
ANTENATAL CARE SERVICE DELIVERY AND UTILIZATION IN FEDERAL MEDICAL CENTRE (FMC) MAKURDI.

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Abstract

Antenatal care is a critical component of maternal healthcare that helps in reducing maternal mortality and morbidity. Service delivery by healthcare workers during antenatal significantly impact the quality of care provided and utilisation of services. The study examined antenatal care service delivery and utilisation in Federal Medical Centre (FMC) Makurdi. Specifically, the study assessed the attitude of healthcare workers towards pregnant women during antenatal care services delivery and evaluated how the attitude of healthcare workers affects pregnant women's utilisation of antenatal care services. Andersen behavioural model of health service utilization **was utilized**. The study was a cross sectional survey of pregnant women. 424 Respondents were purposively selected. Questionnaire and Key Informant Interview (KII) guides were used to collect data. Data were analyzed using frequency distribution tables, Chi-square, and content analysis. The study revealed attitude of healthcare workers towards pregnant women's attending antenatal care services to include being ignored/neglected when needing attention (50.6%), rude behaviour (53.4%), not being attended to on time (51.1%), inadequate attention (56.5%), discriminatory attitude (58.0%) and verbal **abuse (53.7%)**. The attitude of health workers was found to discourage antenatal attendance, bypassing some sections during antenatal, reluctant in keeping up with appointments, discouraged women from asking questions during health education among other effects. The study recommended that the management of the Federal Medical Centre should install closed-circuit television (CCTV) cameras along antenatal service units to help monitor attitude of workers.

Key Words: Antenatal care, Delivery, Healthcare, Services, Utilisation

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Introduction

Proper antenatal care is one of the major means of ensuring women remain healthy during pregnancy and also have safe deliveries. According to United Nations Children's Fund (UNICEF, 2024) antenatal care is essential for protecting the health of women and their unborn children. Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviours during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. The United Nations Children's Fund (UNICEF, 2022) noted that antenatal care help monitor the health of mother and the baby and is essential for ensuring safe pregnancy and child birth by detecting potential problems in pregnancy early and providing preventative care. It is recommended for pregnant women to attend antenatal checkups at least four times during a low risk pregnancy, the number of checkups may however increase if there are any health concern (UNICEF, 2022). This shows that effective utilization of antenatal care services could help in preventing or reducing the problem of maternal and child mortality and morbidities anywhere in the world.

The problem of maternal mortality and morbidities have however continued to remain a challenge in many countries of the world whether in the developed or developing nations. In Europe, for instance, estimates of the World Health Organization (WHO, 2019) revealed that Europe experienced 740 maternal deaths in 2017. In Asia, the United Nations Population Fund Activities (UNFPA, 2018) observed that across Asia and the Pacific as a whole, tens of thousands of mothers still die through pregnancy and childbirth every year. Although the challenge of maternal mortality is a global phenomenon, generally the status of women in developing countries is worse when compared to the developed Nations. For instance Sub-Saharan Africa and Southern Asia accounted for approximately 86% (254 000) of the estimated global maternal deaths in 2017. Southern Asia accounted for nearly one-fifth (58 000) while sub-Saharan Africa alone accounted for roughly two-thirds (196 000) of the maternal deaths with Nigerian accounting for 23% of such deaths (WHO, 2019). Between 2000 and 2017 however, the World Health Organization (WHO) observed that the number of maternal deaths per 100,000 live births dropped by about 38% worldwide but still about 810 women die globally every day, and 94% of all maternal deaths occur in low and lower middle-income countries (WHO, 2019). In countries like Sierra Leone, Central African Republic, Chad, Nigeria and South Sudan a woman is likely to die in a given pregnancy (Roser & Ritchie, 2020). In Benue State in particular, the maternal mortality ratio is reported to be 1,189 deaths per 100,000 (Bola, Ujoh, Ukah & Lett, 2021) which is very high. This shows that many women who become pregnant in Benue State remain at high risk of maternal mortality or morbidities. A cohort study carried out by Bola, Ujoh, Ukah and Lett (2022) estimated that the proportion of women at risk of maternal mortality or morbidity in Benue State stand at 21.5%. This is an indication of increased poor maternal health which could lead to high rates of maternal mortality and morbidities

in the State.

