Turkish Online Journal of Qualitative Inquiry (TOJQI)
Volume 12, Issue 8, July 2021: 5063-5070

Perceptions of late antenatal care visits in pregnant women during the COVID-19 pandemic: a qualitative interview study

Irma Nurma Linda[1], Djaswadi Dasuki[2], Tri Ani Marwati[3], Mufdillah[4]

[1]Student of Master Program, Faculty of Health Science, University of Aisyiyah Yogyakarta
[2,3,4]Lecturer of Master Program, Faculty of Health Science, University of Aisyiyah Yogyakarta

* Corresponding author: Irma Nurma Linda
Student of Master Program, Faculty of Health Science, University of Aisyiyah Yogyakarta Indonesia

Abstract

Background: Latevisits*antenatal care* (ANC) in the first trimester during the COVID-19 pandemic, increases mortality and morbidity for both mother and baby due to not being screened in the early stage of pregnancy. The purpose of this study was to determine factors that influence the late invisits *antenatal care* (ANC) in the firsttrimester pregnant women during the COVID-19 pandemic. **Method:** This study used purposive sampling to recruit eight pregnant women and three keys information to obtain data through *interviews*. The informants involved in this study were pregnant women who came to the primary health center for the first time after the first trimester. The key informants involved were midwives who work in the MCH unit. Informants in this study were voluntary and have agreed to use *informed consent*. The data obtained were recorded and analyzed using *thematic* analysis.**Results:** The results of this study found that there were several factors, namely obstacles in the form of access in health facilities that were less supportive with the presence of COVID-19, such as there were still many queues that cause crowding and there were health worker who have said rudely to clients. Furthermore the distance from health facility to the patients' home is far away. The next finding was *self-efficacy* in the form of support from partners and responses from parents. The lack of support from their partners caused pregnant women who came to health facility have to wait for their husbands first. The response of parents being embarrassed by their child as pregnant women who are still young and studyingat school resulted in lateof ANC visits in the first trimester during the COVID-19 pandemic.**Conclusion:** Thelate in ANC visits for pregnant women in the first trimester is influenced by several factors, namely inadequate access to health facilities, long distance to health facilities, and lack of support from partners and parents.

Keyword: Antenatal care, late, pregnant women, COVID-19

INTRODUCE

Currently, the COVID-19 pandemic is a problem in the health sector that requires special attention, especially in essential maternal and newborn health services. This epidemic has increased maternal mortality (Robertone*t al.*, 2020). The scope of health service decrease of just 10% will increase the number of deaths of pregnant women and newborns by 28,000 deaths and newborns by 168,000 (Riley *et al.*, 2020).

Maternal mortality in LMIcs countries is approaching 20% globally with causes of bleeding, hypertension, and pregnancy complications (UNICEF, 2018; Pierre *et al.,* 2014). Some of these complications or maternal deaths can be prevented or managed well through timely intervention by skilled health workers from antenatal to *postpartum* (Awusi*et al.,* 2009; Kuhn *et al.,* 2017). Antenatal care serves as an initial door for pregnant women to detect or screen for disorders that may be at risk for pregnant women from pregnancy and childbirth (Kuhn *et al.*, 2017).

Several studies have shown the benefits of antenatal care visits as a form of improving maternal and infant health (Lincetto*et al.*, 2009; Warri *et al.*, 2020). The initial purpose of this antenatal care was to classify pregnant women into low risk and high risk based on certain standardized examinations, of course, it would involve many visits that pregnant women had to do (WHO, 2020). The revised model for early pregnancy visits is based on focused ANC which consists of at least four visits to health facilities during pregnancy, but it turns out that in the field it is not effective because many pregnant women have at least one risk factor and not all of them experienced complications. At other times it was found that the risk of complications was low, especially during childbirth (WHO, 2020; Warri *et al.,* 2020). Recently, several studies have shown that the ANC model focuses on more perinatal mortality so that currently at least eight visits are recommended for pregnant women (WHO, 2016). Currently, the eight-contact ANC model according to WHO 2016 states that a minimum of eight contacts will reduce perinatal mortality and increase the experience of pregnant women in conducting prenatal care (WHO, 2016).

