

WOLKITE UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCE
DEPARTMENT OF NURSING



**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF
PREGNANT WOMEN TOWARD ANTENATAL CARE IN AGENA
TOWN, GURAGE ZONE, SNNPR, ETHIOPIA, 2020.**

**A RESEARCH THESIS SUBMITTED TO WOLKITE UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF
NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE BSC IN NURSING.**

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2020

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Declaration

We hereby declare that, this thesis is my original work and has not been presented for a degree in any other university, and all sources of material used for this thesis have been duly acknowledged.

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This thesis has been submitted for examination with my approval as thesis advisor.

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WOLKITE UNIVERSITY

DEPARTMENT OF PUBLIC HEALTH

ADVISORS' APPROVAL SHEET

This is to certify that the thesis entitled; “**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF PREGNANT WOMEN TOWARD ANTENATAL CARE IN AGENA TOWN, GURAGE ZONE, SNNPR, ETHIOPIA, 2020**”, submitted in partial fulfillment of the requirements for the **Degree of Bachelor in NURSING** in undergraduate program of the Department of **NURSING** and has been carried out by **SISA MULUGETA. MARTA ASIFACHEWU SHIMELLES KEFALE and MISGANA MOLLA** under my/our supervision. Therefore, we recommend that the students has fulfilled the requirements and hence here by can submit the thesis to the department.

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ABSTRACT

BACKGROUND Antenatal care is a general and medical care given to pregnant women during pregnancy. The primary aim of antenatal care is to achieve a healthy mother and a healthy baby at the end of pregnancy. The objectives of antenatal care are to promote, protect and maintain the health of the mother during pregnancy. The service include dietary and life style advice, examination of weight gain and blood pressure, and addressing any other problems of pregnancy. ANC can play a role in identifying danger sign or predicting complications during delivery by screening for risk factors and arranging for appropriate delivery care

OBJECTIVE: The objective of this study is to assess knowledge, attitude and practice of pregnant women toward antenatal care in Agena town, Gurage zone, SNNPR, 2020

METHOD AND MATERIALS: Descriptive, cross-sectional based study was conducted in pregnant women that are selected by convenient sampling technique in 81 pregnant women attending agena health center during the study from 16-30/12/2020 And the data were analysed using spss computer application the result was presented by text ,table and figures

RESULT From study subjects 40(49.9%) knows about ANC and the rest 41(49.2%) don't know about ANC.

CONCLUSSION Majority of the respondents are gurage in ethnicity and protestant in religion. Majority of respondents have knowledge on ANC and majority of them get from health extension workers.

From those who have no knowledge about ANC majority of them did not use the service, this shows that knowledge affects utilization of the service because they don't know the benefit of ANC utilization

KEY WORDS: Antenatal care (ANC), Knowledge, Attitude, and Practice, Danger sign, Maternal morbidity and mortality

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LIST OF ACRONYM

ANC	Antenatal care
BP	Blood pressure
CS	Cesarean section
E.C	Ethiopian calendar
EDHS	Ethiopian demographic health survey
G.C	Gregorian calendar
HDP	Hypertensive disorder of pregnancy
Hgb	Hemoglobin
KAP	Knowledge attitude and practice
KM	Kilometer
MCH	Maternal and child health
ML	Milliliter
MMR	Maternal mortality rate
MPH	Masters in public health
MSC	Master of science
PPH	Post-partum hemorrhage
RPC	Retained placental cotyledon
STD's	Sexually transmitted disease
UTI	Urinary tract infection
WHO	World health organization

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INTRODUCTION

1.1 BACKGROUND INFORMATION

Antenatal care(ANC) is the clinical assessment of mother and fetus, during the period of pregnancy used for getting the best possible result for the mother and child. It is also known as prenatal care which is a medical and general care given to pregnant women during pregnancy. It consists of routine care that should be given to pregnant women to ensure safe and healthy deliveries. The services include dietary and life style advices, on-going assessment of risk, managing problem through education/counseling/medical interventions, examination of weight gain and blood pressure, and addressing any other problems of pregnancy [1 &2]. ANC is an integral component of maternal and child health (MCH) as a part of global strategies for achieving health for all [3].

ANC is not specific to women with prior medical problems. Women's health and behavior is affected during pregnancy. This in turn affects the condition of the baby. Poor diet, excessive work load and illness like malaria can hold back the development of the fetus. Hence, a pregnant woman requires regular health check up by trained medical service provided to regularly monitoring her condition [4].