Research have however revealed that most maternal deaths and morbidities are traceable to delayed initiation or not seeking antenatal health care during pregnancy (Mahar, & Mohammadnezhad, 2022; Ajaegbu, 2013). The World Health Organization (WHO, 2019) observed that 47% of an estimated 8.3 million pregnant women received no antenatal care in 2019, whereas among those who did, 45% made less than the recommended number (i.e., four) of ante-natal care visits. In Nigeria, the most recent survey carried out by the National Demographic and Household Survey (NDHS, 2018) reported that although 67% of women age 15-49 who gave birth in the 5 years preceding the survey received antenatal care (ANC) from a skilled provider during the pregnancy for their most recent birth only 57% had at least four antenatal visits and 36% of the women had their first antenatal care visit in the fourth or fifth month of pregnancy and only 18% of women started antenatal in the first trimester while 19% did not seek care until the sixth month of pregnancy.

Delivery of antenatal care services is however important in utilization of antenatal services, according to Jibril (2017) antenatal care provides both psychological and medical needs of pregnant women within the context of health care delivery system. This means how services are delivered to women could determine and influence how the women, experience and perceive antenatal care services and subsequent use of services. How health care providers deliver antenatal care services therefore plays a vital role in antenatal care service use. Their behaviours and attitudes during service delivery could determine use or non-use of antenatal care services. Drigo, Luvhengo and Makhado (2020) observed that possible barriers that prevent women from utilizing antenatal care services in health facilities includes attitudes of health workers during service delivery.

Antenatal care service delivery therefore remains an important element of use of antenatal care services, it can influence both positively and negatively how women, perceive, experience and use antenatal care anywhere in the world and the situation in Makurdi Local Government of Benue State may be no exceptions. Based on the foregoing this study explore antenatal care service delivery and utilization of services in Federal Medical Centre (FMC) Makurdi, Benue State, Nigeria. Specifically, the study assess the attitude of healthcare workers towards pregnant women during antenatal care services delivery and evaluate how the attitude of healthcare workers affects pregnant women's utilisation of antenatal care services in Federal Medical Centre Makurdi

Theory

The paper anchored on Andersen's Behavioural Model of Health Service Utilization. The Andersen behavioural model of health service utilization was first developed by Ronald M. Andersen a US medical sociologist and health service researcher in 1968 and was later modified in 1973. The behavioural model incorporates both individual and contextual determinants of health service use which are both divided into three factors these are predisposing, enabling and need factors

(Andersen, 1968). The model posits that certain factors predispose people towards healthcare services utilization, others would enable utilization of such services and there must be a need for utilization of services before services are utilized (Andersen & Newman, 1973). The primary determinants of health service as identified by Andersen and Aday (1978) includes:

- Predisposing factors: This consist of the socio-cultural characteristics of individuals that predisposes them to illness and diseases and this include: attitudes, age, gender, marital status, family size, occupation, social networks, social status, education and ethnicity, values as well as the knowledge that people have.
- Enabling factors: These are logistical aspects of obtaining care such as personal and or family income among other factors which directly or indirectly translates to the ability of accessing healthcare services, health insurance, service availability and delivery, perceived sickness among others.
- Need factors: These are the influencers of healthcare service use. Andersen (1995) related perceived needs to individuals' view of their general health and functional levels and their experiences of illness symptoms, pain and whether they see their health needs as being significant enough to consult professional help and evaluated need as the professional judgment of individuals' health status and the need for medical care.

The Andersen'sbehavioural model of health service utilization generally incorporates both individual and contextual determinants of health service use. The model shows that social structure can constrain or influence provision, accessibility and use of health services since structures can provide context within which people act. Women in need of antenatal care can be constrained by both individual and structural factors and this could be based among other factors types of health services that are provided for them during antenatal visits, how the services are delivered to them which includes attitudes of health workers during antenatal care. Even when women are aware of antenatal services in health facilities and also realize the need and benefits of such services but find attitude of health workers towards them during delivery of services offensive or not favourable and perceive it in the negative light they may decide to avoid antenatal care services in health facilities or they may delay seeking antenatal services or use services only when experiencing challenge. They may even decide to go for alternative care services to avoid encounter with health care providers in facilities