In some countries in sub-Saharan Africa, pregnant women often do not get the services they should received (UNICEF, 2018). To ensure that potential complications are identified early in pregnancy and can be managed effectively, WHO recommends that pregnant women perform ANC as early as possible and have at least eight contacts with health professionals (WHO, 2016). There are still a lot of pregnant women, especially teenage women who have become pregnant, who tend to be late in starting prenatal care, so they do not get preventive and curative services. In Nigeria, it was reported about 86% prevalence of late ANC visits in pregnant women (Okunlola*et al.,* 2008). This is in line with research conducted in South Benin, the results showed from 301 pregnant women only 24.6% used ANC services in the first trimester (Ouendo*et al.*, 2015). A cross-sectional study conducted in Gambia has a high late ANC. This study involved 457 pregnant women who came to health facilities, the results showed that only 8.1% of women made their first visit in the first trimester of pregnancy, while 62.8 and 29.1% attended in the second and third trimesters (Anya *et al*, 2008; Warri, *et al.,* 2020)

In United Kingdom (UK) maternal deaths have been reported as a result of late antenatal care visits, namely 15-22 weeks of gestation (CMACE, 2011; Haddrill*et al.,* 2014). In UK the prevalence of antenatal care visits after 18-20 weeks of gestation was between 2.8 and 16% (Haddrill, *et al* 2014). Several studies considered that the late in antenatal care visits had several reasons: ethnicity, the age of pregnant women who are too young, low support from their husbands (CMACE, 2011; National Center for Health Statistics, 2006; Department of Health, 2009; Hadrill*et al.,* 2014). The purpose of this study was to explore the perception of late antenatal care visits in pregnant women during COVID-19 pandemic.

METHODS

Design of Study

This study is a qualitative *case study*,considering that this study aimed to gain a deeper understanding of perceptions, opinions of pregnant women and midwives regarding factors that affect late in antenatal care visits to pregnant women during the COVID-19 pandemic. This research developed concepts that gave understanding of certain phenomena with an emphasis on meaning, experiences, and views of participants. Therefore, this approach allowed researchers to collect data through in-*depth interviews* with aninterview guide *open-ended questions* to allow them to explore in more detail based on the responses given. This approach also allowed researchers to explore the reasons and opinions of informants with "*why", "how"* and "*what" questions* to gain a deeper understanding of the reasons for being late invisits *antenatal care* to pregnant women during COVID-19 pandemic.

Research setting

Theresearch was conducted at Pandian Health Center, Sumenep Regency. The average visit of pregnant women who came to Pandian Health Center was around 335 who performed antenatal care. However, with the COVID-19 pandemic, there had been a decrease in antenatal care visits to pregnant women who came to Pandian Health Center.

Sampling and recruitment

Pregnant women who start antenatal care visits after the first trimester for which data is already available in the work area register of Pandian Health Center, Sumenep Regency. They were informed that this research was voluntary without any coercion and if they wished to participate they would be contacted further by the researcher to contract the method and time. Informants who agreed to take part in the study were given a sheet of paper or words in a verbal form as a willingness to participate in this study.

Data collection method

Data collection is done by in-*depth interviews.* Interviews were conducted face-to-face. This method also provides an overview that produces rich data because the researcher can catch the informant's nonverbal cues. Questions have been prepared, namely *semi-structured.* At the time of the interview, the researcher provided a recording tool that was possible for clarification of the interesting and relevant issues raised by the informants. *Thefield note is* required due to complete the data. Data analysis was carried out simultaneously with data collection and was stopped when the data obtained were saturated. Each interviewer took between 30-30 minutes to be coded and dated for confidentiality. At the end of each interview, the audio recordings were transcribed verbatim by the principal investigator and analyzed manually using thematic coding.

Data analysis

Data analysisused *Colaizzi's (1978) framework* with seven steps, namely familiarization, identifying related statements, formulating meaning, grouping themes, developing in-depth descriptions, creating or constructing the basic structure of statements, and final validation (*Colaizzi.*, 1978). The principal investigator continuously reflects on the setting and context to help interpret the

phenomena. Lead researcher also makes use of existing research to inform interpretations as well as strengthen and support arguments.

Ethical considerations

Participation in this study was voluntary for pregnant women and midwives. Informants were told the purpose of this study. Each informant was given a clear explanation as well as a letter of consent to participate in this study, which could be signed or verbally spoken by those who were willing to become informants. This participation does not hinder the access of informants in receiving care. The anonymity of the informants was ensured by not asking questions that reveal their identity and not associating the results with other individuals. A pseudonym was also used in the presentation of the findings to ensure anonymity. This research is expected not to cause harm to research informants. Administrative permits were also obtained from Sumenep District Health Office and Sumenep District Pandian Health Center.