Maternal health services have a potentially critical role in the improvement of reproductive health. The use of health service related to availability, quality and cost of services as well as the social structures, health beliefs and personal characteristics of the users. Over half a million women die each year from complications of pregnancy or childbirth. Most maternal deaths occur during childbirth and the presence of trained medical staff could greatly reduce this number [5].

Major activities during ANC visit include hemoglobin (Hgb) measurement to correct anemia, BP measurement to detect hypertensive disorders of pregnancy (HDP) and venereal disease research laboratory (VDRL) for treatment of sexually transmitted disease (STD) and urine analysis for detection of urinary tract infection (UTI) and HDP, and blood film for detection of malaria and other infections and parasitic disease and immunization against tetanus [6].

ANC can also play a role in identifying danger signs or predicting complication around delivery by screening for risk factors and arranging for appropriate delivery care when indicated. Risk assessment has proven most useful in the prediction of obstructed labor based on high and poor obstetric history (like caesarian section (CS), still birth). A history of previous post-partum hemorrhage (PPH) or retained placental cotyledon (RPC) may be indicative of a woman at a risk of PPH. All mothers encouraged to registers for ANC as soon as they know they are pregnant. ANC clinic can be held in hospital, health center, private clinic and health post [7 & 8].

ANC care is more beneficial in preventing adverse pregnancy outcomes when received early in the pregnancy and continued throughout delivery. Early detection of problems in pregnancy helps to make timely referral for women in high risk categories or with complications, this is particularly true in Ethiopia, where three quarters of population live in rural areas and where physical barriers pose a challenge to providing health care. ANC is essential for assessing the quality of ANC services. Pregnancy complications are the primary source of maternal and child mortality. Therefore, pregnant women should routinely receive information on the signs of complication and be tested for them at all ANC visits. To help assess the quality of ANC services respondents were asked whether they had been advised of complication or received certain screening tests during at least one of their ANC visits [9, 10 & 11].

There is a very huge risk difference among pregnant women in developing and industrialized or developed countries. ANC is potentially one of the most effective health intervention programs for preventing maternal morbidity and mortality particularly in places where the general health status of the women is poor [12].

The World Health Organization (WHO) currently recommends antenatal visits which are more target-oriented. The pregnant woman is expected to have at least four visits. The first visit by the end of the fourth month, the second visit is between 24 to 28 weeks. The third visit at 36 weeks and the fourth visit at 36 weeks. But, frequent visits are required for mothers having pregnancy risks [7].

1.2 STATEMENT OF THE PROBLEM

Globally one woman dies each minute as a result of pregnancy or childbirth related complications that means an estimated 529,000 women a year. The overwhelming majority of these deaths and complications occur in developing countries. Studies reveal that the cause of maternal mortality in developing countries is mostly due to poor accessibility to maternal death's service, poor referral to appropriate antenatal and delivery care unit, and inadequacies of available care. These studies suggested that most of the maternal deaths were preventable with improved coverage of antenatal care, safe delivery and postpartum care. Effective antenatal care (ANC), appropriate emergency treatment of complications and competent referral level encompass the most effective answers to reduction of maternal deaths [13 & 14].

WHO, estimates that about 300 million women in the developing countries suffer from short and long term illness due to complications related to pregnancy and child birth. About 529,000 mothers die each year from maternal causes out of which 99% of death from the developing world. About 75% of maternal deaths are due to delivery obstetric complication such as hemorrhage, sepsis, HDP, obstructed labour and prolonged labour and unsafe abortion [15].

Study conducted in Tanzania, Dodoma Municipal indicates that only 52.8% of interviewed women knows that the importance of using contraceptives methods. And a good attitude to the statement on the importance of earl antenatal booking where 74.2% of interviewed women agreed to it. However only 12.4% of the respondent women agreed the importance of early antenatal clinic. On practice only 12.4% of the women admitted that they did come for antenatal care follow up that signified poor understanding the importance of antenatal visiting regarding their gestational age of their previous pregnancy (31).

Ethiopia is the second most populous country in Africa next to Nigeria with a projected total population of 98 million in 2016 and a total fertility rate of 4.1 children per women. The Ethiopian Demographic and Health Survey (EDHS) reported a MMR (Maternal Mortality Rate) of 412 per 100,000 LB in 2016[16].

There is regional variation in ANC utilization rate. Basically, it is due to difference in availability of health care facility among the region. During 2000-2010 G.C ANC coverage rates for one visit and four visits for the whole of Africa was 74% and 44% respectively. But it is 97% for both visits in developed countries [17].

