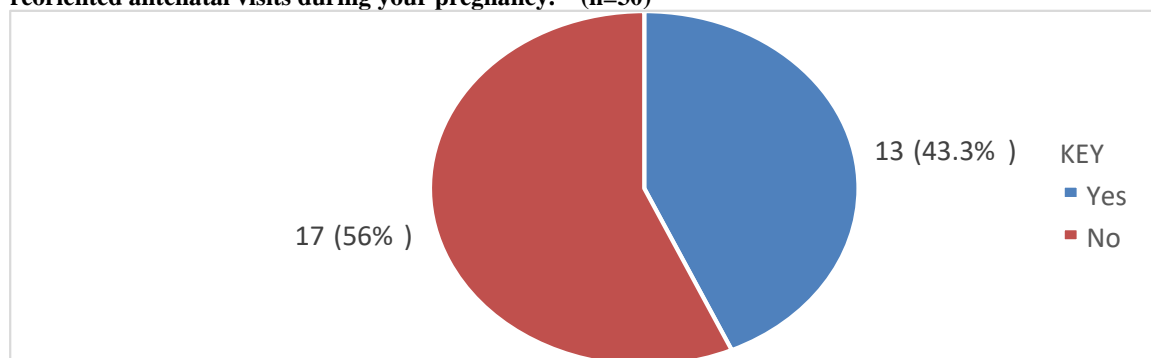
Table 5: Shows where respondents get the services. n=30

Variable	Frequency (f)	Percentage (%)
Hospital	10	33.3
Clinic	20	66.7

Table 6: Shows responses about what was learnt after attending goal oriented antenatal care. (N=30)

Variable	Frequency (f)	Percentage (%)
Quit smoking and alcohol drinking	10	33.3
Proper nutrition	20	66.7

Figure 7: Shows whether respondents were willing to attend all the 8 required goal reoriented antenatal visits during your pregnancy. (n=30)



Practices of pregnant women towards the new goal oriented antenatal care services at Soroti Regional Referral Hospital, Soroti City

Figure 6 shows that majority 27(90%) of the respondents mentioned that they do not go for goal oriented antenatal care during pregnancy while minority 3(10%) mentioned that they go for goal oriented antenatal care during pregnancy.

Table 5 shows that majority 20(66.7%) of the respondents mentioned that they get goal oriented antenatal services from clinics while minority 10(33.3%) mentioned from hospital.

Table 6 shows that most 20(66.7%) of the respondents mentioned that they learnt proper nutrition during

utilization of goal oriented antenatal services and only 10(33.3%) mentioned that they learnt quit smoking and alcohol drinking.

Figure 8 shows that more than a half 17(56%) of the respondents mentioned that were not willing to attend all the 8 required goal reoriented antenatal visits during your pregnancy while

13(43.3%) mentioned that they were willing to attend.

Table 7 shows that 18(60%) of the respondents mentioned that lack of support hinders them from attending goal-oriented antenatal services, 10(33.3%) mentioned lack of transport, and only 2(6.7%) mentioned that occupation hinders them from attending goal oriented antenatal services.

Table 7: Shows what hindered one from attending all the 8 visits. (n=30)

Variable	Frequency (f)	Percentage (%)
Work demand	2	6.7
Lack of financial support for requirements	18	60
Lack of transport	10	33.3

Discussion

From the study, the majority 24(80%) of the respondents mentioned that they had never heard about goal-oriented antenatal care. This indicates a lack of awareness about the service. This could be attributed to several factors such as inadequate dissemination of information about the service by healthcare providers, lack of health education, or limited access to media channels where information could be disseminated. This finding contradicts Henok et al., (2015) who indicated that 88.2% of mothers had ever heard about GANC.

Findings also showed that half 3(50%) of the respondents stated that got information about goal-oriented antenatal care from health workers. This indicates that healthcare workers are playing a role in disseminating information about the service. This finding is in line with Ibrahim et al., (2014) in Benghazi Libya who indicated that the majority of the mothers received information from health workers.