RESULT

Eight pregnant women and three midwives were as key informants. Pregnant women and midwives have the same opinion regarding the late in antenatal care visits to pregnant women during the COVID-19 pandemic. The results of interviews consisted of several themes:

1. Barriers: access to the examination site, distanceto health center.
2. Self-efficacy:support from partners, responses from parents.

Thefollowing was a description of informants and researchers included in the findings to describe the findings of rich data on perceptions of the late in antenatal care visits of pregnant women during the COVID-19 pandemic.

Barriers to antenatal care examinations

This category refers to barriers for pregnant women to visit health services. This theme relates to access to the place of service and the distance from home to the place of service.

Access to health services

Some pregnant women said that the service system at the primary health center was old and crowded, sometimes the midwife was also rude when advising pregnant women.

"...if you come to health center, you have to come in the morning, because in the afternoon is full of crowds, even though it's COVID-19 now, afraid to go there..." (P1)

... I'm"... I was scolded by the midwife there... when I wanted to get married, I just went there if there is an issue with my pregnancy, if there isn't, I won't go there. I bought my pregnancy medicine at a pharmacy near my house…"(P3)

Distance from the health center

Some pregnant women said that the distance from their home to the health service was far, resulting in the late in visits antenatal care.

"… I want to go to primary health center but its far away, ma'am… If i want to go there, i have to wait for my husband to take me there,if my husband is tired, I don't go to primary health center …"(P5)

"… I can't go anywhere, ma'am..the problem is the distance from my hometoprimary health center is far away, if you take an 'ojek' (taxi bike) it's quite expensive…"(P4)

Self-efficacy

Self-efficacy refers to pregnant women who dare to make their own decisions for the health of mother and baby. Some studies of pregnant women did not have the power to make decisions because everything was in the hands of their husband. This theme is related to self-efficacy, namely the husband's support and response from parents.

Support from spouses

In our society, especially in Madura, that the lack of support from spouses or husbands contributes to the late in antenatal care visits. A busy husband who works for a living make there is rarely time to deliver their wife to health facilities.

"…my husband works ma'am, sometimes he just comes home after few days… when he comes home, he takes a break and goes back to work and I can't leave the house because there's COVID, so I rarely go to primary health center, ma'am.."(P7)

Response from parents

Negative responses arise from parents because their children who are still in college are pregnant so that it has an impact on parents because of shame.

"… I'm still studying, ma'am.. I'm in college… so my parents are not allow me to go out because the neighbors will talk about me, still teenage but already pregnant…" (P8)

DISCUSSION

The results of this study found that there were several themes *basic* that were found to explain the latein antenatal care visits for pregnant women in the first trimester during the COVID-19 pandemic, namely barriers and self-efficacy. These aspects of explanation are explained by existing theories.

The obstacles faced by pregnant women that caused thelate in antenatal care visits during the COVID-19 pandemic.

Several informants said that access to health services was not comfortable. In this case, they complained that it took time at registration place resulted in long queues so that it arousedcrowds especially during this COVID-19 pandemic, there were even midwives who said rudely to pregnant women when checking their pregnancies. That's thethings experienced by pregnant women when going to health facilities. They were complaining about the quality of services at the primary health center that was not good enough. Then, pregnant woman felt it was no probleminbeing lateto check for their pregnancy. The same research was also found due to the dissatisfaction felt by pregnant women with access to the health facilities (Mriso, *et al.,* 2009; Haddrill, *et al* 2014).

Self-efficacy

The results of this study revealed that women could not make their own decisions regarding their health, pregnancy as a result of pressure, and the trust of the surrounding community affects the late in antenatal care visits of pregnant women during the COVID-19 pandemic. Several studieslate examinations to health facilities due to embarrassment so that self-esteem is disturbed (Ndidi, E *et al* 2010; Gulema, H *et al* 2017; Suhron, 2016; 2017). The norms of surrounding community also influence the findings in this study, such as being pregnant at a young age to be a disgrace for their parents who need to be hidden from the community (Roberts *et al.*, 2017). Other findings also affect existing social norms such as advice from parents, husbands being an absolute law that pregnant women must obey, especially decision taking regarding the initiation of antenatal care (Titley, C *et al* 2010; Roberts *et al.*, 2017). Several informants pointed out those pregnancies that are too young and lack parental support are the causes of lates in antenatal care visits for pregnant women during the COVID-19 pandemic. This social support in several studies proved to be a dominant factor in the presence of pregnant women in health facilities (Abrahams, N *et al.*, 2001; Tolefac, P *et al*., 2017). Research conducted in Cameroon (Gross, K *et al.*, 2012) showed that husbands played a key role in decision-taking for women, therefore in a society that holds social norms tightly, it needs health education for husband, especially to support the initiation of *antenatal care*in early stage. Decision taking involves emotions and the perception of decision-takers because emotions are intense feelings aimed at something (Suhron, M. et al, 2020).