According to the World Bank collection of development indicators, ANC coverage of Ethiopia is 33.9% in 2011, who received from skilled providers that is from doctors, nurses and mid wife. In SNNPR, pregnant women's who received ANC from skilled provider is 27.3% from which 45.5% of pregnant mothers who received ANC are from urban area and 14.4% are from rural area[15 &19].

There are five major cause of maternal mortality in our country. From this four of them are due to pregnancy and pregnancy related complications [6]. This complication can be due to lack of ANC follow up. There are multiple factors that hinder the mother not to start ANC follow up. So, the main aim of our research is to identify this factor and to recommend responsible persons or stake holders.

CHAPTER TWO

1 LITERATURE REVIEW

To combat the major maternal health problem and tackle unwanted outcomes of pregnancy, ANC is the only and most important method in detecting and treating pregnancy problems in its earliest period. ANC is a critical element for reducing maternal mortality, and for providing pregnant women with a broad range of health promotion and preventive health services [27]. One of the most important functions of ANC is to offer health information and services that can significantly improve the health of women and their infants. ANC is also an opportunity to inform women about the danger signs and symptoms for which immediate assistance should be sought from a health care provide (32).

Safe motherhood is universally accepted as imperative by all governments and it should ensure that all women receive the care they need to be safe and healthy throughout pregnancy and child birth. It is generally assumed that safe motherhood ends with healthy mother and baby [20].

Looking at study done in Ethiopia, there is large difference in the use of ANC in urban and rural women. According to EDHS 2011 report, It is 76% in urban area while 26.4% in rural. Regional difference in the use of ANC is quite significant. 93.6% of mothers in Addis Ababa are receiving the service from skilled providers as compared with 21.5% of mothers in Somalia region [15]. This large difference in urban and rural area may be due to lack or shortage of health institutions and skilled providers, in accessibility of health institutions nearby to the society, shortage of transport facility, difference in awareness of mothers in urban and rural area and economic statues of the society.

A research conducted in Jimma town indicates that, a total of 307 women who were pregnant for 6 month and above founding during the study period were all enrolled giving a response rate of

100%. The mean age study subject was 25.9 years with the maximum and minimum age being 40 and 15 years respectively. ANC utilization in this study is 90.6%.[22].

The use of ANC also strongly related with the mothers level of education. 90.9% of mothers received ANC who have educated more than secondary school, 85.5% of mothers who educated secondary school, and 45.5% of mothers who educated primary school and 25.1% are illiterate [15]. So this shows that as the mother educated the usage of ANC service increase.

A research conducted in metekel zone, North West Ethiopia indicated that, of 1060 sampled mothers, data were collected from 1038 mothers giving respondent rate of 97.9%. Five hundred seventeen (49.8) of the respondent has at least one visit during the pregnancy of their last deliveries. Five hundred twenty one (50.2%) are non-users, of them lack of awareness accounting 51.4% and absence of health problem during pregnancy accounting 49.9% [23]. This research showed that the main factors that hinder ANC utilizations are lack of awareness and lack of medical complication during pregnancy.

Data were collected from 1038 mothers showed that 681(65.6) of mothers have knowledge on ANC. Of them 73.4% receive ANC and 26.6% who didn't receive ANC. 357(34.4%) of mother have no knowledge about ANC. But 4.8% of them receive ANC and 95.2% who didn't receive ANC [23]. This shows that knowledge on affects mother's utilization of the care.

A research conducted in Yam special wereda, south eastern Ethiopia shows that, data on ANC were collected from 627 mothers making response rate of 93.6%. One hundred seventy nine (28.5%) were reported to have received ANC at least once during their last pregnancy.

A study in India shows that only 27.6% women without antenatal care follow up prefer institutional delivery compared to higher percentage (51.7%) women who had antenatal care follow up [24].

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 child bearing

age were aware of the benefits of antenatal care out of which is 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[25&26].Similarly a study that was conducted in Tunisia to investigate mother's knowledge about preventive care indicated 95% of women knew the importance of antenatal examination[27].

Generally different studies in different cities of our country and in different part of the world showed that there was similarity and differences on knowledge ,attitude and practice of pregnant women toward antenatal care. The study conducted in some area found good knowledge, attitude and practice and the other findings were the opposite. Therefore these review helps to compare the finding of our study.

