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THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF NURSING SCIENCE

For the degree of with the provisional tittle:

PERCEPTIONS OF PREGNANT WOMEN REGARDING THEIR ATTENDANCE OF ANTENATAL CARE AT SELECTED CLINICS IN THE UMZINYATHI DISTRICT MUNICIPALITY KWAZULU-NATAL

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Date: December 2022

DECLARATION

I Noxolo Thule Mathaba declare that this Master's dissertation with the title: "Perceptions of pregnant women regarding their attendance of antenatal care at selected clinics in the uMzinyathi district municipality KwaZulu-Natal" is my original work. Any other person's work that was included in this report is fully acknowledged. This work has not previously been submitted to the University of Zululand or other institution for assessment or any other purpose.

_____ 14 Dec 2022

Student Signature Date

15 Dec 2022

_____ _____

Supervisor Date

DEDICATION

I firstly dedicate this dissertation to myself, for getting this opportunity and taking advantage of it. I will forever be grateful to myself for not giving up. I also dedicate the dissertation to: God, because I wouldn't have gone this far without him, and my daughter Ludonga Mavuso and her father Kwazi Mavuso for their love and support during the course of the study; my sisters Nosiphiwo and Nomvula for always encouraging me to work hard, and my wonderful friend Makhosi who has always been by my side; Dundee Primary Health Care Clinics and PHC Nursing manager Mrs I.D Khumalo for granting me permission to conduct the study in clinics that are under her authority; all nurses who continue to serve their communities with respect and dignity - your hard work and upholding of the nurse's pledge is appreciated.

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- All the pregnant women who participated in this study during the phase of data collection.
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LIST OF ACRONYMS

Acronym	Full Term
ANC	Antenatal Care
ARV	Anti-Retro Viral
ASB	Asymptomatic Bacteria
ASB	Asymptomatic Bacteriuria
BANC	Basic Antenatal Care
FANC	Focused Antenatal Care
HIV	Human Immuno Virus
IPV	Intimate Partner Violence
IUGI	Intra Uterine Growth Impairment
NDoH	National Department of Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organization

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GLOSSARY OF TERMS

Primary Heath Care

It is the first point of contact for health care for most people. It is mainly provided by general practitioners and clinics (WHO, 2013).

Perception

An idea, a belief, or an image you have as a result of how you see or understand something.

Midwife

A specialist health professional who is qualified to give total care to a woman and her baby during pregnancy, labour and after the birth (Freshwater, 2005).

Antenatal

Relating to any event or condition that occurs or exists in the embryo or the mother during the period between conception and delivery of the infant (Freshwater, 2005).

Pregnant

Gravid, being with child, containing unborn young within the body (Freshwater, 2005).

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ABSTRACT

Introduction and Background

Attendance of Antenatal Care (ANC) remains prioritised by health care workers and pregnant women in general, as it serves to maintain a healthy pregnancy and positive pregnancy outcomes.

Aim of the study

The aim of the study was to explore perceptions of pregnant women regarding their attendance of antenatal care in the UMzinyathi district municipality how they perceive it and discover the driving/ influencing factors behind ANC attendance.

Methodology and Design

A qualitative approach was used. The study used the In-depth interview method to interview pregnant women attending ANC at 3 clinics in UMzinyathi district municipality. Data collection was conducted through in-depth interviews. Purposive sampling was used to conduct in-depth interviews with 16 pregnant women attending ANC at the clinics.

Data Analysis

Themes emerged revealed certain factors that influenced attendance pregnant women to attend ANC. These themes addressed various notion of perceptions pregnant women which include the following: The first theme was (i) protection of the baby and the mother; (ii) knowledge benefits regarding fetus and pregnancy related to pregnant women attending to gain knowledge about their state of pregnancy. (iii) Reasons for attending ANC; (iv) Delays in ANC attendance.

Recommendations

Pregnant women should be educated in their communities about the importance of early booking of ANC. Benefits of antenatal care and educating pregnant women on the purpose of ANC to improve attendance of ANC should be emphasised. Midwives should provide health education on importance of attending ANC according to BANC model. Other recommendation include use Mobile clinics for women who do not have the time to go to

the clinics as well use of outreach team campaigns to raise awareness about importance of early booking and attendance according to BANC model.

Conclusions

The study findings revealed that although pregnant women who attended ANC, did it for the wrong reasons, and they lacked the knowledge on the benefits of ANC. Health care workers also play their part in negatively influencing ANC attendance through malpractice. A number of factors and determinants of ANC attendance showed that there are still a lot of strategies that need to be introduced to encourage pregnant women to attend ANC. Pregnant women already attending ANC need further education to provide them with knowledge on the purposes of ANC services. Further research is required to develop health literacy.

CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

The chapter provides the introduction and background to the study. It lays the foundation for the following chapters of this dissertation. The main purpose of this chapter is to contextualise through identification of gaps, and why it was necessary to conduct the study. This step was crucial not only for conceptualisation of the study through the identification of challenges or problems relating to attendance of ANC by pregnant women, but also to seek possible ways to understand the participants' experiences. Therefore, this chapter foregrounds the researcher's understanding of the phenomenon of attendance and or nonattendance of ANC by pregnant women at the selected clinics in uMzinyathi District Municipality. Terms that were relevant in understanding the phenomenon under study are defined in this chapter as a means to provide clarity on how these terms were conceptualized, understood and used by the researcher. The aim of the study, the objectives and the problem statement are also addressed to show how they guided the empirical process of the study. Lastly, the conclusion of the chapter is provided to show the foundation on which the study was based.