CONCLUSION

This study explored the reasons for the late in antenatal care visits to pregnant women in the first trimester during COVID-19 pandemic. This study showed that pregnant women and midwives have the same opinion on the late antenatal care visits for pregnant women in the first trimester during the COVID-19 pandemic: (1) Obstacles in the form of access for pregnant women to health facilities that far away from home, (2)Pregnant women who are treated poorly by midwives when conducting antenatal care checks, (3)Lack of support from partners because the decision is always in the role of men, (4) Lack of support from parents because the age of pregnant mother is still young and studying at the school/college.

This findingsare the same as several other studies, however with the COVID-19 pandemic, the problem of being late antenatal care visits in first-trimester pregnant women has become very complex. Health center services must also implement good strategies to increase the coverage of pregnant women's visits to health care facilities in providing a good quality services to pregnant women.

REFERENCES

1. Abrahams N, Jewkes R, Mvo Z. (2001) 'Health care-seeking practices of pregnant women and the role of the midwife in Cape Town, South Africa'. J Midwifery Womens Health. 2001;46(4):240–7.
2. Anya S, Hydara A, Jaiteh L. (2008) 'Antenatal care in the Gambia: missed opportunity for information, education and communication'. BMC Pregnancy Childbirth. 2008;8(9)
3. Awusi V, Anyanwu E, Okeleke V. (2009) 'Determinants of antenatal care services utilization in Emevor Village, Nigeria'. Benin J Postgrad Med. 2009;11(1)