2.2 SIGNIFICANCE OF STUDY

Having positive attitude and good knowledge is the most valuable precondition for any healthy behavior including ANC services. Different studies have shown that women who had a positive attitude towards ANC had a higher proportion of ANC visits than those with a negative attitude. Therefore knowing about prevalence of women who has positive attitude and good knowledge and identifying the associated factors in a given society has important contribution in addressing maternal health need of the women.

Provision of ANC service for pregnant mother is important to prevent early and late pregnancy complications, to provide vaccination and other medical services for the mother and to prevent maternal and child mortality. Even though, Ethiopian government has made the service free of charge but its utilization is very low.

This study is conducted to assess knowledge, attitude and practice of pregnant mother toward ANC; and the gap between the knowledge they have and the practice they act on ANC. If the

mother have good knowledge and attitude, we simply prevent and decrease maternal and child morbidity and mortality.

This research was conducted to provide a base line data for further reference, source of information for health survey and base line data for health institution in ANC.

CHAPTER THREE

3. OBJECTIVES

3.1 GENERAL OBJECTIVE

- ❖ To assess knowledge, attitude and practice of pregnant women toward antenatal care in Agena town, Garage zone, Ethiopia, December10-25, 2020.

3.2 SPECIFIC OBJECTIVE

- *To assess knowledge of pregnant mother's toward antenatal care in Agena town
- *To assess attitude towards ANC of pregnant mother's toward antenatal care in Agena town
- *To assess practice of pregnant mother's on antenatal care in Agena town

CHAPTER FOUR

4. METHODOLOGY

4.1 STUDY AREA AND PERIOD

4.2 STUDY DESIGN

Quantitative, descriptive, institutional based cross-sectional study was conducted in Agena health center . The data was collected Using convenient sampling method from selected pregnant women attending to ANC knowledge, attitude and practice of pregnant women's toward ANC from December 10-25,2020. Oral consent was taken from respondents before distributing questionnaires. The data was analyzed using SPSS version 20 software, scientific calculators and was presented by tables and graphs.

4.3 POPULATION

4.3.1 SOURCE POPULATION

All women who are in reproductive age group (15-49) years in Agena town.

4.3.2 STUDY POPULATION

All pregnant women in Agena town

4.3.3 SAMPLE POPULATION

Selected pregnant women live in all town of Agena town during study period was included.

4.4 ELIGIBILITY CRITERIA

4.4.1 INCLUSION CRITERIA

Pregnant Women who had at least one previous ANC visit during their current pregnancy. women who were willing to participate.

4.4.2 EXCLUSION CRITERIA

Clients that are too ill to participate in an interview and first visit were excluded from the study.

4.5 SAMPLING SIZE DETERMINATION

The actual sample size for the study was calculated using the single population proportion formula by using the prevalence of 50% since we haven't got research done around. From that, 5% marginal error, and 95% confidence level.

Depending on the standard sample size determination formula:

$$n = \frac{Z^2_{1-\alpha} P(q)}{d^2}$$

Where z stands for normal variable confidence interval 95%=1.96

p=prevalence (0.863) (28)

$$q=1-p=1-0.863=0.137$$

n=the desired sample size

d=the margin of sampling error (5%)

Therefore, using the formula n become $n = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2}$

$$n = \frac{3.8416(0.25)}{0.0025}$$

$$n=384$$

For total population less than 10,000 we use correction formula as the following.

$$nf = \frac{ni}{1 + ni/N} \text{ that } nf = \text{final sample size}$$

ni = standard sample size

N = total sample taken

So we use this formula due to our total population is less than 10,000.