Methods

The study was carried out in Makurdi Local Government of Benue State located in North-Central Nigeria. The focus of the study was however on the Federal Medical Centre (FMC) which is known to render antenatal care needs to many women in Makurdi. The Federal Medical Centre (FMC) Makurdi was established in 1995 when the General Hospital Makurdii had its structures usurped by the Federal

Government, converting them to Federal Medical Centre (FMC). The health facility was viewed as the panacea to help address wide range of health challenges of the people because it was believed to be well equipped with both health equipment and well trained personnel that can render effective and efficient health care service delivery to all categories of people. The Federal Medical Centre operates at hospital road, mission ward Makurdi and at Apir which is 18 kilometers away from the Makurdi ward. Many women in Makurdi depend on the Federal Medical Centre in Makurdi for their antenatal health care needs.

The study adopted a cross-sectional survey design. The population of the study covered the total population of women of reproductive age (15-49) in Makurdi Local Government. The total 2022 projected population of these category of women (15-49) years stand at 113,500. The study however focused on women who were pregnant and were attending antenatal care during the period of study. 424 sample size was drawn using Cochran formula ($N = \frac{Z^2 P (1-P)}{d^2}$). Respondents for the study were purposively selected. Data were collected using semi-structured questionnaires and Key Informant Interviews (KII). A total of 10 interviews were carried out. The collected data were analyzed quantitatively using descriptive and inferential statistics and qualitatively using content analysis.

Results

Although a total of 424 copies questionnaire were distributed out only 393 (92.6%) of the returned copies were found useful after collation. The analysis of the quantitative data was based on responses from the 393 copies that were found useful and information gotten from the qualitative data generated from the Key Informant Interviews (KIIs).

Table 1: Socio-demographic variables of respondents

Variables	Frequency(N=393)	Percentage(100)
Age		
15-19	11	2.8
20-24	57	14.5
25-29	116	29.5
30-34	106	27.0
35-39	56	14.2
40-44	34	8.7
45-49	13	3.3
Marital status		
Currently married	379	96.4
Divorced/ Separated	5	1.3
Widowed	9	2.3
Educational background		
Non-formal	11	2.8
Primary	98	25.0
Secondary	189	48.1
Tertiary	95	24.2
Occupation		
farming	197	50.1
trading	103	26.2
Private employed	32	8.1
Public employed	61	15.5
Religion		
Islam	4	1.0
Christianity	378	95.9
Traditional	12	3.1

Table 1 presented findings on socio-demographic variables of the respondents. Findings revealed that most of the respondents 116(29.5%) were within the ages of 25-29 years. Next to this group in terms of age category were those within the ages of 30-34 years representing 27.0% of the sampled population while those within 45-49 years were the least represented age category representing only 3.3% of the study participants. Majority of the respondents 379(96.4%) were currently married while the least represented group in terms of marital status were those who were separated/divorced 5(1.3%). 189 (48.1%) of the respondents had secondary education and only a few of the study participants 11(2.8%) had no formal education. This showed that most of the sampled population had acquired a form of formal education. A high number 155(39.4%) of respondents earn monthly income of 30,000 and below. Next to these category were those earning between 41000-50000 (24.9%) while the least income earners were those earning an income of 70,000 naira and above representing 4.8% of participants of the study.

Table 2: Attitude of healthcare workers towards pregnant women during antenatal care service delivery at the Federal Medical Centre (FMC) Makurdi

S/N	Variables	Ratings/Percentages N=393		
		Often	Never	Sometimes
1	Ignored/neglected when needing attention	199(50.6%)	98 (24.9%)	96(24.4%)
2	Discriminatory treatment	56(14.2%)	109(27.7%)	228(58.0%)
3	Verbal abuse	44(11.2%)	138(35.1%)	211(53.7%)
4	Physical abuse	2(0.5%)	301(76.6%)	90(22.9%)
5	Rude behaviour	210(53.4%)	42(10.7%)	141(35.8%)
6	Harsh way of communication	110(28.0%)	100(25.4%)	183(46.6%)
7	Not being attended to on time	201(51.1%)	87(22.1%)	105(25.4%)
8	Inadequate attention	222(56.5%)	108(27.5%)	63(16.0%)
9	Ridiculed	6(1.5%)	351(89.3%)	36(9.2%)