The study findings also showed that the majority 19(63.3%) of the respondents said that goal-oriented antenatal care is not important. This could be due to a lack of understanding of the importance of the service or a perception that it is not necessary. This finding is contrary to Ibrahim et al., (2014) in Benghazi Libya who reported that the majority of pregnant women 85.3% had a high knowledge score concerning antenatal care and knew that it is an essential practice to maintain the wellness of the baby and the mother at large especially during pregnancy, birth and postnatal.

In addition, most 5(45.5%) of the respondents mentioned that goal-oriented antenatal care promotes wellness of the fetus and mother. This indicates a positive finding regarding the importance of goal-oriented antenatal care. This finding is in agreement with Ibrahim et al., (2014) in Benghazi Libya who reported that the majority of pregnant women knew that goal-oriented antenatal care is important to maintain the wellness of the baby and the mother.

Furthermore, the study results showed that more than half 17(56.7%) of the respondents mentioned that one should start goal-oriented antenatal care at 5 to 7 months. This indicates the late starting of goal-oriented antenatal care thus leading to missing some steps. This finding is contrary to the study by Oladejo, (2022) in Nigeria who indicated that the majority of the respondents had good knowledge of FANC services as they knew that mothers should go for these services before 3 months.

On the other hand, the majority 18(60%) of the respondents mentioned that one should attend goal-oriented antenatal care 1 to 2 times. This suggests that

pregnant women may not be receiving adequate antenatal care, which could have adverse effects on maternal and fetal health. This finding disagrees with Henok et al., (2015) who indicated that 48.9% of mothers reported that a woman should get ANC services 4 times and above during her pregnancy.

The study findings also showed that half 15(50%) of the respondents mentioned test done is urine testing. This implied that urine testing is the most common test done during goal-oriented antenatal care. This suggests that pregnant women may not be receiving comprehensive antenatal care, including essential tests such as blood testing and blood pressure measuring. This finding is similar to the study by Oladejo, (2022) in Nigeria who indicated that the majority of the respondents knew that blood screening for HIV, syphilis, glucose levels are taken as well as blood pressure.

It is also shown that 14(46.7%) of the respondents mentioned that they are worked on by nurses during the utilization of goal-oriented antenatal care. This could be because nurses are the first point of contact for pregnant women seeking antenatal care at health facilities. This finding is not in line with Lilungulu et al., (2016) in Dodoma Tanzania who indicated that 79.8% of the women knew that the first antenatal checkup should be done by a midwife or gynecologist.

According to the study findings, the majority 21(70%) of the respondents agreed that they can give birth to a healthy baby even when they have not attended the new goal-oriented antenatal care services. This suggests a lack of appreciation for the value of preventive healthcare and the role of antenatal care in promoting the health of the mother and the baby. This finding is in agreement with Abdi, (2018) in Ethiopia who indicated that 57% of pregnant mothers had a poor attitude towards antenatal care and they were not interested in taking part in it, the pregnant women believed that even without antenatal care a mother can give birth to a live and healthy baby thus considering it unimportant.

In addition, 20(66.7%) of the respondents disagreed that attending the new goal-oriented prevents the death of pregnant women. This indicates a lack of information about the importance of information about goal-oriented antenatal care in the prevention of maternal mortality. This is probably because of being illiterate and lack of comprehensive health education. This finding contradicts Etuk et al., (2017) who indicated that respondents 32% believed that it prevents the death of pregnant women and 33% believed that GANC detects diseases early in a pregnant woman.

Furthermore, 18(60%) of the respondents agreed that Vitamins and iron supplements given during goal orientation are essential in pregnancy. This shows a positive finding since these nutrients are important to pregnant mothers. This finding is in agreement with Oladejo, (2022) who reported that pregnant mothers believed that vitamins and iron supplements given during antenatal are essential.

On the other hand, half 15(50%) of the respondents mentioned that they were not sure that early goal-oriented antenatal care booking is good practice in pregnancy. This shows a negative finding. This is possible because early booking is important for detecting and managing potential complications early in pregnancy. This finding is not in agreement with Oladejo, (2022) who reported that pregnant mothers believed that early antenatal booking is good in pregnancy.