$$nf = \frac{ni}{1 + ni/N}$$

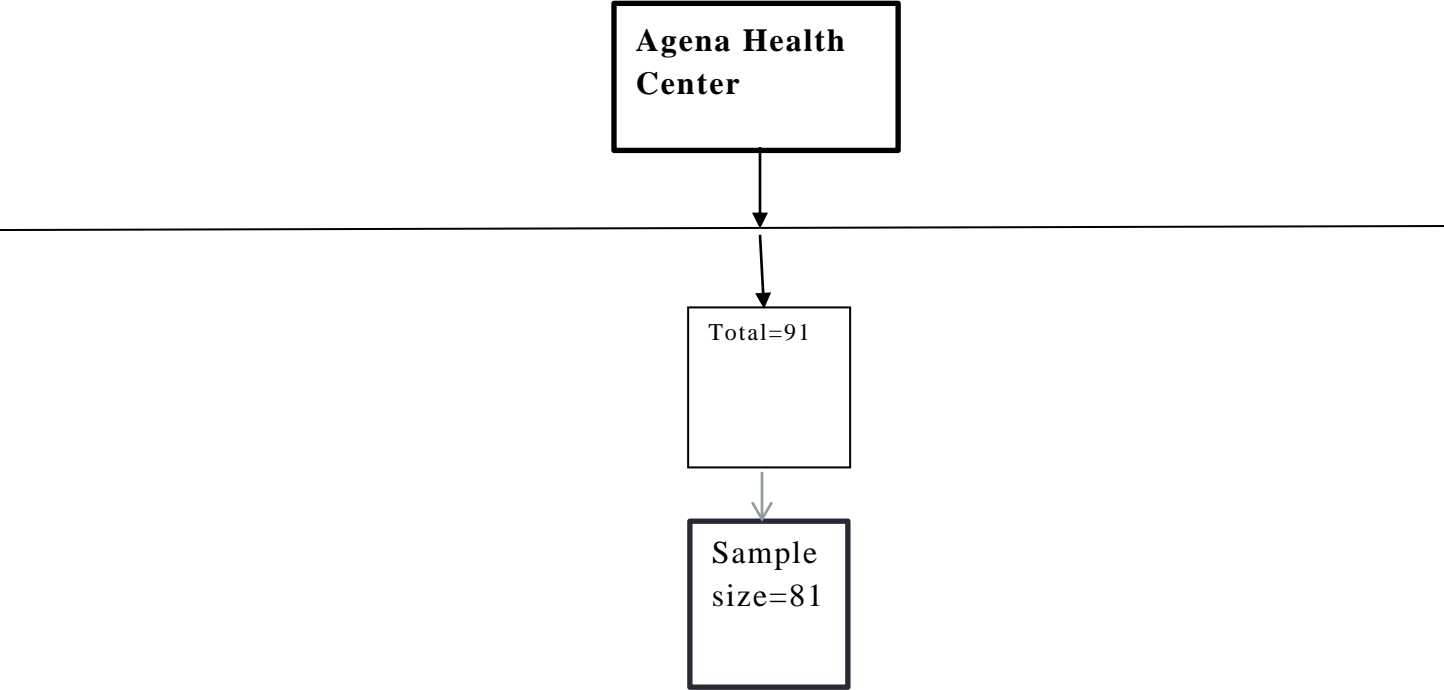
$$nf = \frac{384}{1 + 384/91} = 74$$

And we will take 10% of non-response rate the final sample size is 81.

4.6 SAMPLING TECHNIQUES

Using convenient sampling method technique was used to assess KAP pregnant women's toward ANC in.

Agena Health Center ANC Follow up mother characteristic



4.7 STUDY VARIABLES

DEPENDENT VARIABLE

*Knowledge

*Attitude

*Practice

INDEPENDENT VARIABLES

- ♣ Age
- ♣ Educational status
- ♣ Religion
- ♣ Family size
- ♣ Monthly income
- ♣ Distance from health institution

4.8 MEASUREMENTS

4.8.1 DATA COLLECTION INSTRUMENT

Structured questionnaires was used to collect quantitative data from reproductive group women who are currently pregnant. The questionnaire was developed after reviewing relevant literatures to the subject to include all the possible variables that address the objective of the study. The questionnaire was first prepared in English and then was translated to Amharic and back to English to maintain the consistency of the contents of the instrument [30].

4.8.2 DATA COLLECTION

Data was collected by distributing structured questioner and also interviewing (if illiterate) pregnant mothers in all kebele of Agena town.

4.8.3 DATA COLLECTORS

Data was collected in Agena town by our group member of fourth year nursing students of Wolkite University College of medicine and health science.

4.8.4 DATA ANALYSIS AND PROCESSING

The collected data was compiled, analyzed and processed by SPSS version 20 software and scientific calculator. Chi-square(χ^2) was calculated to analyze association between variables; and Odds ratio was calculated to analyze their strength.

4.8.5 DATA QUALITY ASSURANCE

Pretest on five percent of the sample size was conducted in the near kebele. The quality of data was assured by properly designing and pre testing of the questionnaires, proper training of the interviewer and supervision of the data collection procedure, proper categorization and coding of the questionnaires. Vague terms, phrases and questions identified during the pretest was modified and changed. Missing responses like "No response" and "Others" was checked. Additionally, skipping patterns was checked and if there is any problem it was reviewed and corrected. We all group members discussed in detail about how we ask respondents and take the common understandings on the questioners.