Source: Field survey, 2023

Table 2 presented findings on attitude of health care workers during antenatal care delivery. The finding revealed various negative attitude such as ignored/neglected when needing attention (50.6%), rude behaviour (53.4%), not being attended to on time (51.1%), inadequate attention (56.5%), discriminatory attitude (58.0%), **verbal abuse (53.7%)**. Majority that granted interviews while acknowledging other attitudes also emphasized on the attitudes revealed in the quantitated report. A 33 year old woman observed that:

Sometimes when one call on attention of some health workers most of whom are usually nurses we see around, they will tell you to wait they are coming to

attend to you and then disappear. When they finally come around and you remind them they act as if you are disturbing them and sometimes they even say they are about to close for their shift and you should wait for the next person taking over from them. Approach the person and you hear I just resumed, wait for me I have a lot of work to do and you will be left without being attended to yet you see them attending to others on same issue. **(KII, 6th October 2023)**

A 24 years old woman on the other hand noted that:

There was a time a health worker in this hospital shouted at a woman during antenatal calling her blockhead just because she didn't hear instructions given very well and acted otherwise. Although the woman apologized stating that she didn't hear well yet the health worker went and was angrily telling her colleagues and some were making nasty comments about the woman and what happened.

A 40 year old woman on the other hand noted that:

I think the problem of being rude to women attending antenatal seems normal in this hospital especially among nurses and some people working in the laboratory. They sometimes behave rudely without considering the condition of pregnant women. The way they act is sometimes embarrassing but as a patient you just manage the situation since it is your condition that brought you to come and experience some form of embarrassment if not will they come to your house to be rude to you? **(KII, 10th September 2023)**

A 27 year old woman on the other hand stated that:

Some of the health personnel in this hospital have a harsh way of communicating to women during antenatal. They don't know that being harsh complicates matters for pregnant women. We have different women with different personalities and background who all gather for antenatal. Being unnecessarily harsh can have different effects but some workers don't know this and keep being harsh while attending to women that come for antenatal care **(KII, 2nd November 2023)**

A 32 year old woman observed in another expression that:

There was a day I came for normal antenatal but somehow they noticed some issues regarding my health and I was placed on drip. While on drip after some minutes I began to feel so tensed up, then I discovered that my drip was running too fast. I made frantic efforts to draw someone's attention to my plight but none of them bordered about my frantic waving of hand. When one of the nurses finally came, my blood pressure became so high. Then I tied to register my disapproval against the attitude of the nurses towards me. Unfortunately, she shouted at me; do you think we are sat idle? Can't you see that we are moving up and down? The doctor's attention was however finally drawn to my condition and the drip removed. (KII, 15th October 2023)

Table 3: How attitude of healthcare workers during service delivery affect utilisation of antenatal services in Federal Medical Centre (FMC) Makurdi

S/N	Variables	Ratings/Percentages			N=393
		Often	Never	Sometimes	
1	Return home out of annoyance without being attended to	119(30.3%)	83 (21.1%)	191(48.6%)	
2	Discouraged from going for antenatal when not having issues	223(56.4%)	102(26.0%)	68(17.3%)	
3	By passing some sections during antenatal visits	198(50.4%)	99(25.2%)	96(41.5%)	
4	Not complying with instructions	88(22.4%)	142(36.1%)	163(41.5%)	
5	Reluctant to keep up with appointments as when due	231(58.7%)	62(15.8%)	100(25.4%)	
6	Discouraged from asking questions during teachings	204(52.0%)	88(22.4%)	101(25.7%)	
7	Receiving poor quality of care	189(48.1%)	92(23.4%)	112(28.5%)	
8	Delays in receiving required care	177(45.0%)	73(18.6%)	143(36.4%)	

Source: Field survey, 2023

Table 3 presented findings on how attitude of healthcare workers during service delivery affect pregnant women's utilization of antenatal care services. Effects on women included discouraged from attending antenatal care (56.4%), by passing some sections during antenatal visits (50.4), feeling reluctant in keeping up with appointments when due(58.7), discouraged from asking questions (52.0%), returning home out of annoyance without being attended to (48.6%), not complying

with instructions (41.5%), receiving poor quality of care (48.1%), delays in receiving required care (45.0%) among others.