Findings showed that the majority 27(90%) of the respondents mentioned that they do not go for goal-oriented antenatal care during pregnancy. This indicated low utilization of goal-oriented antenatal care services among pregnant women. This could be attributed to inadequate communication and sensitization about the new antenatal care approach among pregnant women in the region. This finding is contrary to Mutai & Otieno, (2021) in Kenya who indicated that only 35% of pregnant mothers attend all the 4 GANC visits.

This study also showed that the majority 2(66.7%) of the respondents mentioned that they get goal-oriented antenatal services from clinics. This indicates that goal-oriented antenatal care is utilized most by clinics. This could lead to the reception of inadequate services. This is probably because most clinics lack the comprehensive services needed. This finding is in line with Lilungulu et al., (2016) who indicated that the majority of the respondents 92.3% admitted attending focused antenatal care services at clinics during their previous pregnancies. The study results also showed that most 2(66.7%) of the respondents mentioned that they learned proper nutrition during utilization of goal-oriented antenatal services. This shows that those who utilized goal-oriented antenatal care learned the importance of proper nutrition which promotes good health to both the mother and the fetus. This finding is not in agreement with Sitot & Workye, (2022) in Ethiopia who indicated 58.3% of mothers carried out antenatal exercises as directed by the health workers during antenatal sessions.

Findings also showed that more than half 17(56%) of the respondents mentioned that were not willing to attend all 8 required goal-reoriented antenatal visits during their pregnancy. This indicates that respondents had poor practices towards utilization of all the required steps. This is probably because of various factors like financial constraints. This finding is in line with Mutai & Otieno, (2021) in Kenya who indicated that 37.3% of the respondents did not attend any visit during their pregnancy.

Conclusion

The findings of this study indicate that there is a lack of knowledge and low utilization of goal-oriented antenatal care services among pregnant women in Soroti City. The majority of the respondents had never heard about goal-oriented antenatal care, and most did not consider it important. However, those who were aware of goal-oriented antenatal care believed that it promotes the wellness of the fetus and mother, helps in birth preparation, and detects abnormalities.

Attitude toward goal-oriented antenatal care was mixed, with some respondents agreeing that attending it is essential in pregnancy, while others disagreed. Furthermore, lack of support, transport, and occupation were identified as hindrances to attending goal-oriented antenatal care services.

The practices of pregnant women towards the new goal-oriented antenatal care services were also found to be low, with the majority not attending any visits. Proper nutrition was the most commonly learned aspect during goal-oriented antenatal care visits while quitting smoking and alcohol drinking were less emphasized.

In conclusion, this study highlights the need for increased awareness and promotion of goal-oriented antenatal care services among pregnant women in Soroti City. Improving accessibility and addressing barriers such as lack of support and transport could also increase utilization. Finally, healthcare providers should emphasize the importance of attending all required goal-oriented antenatal care visits and provide comprehensive education on all aspects of pregnancy care.

Limitations of the study

The researcher faced financial constraints since the study did not have any external facilitation.

Recommendation

Conduct health education and awareness campaigns to sensitize pregnant women about the importance of goal-oriented antenatal care services.

Allocate adequate resources to Soroti Regional Referral Hospital to enable them to provide quality goal-oriented antenatal care services.

Encourage pregnant women to attend all eight required goal-oriented antenatal care visits to ensure they receive appropriate care throughout their pregnancy.

Train more healthcare workers in goal-oriented antenatal care services to increase the number of skilled personnel who can provide quality care to pregnant women.

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List of Abbreviations

DHS: Demographic Health Survey
EDHS: Ethiopian Demographic Health Survey
GANC: Goal-Oriented Antenatal Care
ICF: International Classification of Functioning, Disability and Health
MoH: Ministry of Health
NPC: National Planning Council
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Fund
UNMEB: Uganda Nurses and Midwives Examinations Board
WHO: World Health Organization

Source of funding

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Conflict of interest

No conflict of interest declared

Author Biography

Kevin Asio is a student of the Diploma in Midwifery at Lubaga Hospital Training School, Barbara Akankunda Kansiime is a tutor at Lubaga Hospital Training School and Jane Frances Namuddu is the principal tutor at Lubaga Hospital Training School.

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