4.7.6 OPERATIONAL DEFINITION

- ♣ ANEMIA:-it is reduction in the number of circulating red blood cell which results in decreasing oxygen carrying capacity of the blood. This means hemoglobin level of less than 11g/dl or hematocrits of less than 33%.
- ♣ ANTENATAL CARE: - is a comprehensive antepartum care programme that involves coordinated approach to medical care and psychosocial support that optimally begins before conception and extends throughout antepartum period.

- ♣ ATTITUDES:- are emotional,motivational,perceptive and cognitive beliefs that positively or negatively influence the behavior or practice of an individual.
- ♣ CHILD MORTALITY: - death of children before the reach of five years old.
- ♣ HYPERTENSIVE DISORDER OF PREGNANCY: - is a disorder that occurs during pregnancy when systolic blood pressure ≥ 140 mmhg measured on two occasion at least 6hours apart or single blood pressure of ≥ 110 mmhg.
- ♣ KNOWLEDGE:- A pregnant women's understanding of components of antenatal care which include registration of pregnancy, danger signs during pregnancy, intake of prophylactic Iron and Folic acid tablets during pregnancy and adapting family methods.
- ♣ MATERNAL MORTALITY: - death of women while they are pregnant or within 42days of termination of pregnancy irrespective of the site and duration of pregnancy, from any condition related to or aggravated by the pregnancy or its management but not from accident or incidental cause.
- ♣ OBSTRUCTED LABOR: - failure of descent of the fetus in spite of good uterine contraction.
- ♣ PRACTICES:- are the observable actions of a pregnant women that could affect her to go to the hospital for antenatal check-up, after knowing the danger signs during pregnancy, how she is making the arrangement to attend hospital and how she had adapting the family planning methods after marriage, in the previous and present pregnancy.
- ♣ SEXUALLY TRANSMITTED DISEASE: - are diverse group of infection caused by different types of microbial agents that are frequently transmitted by sexual contact.
- ♣ URINARY TRACT INFECTION: - is an acute infection of urinary tract
- ♣ GOOD KNOWLEDGE ON ANC: - mothers who have awareness on ANC and score $\geq 50\%$ of knowledge related questions.
- ♣ POOR KNOWLEDGE: - mothers who score less than 50% of knowledge related questions.
- ♣ POSITIVE ATTITUDE ON ANC: - mothers who score more than or equal to 50% of attitude related questions.
- ♣ NEGATIVE ATTITUDE:-mothers who score less than 50% of attitude related questions.
- ♣ GOOD PRACTICE:-mothers who start ANC follow up currently.
- ♣ BAD PRACTICE: - mothers who have no any ANC follow.

4.7.7 ETHICAL CONSIDERATION

Approval to conduct this study was obtained from the Nursing department of Wolkite University. The purpose of the study was clearly explained to each of study participants before distributing the questioner. Permission was taken from Agena town and selected kebele administrators with formally written letter from Agena health office. Oral consent was taken from respondents before distributing questionnaires.

4.7.8 BENEFICIARY AND BENEFIT OF THE STUDY

Agena health bureau, health center, health extension workers was benefit from this study knowing the reason why pregnant women non attendant ANC.

At last but not least, the community benefit with strategy of the health bureau to increase ANC follow up. It may serve as a reference for other student who preparing for a research and as a base line data for other research's in the different parts of the country.

4.7.9 DISSEMINATION AND UTILIZATION OF THE RESULT

The findings of result was presented to public defense. Then copy of the report was submitted to Department of Nursing, Wolkite University and Agena Health center and administration office to take appropriate measures after the completion of the study.

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CHAPTER FIVE RESULT

5.1 SOCIO DEMOGRAPHIC DATA CHARACTERISTICS OF RESPONDENTS

From the total of 81 pregnant mothers data was collected from 81 pregnant women which makes respondent rate of (100%). From the total study subjects, majority are 38(46.8%) within age range of 18-29 followed by 30-40 years old which account for about. Almost all of the study subjects are married 60(74.1%) About 42(51.9%) of study participant are house wife, 23(28.4%) are government employer and 16(19.8) other.