4. Centre for Maternal and Child Enquiries (CMACE) (2011) 'Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer: 2006–08. The Eighth Report on Confidential Enquiries into Maternal Deaths in the United Kingdom. BJOG. 2011;118(Suppl. 1):1–203.
5. Colizzi, M., Bortoletto, R., Silvestri, M., Mondini, F., Puttini, E., Cainelli, C., Gaudino, R., Ruggeri, M., & Zoccante, L. (2020) 'Medically unexplained symptoms in the times of COVID-19 pandemic: A case-report'. Brain, Behavior, & Immunity - Health, 5(January), 100073. https://doi.org/10.1016/j.bbih.2020.100073
6. Gulema H, Berhane Y. (2017) 'Timing of first antenatal care visit and its associated factors among pregnant women attending public health facilities in Addis Ababa, Ethiopia'. Ethiop J Health Sci. 2017;27(2):139–46.
7. Gross K, Alba S, Glass T, Schellenberg J, Obrist B. (2012) 'Timing of antenatal care for adolescent and adult pregnant women in South-Eastern Tanzania'. BMC Pregnancy Childbirth. 2012;12(16):1–2.
8. Haddrill R, Jones G, Mitchell C, Anumba D. (2014) 'Understanding lateed access to antenatal care: a qualitative interview guide'. MBC Pregnancy Childbirth. 2014;14(207).
9. Kuhnt J, Vollmer S. (2017) 'Antenatal care services and its implications for vital and health outcomes of children: evidence from 193 surveys in 69 low-income and middle-income countries'. BMJ Open. 2017;7:17122. doi: 10.1136/bmjopen-2017-017122.
10. Lincetto O, Mothebesoane-Anoh S, Gomez P, Munjanja S. (2006) 'Antenatal care. In: Lawnj K, editor. Opportunities for Africa's newborns: practical data, policy and programmatic support for newborn and child health. (online) 2006.
11. Mrisho M, Obrist B, Schellenberg J, Haws R, Mushi A, Mshinda H, Tanner M, Shellenberg D. (2009) 'The use of antenatal and postnatal care: perspectives and experiences of women and health care providers in rural southern Tanzania. BMC Pregnancy Childbirth. 2009;9:10.
12. National Center for Health Statistics. Prenatal Care. 2006. http://205.207.175.93/VitalStats/TableViewer/tableView.aspx?ReportId=15101
13. National Collaborating Centre for Women's and Children's Health. NICE Clinical Guideline: Antenatal Care – Routine Care for the Healthy Pregnant Woman. London: RCOG Press; 2008.
14. Ndidi E, Oseremen I. (2010) 'Reasons given by pregnant women for late initiation of antenatal care in the Niger Delta, Nigeria'. Ghana Med J. 2010;44(2):47–51.
15. Okunlola M, Owonikoko K, Fawole A. (2008) 'Gestational age at antenatal booking and delivery outcome'. Afr J Med Med Sci. 2008;37(2):165–9.\
16. Ouendo E, Sossa J, Saizonou J, Guedegbe C, Mongbo A, Mayaki A, Ouedraogo T. (2015) 'Determinants of low antenatal care services utilization during the first trimester of pregnancy in southern Benin rural setting'. Universal J Public Health. 2015;3(5):220–228. doi: 10.13189/ujph.2015.030507.
17. Pierre-Marie, T., Gregory, H. E., Maxwell, D. I., Robinson, E. M., Yvette, M., & Nelson, F. J. (2015). Maternal mortality in Cameroon: A university teaching hospital report. Pan African Medical Journal, 21, 1–8. https://doi.org/10.11604/pamj.2015.21.16.3912
18. Riley, T., Sullt, E., Ahmed, Z., Biddlecom, A., (2020) ' Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries'. International Prespect Sex Reprod Health. 46, pp.73-76. doi: 10.1363/46e9020.
19. Roberts J, Hopp M, Sealy D, Taylor M, Mataya R, Gleason P. (2017) 'The role of cultural beliefs in accessing antenatal Care in Malawi: a qualitative study'. Public Health Nurs. 2017;34(1):42–9.
20. Roberton, T., Carter, E., Chou, V., Stegmuller, A., Jackson, B., Tam, Y., Sawadago-lewis, T., Walker, N. (2020) 'Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study', The Lancet Global Health. The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license, 8(7), pp. e901–e908. doi: 10.1016/S2214-109X(20)30229-1
21. Suhron, M. "Asuhan keperawatan jiwa konsep self esteem/Care of Mental Nursing The concept of self-esteem". Jakarta: Mitra Wacana Media; 2017
22. Suhron M., Asuhan keperawatan konsep diri: Self esteem/ Self-concept nursing care: Self esteem (Self-esteem nursing care), "Publisher, Ponorogo: Unmuh Ponorogo Press. 2016
23. Suhron M, A Yusuf, R Subarniati, F Amir, Z Zainiyah. How does forgiveness therapy versus emotion-focused therapy reduce violent behavior schizophrenia post restrain at East Java, Indonesia? 2020. International Journal of Public Health Science (IJPHS) 9 (4), 214-219

24. Titaley C, Hunter C, Heywood P, Dibley M. (2010) 'Why don't some women attend antenatal and postnatal care services?: a qualitative study of community members' perspectives in Garut, Sukabumi and Ciamis districts of west java province, Indonesia'. BMC Pregnancy Childbirth. 2010;10(61):1471–2393.
25. Tolefac P, Halle-Ekane G, Agbor V, Sama C, Ngwasiri C, Tebeu P. (2017) 'Why do pregnant women present late for their first antenatal consultation in Cameroon? Matern Health, Neonatol Perinatol. 2017;67(8).
26. United Nations Children Fund (UNICEF). (2018). UNICEF Data: Monitoring the Situation of Children and Women. (Online). Available: http://data.unicef.org/topic/maternal-health/maternal-mortality/
27. Warri, D., & George, A. (2020). Perceptions of pregnant women of reasons for late initiation of antenatal care: A qualitative interview study. BMC Pregnancy and Childbirth, 20(1), 1–12. https://doi.org/10.1186/s12884-020-2746-0
28. World Health Organization (WHO) Integrated Management of Pregnancy and Childbirth – WHO recommended interventions for improving maternal and newborn health. Geneva: World Health Organization; 2010.
29. World Health Organization (WHO). (2016). WHO recommendations on antenatal care for positive pregnant experience. (Online). Available: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/
30. Alessio Faccia, Luigi Pio Leonardo Cavaliere (2021). Online Banking in Italy. "Widiba Bank" Case Study, PESTLE and DEA Analysis. Financial Markets, Institutions and Risks, 5(1), 87- 97. http://doi.org/10.21272/fmir.5(1).87-97.2021
31. WHO. 2020a.Naming the coronavirus disease (COVID-19) and the virus that causes it https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it