Majority of the study participants that granted interviews while acknowledging different ways attitude of health care workers affect their utilisation of antenatal care services also emphasized on these effects. A 26 year old woman stated that:

Attitude of health care workers in this hospital have affected my utilization of services in various ways. One major one is sometimes even when I manage to come for antenatal I quietly go back home without being attended to especially when I know I am not feeling any form of pain but only came for normal routine checks. If you experience some of these their attitudes towards women attending antenatal you will understand why returning home quietly sometimes is usually the best option. Sometimes when health workers attending to you embarrass you and you become angry but still stays another negative attitude from another health worker or even the one you had a negative experience with can provoke anger out of you and when you react it may lead to something else so it is better to go home quietly sometimes **(KII, 15th October 2023)**

A 32 year old woman on the other hand stated that:

There are times I by pass some sections during my antenatal visits just because of the health worker on duty at that time, sometimes I leave and come back another day for the particular purpose I was asked to go there. There are some health workers I don't feel okay with because of their attitude they don't even care whether one is pregnant or not and behave badly towards patients. When I sight such people on duty and in order for me not to become unnecessarily angry with effects on my health I just go away quietly and come back another day. **(KII, 2nd November 2023)**

A 40 year old woman on the other hand noted that:

Delays from attitude of some health workers in this hospital usually cause delays in receiving required care. Some times when you come for antenatal and require special attention to see a doctor, while you will be waiting and be thinking your file have been taken to

the doctor you later find out was file was not taken, when you now ask those responsible for it all you hear is sorry I forgot as I had a lot of work at hand, that is when they rush to remove your file and take and sometimes when the file is taken the particular doctor you intended seeing must have closed. Leaving you no choice but to come another day if you insist on the particular doctor. (KII, 26th October 2023)

A bivariate analysis was further carried out using Chi-square statistics to test if there is significant relationship between satisfaction with attitude of healthcare workers during antenatal service delivery in FMC Makurdi and willingness to continue attending antenatal in the health facility in subsequent pregnancies.

Table4: Cross tabulation of relationship between satisfaction with attitude of healthcare workers during antenatal service delivery in FMC Makurdi and willingness to continue attending antenatal in the health facility in subsequent pregnancies

	Willingness			Total	X ²	Df	P-Value
	Yes (%)	Can't say (%)	No				
Satisfied with attitude							
Yes	81(73.0)	22(19.8)	8(7.2)	111(100)	143.993	4	.000
Can't say	21(22.1)	24(25.3)	50(52.6)	95(100)			
No	18(9.6)	63(33.7)	106(56.7)	187(100)			
Total	120	109	164	393			
X ² = 143.993 P<0.05							

Source: Researchers compilation

The Chi-square test results presented on Table 4 showed that there is relationship between satisfaction with attitude of healthcare workers in Federal Medical Centre(FMC) during service delivery and willingness to continue attending antenatal in the health facility in subsequent pregnancies. (X²= 143.993 P<0.05).

Discussion of findings.

Attitude of healthcare workers towards pregnant women attending antenatal care services at Federal Medical Centre Makurdi

Findings on attitude of healthcare workers towards pregnant women attending antenatal care services at Federal Medical Centre Makurdi revealed negative attitude towards women attending antenatal to include being ignored/neglected, rude behaviour, not being attended to on time, inadequate attention, discriminatory attitude, and verbal abuse. Previous studies in different

places also revealed similar negative attitude towards women during antenatal care. For instance a study carried out by Nyathi, etal (2017) in Zimbabwe noted negative attitude such as abusive and hostile attitude towards pregnant women by midwives in the health facility that was surveyed. Another study by Bwalya,etal, (2018) in Lusaka district, Zambia revealed disrespectful attitude. Agbaetal, (2021) also observed that health workers were often aggressive and hostile towards patients, they verbally abused and often shout at patients in pains. Contrary to these finding however, a study by Inyang-Etoh, etal, (2023) found in University of Uyo Teaching Hospital that a high proportion of the study participants found the attitude of health care workers satisfactory.