Majority of study subject 43(53.1%) are gurage in ethnicity followed by amhara Oromo 18(22.2%), 17(21%) respectively. From the total study subjects 31(38.3%) are orthodox 29(35.8%) are protestant, 21(25.9%) are Muslim religion followers . About (%) of study subjects have monthly income of Ethiopian birr, 91(42.13%) and 38(17.59%) have monthly income of less than 500 birr and greater than 1000 birr respectively. Currently about 68(84.%) of women's have children while, the rest 9(11.1%) of women's have no children. From those who have children grand multi parity account for about 7(8.4%) and those who have children of less than four accounts 60(72%).

Table1- Socio-demographic characteristics of respondents in Agena town SNNPR, 2020 G.C

Variables		Frequency(N)	Percentage (%)
Age	<18	1	1.2
	18-30	38	46.9
	30-40	29	35.8
	>40	12	14.8
Religion	Orthodox	31	38.3
	Protestant	29	35.8
	Muslim	21	25.9
Marital status	Married	60	74.1
	Single	2	2.5
	Divorced	6	7.4
	widowed	13	16.0
Ethnicity	Gurage	43	53.1
	Amhara	18	22.2
	Oromo	17	21.0
Monthly income	Less than 2000	91	46.76
	2000-3500	87	44.90
	> 3500 birr	38	18.52
Occupation	Housewife	42	51.9
	Government employee	16	19.6
	Teacher	23	28.4

5.2 KNOWLEDGE ON ANC

From study subjects 40(49.9%) knows about ANC and the rest 41(49.2%) don't know about ANC. From those who have knowledge about ANC 31(38.3%) got the information concerning ANC from health institution, 24(29.6%) from radio and tv the rest 21(25.9%) got the information from newsthesis, books and other source.

About 6(7.2%) said it is used for prevention of maternal and child mortality, 39(48.17%) said used for birth spacing, , 36(44.4%) said for prevention of sexually transmitted disease.

Table 2 shows general knowledge of pregnant mothers toward ANC in Agena town SNNPR, 2020 G.C.

Variables			No	%
Heard about ANC		Yes	40	49.9
		No	41	49.2
Your source of information	Radio % TV		24	29.6
	Health institution		31	38.3
	Newsthesis, magazine & others		21	25.9
Know the time that the first ANC visit took place		Yes	17	20.4
		No	64	76.8
Know that safe place to delivery		Yes	45	54
		No	36	43.2

From study subjects 17 (20.4%) of respondents said that the first visit should be within the first four months of amenorrhea, 14 (16.8%) said at 9th month, 36 (43.2%) and said during labor,.

About 45 (54%) said that the safe place to give birth is health institutions while, the rest 21 (9.72%) said at home.

5.3 ATTITUDE ABOUT ANC

Almost all 33 (40.7%) of respondents support other women who use the service. The majority of them have their own reason to support others like; to reduce maternal and child mortality, to reduce complication of labor and pregnancy and others. But, some of them support without any reason.

From the total study subjects 59 (72.8%) of respondents discuss with their friends and husbands about ANC and the rest 23 (27.2%) didn't discuss about ANC. (Table 3).

Table 3 shows Attitudes of pregnant mothers toward ANC in Agena town, SNNPR, 2020 G C

Variable		No	%
Willingness to know about ANC	Yes	25	30
	No	38	45.6
Oppose women's who use ANC service	Yes	22	26.4
	No	59	70.8

5.4 PRACTICE OF ANC

From the total study subjects 60(74.1%) are attended ANC before the current pregnancy and the rest 18(22.2%) of them didn't receive ANC before. The reason for non attendant is 22(26.4%) is primigravida.

From those who did not use the service 33(40.7%) have a plan to use the service in future but, the rest 13(16%) have not plan to use the service due to they have not plan to give birth & others for unknown reason (Table 4).

Table 4 Shows practice of ANC of pregnant mother in Agena town SNNPR, 2020 G.C.

Variable		No	%
Attending ANC before	Yes	60	73.8
	No	21	25.8
Practicing ANC now	Yes	49	60.2
	No	32	39.3
Have you any plan to use ANC service in the future?	Yes	33	40.5
	No	8	9.8

CHAPTER 6 DISCUSSION

Research conducted in metekel zone, North West Ethiopia indicated that 34.4% of the mothers have no knowledge about ANC (8). This is very low when compared to our study which are 40(49.2). this might be due to economic and social factor.

According to this study, it was found out that ANC service utilization from skilled providers is 100%. This is larger as compared to ANC utilization in urban area of Ethiopia which is 76% (4).

A research conducted in yem special woreda, south eastern Ethiopia shows that, 28.5% were reported to have received ANC which is very low as compared to this study research.