Health care workers have important role to play in improvement of utilization of antenatal care services. Positive attitude towards women could encourage use of antenatal services thus making positive impact on maternal health and engaging women in negative attitude can discourage many from utilization of antenatal care services whenever they are pregnant with negative implications for their health. For instance a study in Nigeria, carried out by Adedokun and Uthman (2019) revealed that 92% of women who do not attend antenatal during pregnancy do not utilize health service for delivery because they are usually discouraged by attitude of health care providers

How attitude of healthcare workers affect pregnant women's utilisation of antenatal care services at Federal Medical Centre Makurdi

The way women attending antenatal care services are treated by health care providers in healthcare facilities can affect utilization of services positively or negatively. Baron, Heesterbeek, Mannien, Hutton, Brug and Westerman (2017) observed that pregnant women want a friendly and trustful relationship with health care providers who can make them feel at ease, who are friendly, respectful, supportive of their choices, treat them well, give them sufficient time, clarify information for them, and act professionally. However in some healthcare facilities women attending antenatal care services are treated otherwise and this usually affect utilization of antenatal care services in such facilities. This study found that attitude of health care workers towards women during antenatal affect their utilization of antenatal care services in various ways and this included being discouraged from attending antenatal, bypassing some sections during antenatal visits, feeling reluctant in keeping up with appointments, discouraged from asking questions where confused, returning home sometimes without being attended to, not complying with instructions, receiving poor quality of care, delays in receiving required care, among other effects. Similar to finding of this study, a previous study by Chadwick, Cooper, and Harries (2014) also found rude behaviours, poor communication, as well as verbal and physical abuse from maternal healthcare providers and this to result in distress and fear among patients, it makes them find it difficult to express themselves during health care visits in health facilities.

Another study by Amungulu, etal, (2023) carried out in two Namibian hospitals in the Khomas region found that negative attitude of healthcare workers and

previous unpleasant experience with antenatal care service providers prevents women from utilizing antenatal care services. Negative attitude towards women attending antenatal care in health care facilities could have overall negative behaviour towards attending antenatal by pregnant women. When women tend to experience harsh communication, rude and abusive behaviour among other negative attitude from healthcare providers they may become fearful and distressed and this may make them find it difficult to register for antenatal or to keep up with appointment regularly as of when due as revealed in this study. Heri, et al, (2023) observed that women are usually free to communicate and interact with midwives who are friendly while some women feared interacting with midwives who were difficult to approach. When women do not utilize antenatal care services or skip attendance because of attitude towards them during service delivery it could have significant effect not only on their health but health of their unborn and newly born as well. For instance a study by [Anu](#), et al (2019) observed that although stillbirths can occur in any woman of child-bearing age insufficient antenatal clinic attendance usually have more stillbirths.

Women who always use maternal healthcare services when pregnant are most likely to experience positive health during pregnancy as well as pregnancy outcomes when compared to those who may be using services occasionally or do not use at all. Maternal health care providers should therefore endeavour to always provide women-friendly services during antenatal visits to encourage them to always attend antenatal care.

Conclusion

The study provided evidence on antenatal care service delivery and utilisation of services in Federal Medical Centre Makurdi. The study concludes that although utilisation of antenatal care services among pregnant women is important for positive maternal health outcomes health care providers while rendering services engage women in negative attitude and this affects women in various ways including not willing to attend antenatal care. Negative attitude towards women during antenatal service delivery have negative implications on the women and society at large. Since the primary aim of antenatal healthcare services is for women to remain healthy during periods of pregnancy and for them to have healthy babies there is a need for improvement on attitude of health care providers towards women during antenatal service delivery.

Recommendations

- i. To ensure positive attitude towards women utilising antenatal care the management of the Federal Medical Centre (FMC) Makurdi should install closed-circuit television (CCTV) cameras along antenatal service units in the hospital for surveillance and monitoring of health workers attitude towards women attending antenatal.
- ii. The management should also establishment an effective communication channel between women attending antenatal and the management which will

enable the management to always get feedback and opinions of pregnant women on all their experiences and challenges during antenatal. Complaint and suggestion boxes should be strategically placed at the antenatal section for women to always drop their complaints and suggestions while the management retrieve them at the end of every antenatal day. This can make women feel their challenges during antenatal and how they are treated by workers during antenatal matters to the management and it can help increase antenatal attendance rather than being discouraged when they are treated badly.

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