A survey conducted in Jimma town indicated that 25.1% mothers who received ANC are illiterate which is high as compared to our study which is 7.4% (4). This difference might be due to the knowledge and awareness of mothers in Jimma town is higher than Agena because of Jimma is a more facilitated town as compared to Agena.

From study participants majority of them have knowledge on ANC. 38.1% of them get information from health institution

CHAPTER 7

CONCLUSION AND RECOMMENDATION

7.1 CONCLUSSION

Majority of the respondents are gurage in ethnicity and protestant in religion.

Majority of respondents have knowledge on ANC and majority of them get from health extension workers.

From those who have no knowledge about ANC majority of them did not use the service, this shows that knowledge affects utilization of the service because they don't know the benefit of ANC utilization.

There is statistically significant association between Scio demographic variables like; age, educational status, distance from health institution, number of children and knowledge on ANC with ANC utilization.

7.2 RECOMMENDATION

- Administrative body of Agena town should increase health facilities and give emphasis to health education toward ANC service.
- Agena health center and health extension workers should strengthen the health education on maternal and child health including ANC as it is one of the components of primary health care.
- Agena health professionals who give service on ANC should improve their service and the way of approach toward pregnant women's.
- Finally, we emphasize that the concerned bodies better give health education not only for women but also for husbands and other family members.

Wolkite University College of medicine and health science should allow students to do further research on ANC in Agena town

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ANNEX QUESTIONNAIRE-

WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF NURSING

QUESTIONNAIRE PREPARED TO ASSESS KNOWLEDGW, ATTITUDE AND PRACTICE OF PREGNANT MOTHERS TOWARD ANTENATAL CARE IN AGENA TOWN, FROM DECEMBER 10-25, 2020.

CONSENT

Good morning/afternoon! How are you? My name is _____.

I am a student of Wolkite University College of medicine and health science. Now I and my colleagues are conducting a study on KNOWLEDGE ATTITUDE AND PRACTICE OF PREGNANT MOTHERS TOWARD ANTENATAL CARE IN AGENA TOWN. I assure you that the information that you are going to give was kept in secrete. We will not take your name. Therefore, you are free to respond or not to respond the questions. Your support and willingness in responding the questions was very important for the success of this study. Do you agree to participate in this study? Yes_____ No_____

If no, go to the next house.

THANK YOU FOR YOUR COOPERATION.

INSTRUCTION:-ANSWER THE FOLLOWING QUESTIONS ACCORDINGLY.

SECTION ONE: SOCIO DEMOGRAPHIC CHARACTERISTICS

1.1 Age in year_____

1.2 religion _____

1.3 marital statuses _____

1.4 ethnicity _____

1.5 Educational status _____

1.6 Do you have children? A yes B no

1.7If “YES” how many children you have? _____

1.8 Your job _____

1.9Your monthly income in birr _____

1.10 How far is your house from health institution _____

PART II: SECTION TWO KNOWLEDGE ABOUT ANC

2.1 Do you know about Antenatal care? A yes B no C no response

2.2 If your answer for question number 2.1 is “YES”, what is your source of information?

A. radio and TV

D. books

B. health institution

E. newsthesis and magazine

C. health extension workers

F. Others specify _____

2.3 what is the importance of ANC? (More than one answer is possible).

A for child spacing

D for preventing maternal and child mortality

B for prevention of STD's

E for immunization

C for treating complication of pregnancy early

F others specify _____

A yes B no

3.3.1 If your answer is "YES" what is your reason_____

3.3.2 If your answer is "NO" what is your reason_____

3.4 Do you discussed about ANC with your husbands' or friends?

A yes B no C no response

3.4.1 If your answer is "NO" what is your reason_____

SECTION IV: PRACTICE OF ANC

4.1 Are you attending ANC before?

A yes B no

4.2 Are you practicing it now?

A yes B no

start_____

4.3 If "YES" when do you

4.4 If "NO" for the above Q what is your reason? _____

4.5 If "NO" for Q4.2 do you have any plane to use antenatal care service in the future?

A yes B no C no response

More than one answer is possible)

A. Blood pressure measurement

D. Immunization

B. Health education

E. Urine analysis

C. Blood group

F. others specify-----

4.8 From whom you receive the service?

A from doctors B nurses C midwives

D health extension workers E other specify_____

THANK YOU!!!

Data collectors

Advisors /Supervisors

Name _____

Name_____

Date _____

Date_____

Signature _____

Signature_____