1.2 BACKGROUND AND CONTEXT OF THE STUDY

The background of the study provides the context underlying execution of the research. It provides an overview of the research focus by outlining certain aspects that were important when conceptualising the study. According to Dudovskiy (2016), when researchers, particularly novices, are informed through literature review about the nature of studies that were conducted by others, it assists them to rethink and reframe their proposed study or research project.

The exploration of attendance of Antenatal Care (ANC) by pregnant women was conducted to establish if ANC visits at the selected clinics were in line with the ANC guidelines as stipulated by the WHO (2016). The ANC is an intervention strategy to ensure healthy pregnancy with positive outcomes for the pregnant woman, fetus, and new-born. It is provided at no cost in public health institutions (Ebonwu, Mumbauer, Uys, Milton,

Wainber, Andrew, Medina-Marino, 2018). However, the attendance of ANC by pregnant women does not always match with the requirements of the World Health Organization as recommended (WHO, 2016). This mismatch in attendance where a pregnant woman attends fewer, or makes irregular visits was unknown at the time of data collection from the selected public clinics where the study was conducted.

Poor attendance of ANC refers to any attendance that is not in line with the WHO guidelines. It could be fewer dates in numerical count, or it could be visits that are not strategically aligned with gestational age as required. Whenever a pregnant woman misses a date or dates for scheduled attendance, it constitutes poor attendance that predisposes a pregnant woman to complications which otherwise could be prevented.

Even though the clinic service operation may pursue the implementation of the WHO's (2016) guidelines, if pregnant women do not comply, this issue remains unresolved. The clinics in uMzinyathi district municipality where the study was conducted provide primary health care services, of which ANC is one. Since ANC attendance is crucial for positive health outcomes of both the pregnant woman and the fetus, it is mandatory that pregnant women attend ANC according to the WHO's revised guidelines (WHO, 2016). It was not known if every pregnant woman attending ANC in these clinics made all ANC visits as stipulated in the revised guidelines (WHO, 2016). Failure of a pregnant woman to attend ANC as required or to comply with the WHO's guidelines may expose a pregnant woman and the expected baby to health risks which otherwise could be preventable (Kea, Tulloch, Datiko, Theobald and Kok, 2018). These potential risks could cause pre-natal, natal, and post- natal health challenges to the pregnant woman (WHO, 2016).

Historically, a pregnant woman was expected to attend at least four (4) ANC visits per pregnancy (NDoH, 2012). In response to the constant rise in maternal and perinatal mortality rates, especially in low-income countries, a revised ANC Model with eight (8) visits was introduced by the WHO in 2012. A table format of the FANC and BANC models is provided in chapter 2. The purpose of increasing ANC visits was to prevent unnecessary complications which are otherwise preventable (Kea, Tulloch, Datiko, Theobald and Kok, 2018). In line with the irregularities pointed out by authors such as Mulondo (2020) the

current study attempted to explore the problem related to lack of or poor attendance of ANC. Abbas,

Rabeea, Hafiz and Ahmed (2017) stated that pregnant women with irregular ANC attendance are much more prone to pregnancy complications. Additionally, the WHO (2016) recommendations on ANC for positive pregnancy experience stated that there was evidence indicating increased fetal deaths and less satisfaction of women with the four-visit model, also known as FANC. Complications in pregnancy were also observed in South Africa by Ngxongo, Sibiya and Gwele (2016), while Hofmeyr and Mentrop (2015) reported issues related to perinatal mortality. All these are indicators of the need to improve the ANC Model with four (4) visits. This desired improvement led to implementation of the revised ANC Model with eight (8) visits (WHO, 2016). Therefore, ANC models with a minimum of eight (8) contacts are now recommended to reduce perinatal mortality and improve women's experience of care (WHO, 2016).

As noted by authors including Ngxongo et al., (2016) the problem that was addressed by the current study related to the situations, conditions and issues that were perceived or acknowledged to be contrary to the normative benefits of ANC. The problem explored in the current study is presented in the next section under problem statement.

1.3 PROBLEM STATEMENT

Despite the attendance of ANC being prioritised by health care providers as recommended by the WHO (2016), there was still evidence of insufficient ANC visits by pregnant women at the time of conducting the study. This was the case, especially in the low-income countries (Ebonwu, et al., 2018). Failure to initiate ANC according to BANC model potentially exposes pregnant women to encounter problems during pregnancy, delivery, and perinatal period. This could negatively affect both the pregnant woman and the fetus. Problems including miscarriages, intra-uterine growth impairment (IUGI), anemia and many more could be experienced, yet these conditions are preventable and treatable.

According to Mulondo (2020) who investigated problems related to ANC, situations that led to risks and complications conversely increased if the pregnancy was not regulated by

health care providers or midwives. Furthermore, exploring the attendance of pregnant women was critical not only to establish evidence required to ensure the safety of every pregnant woman, but more importantly, to establish the contributory factors to failure to attend ANC according to BANC. Therefore, the purpose of the study was to reveal if every pregnant woman at UMzinyathi District Municipality Clinics was attending the ANC according to BANC Model manner that would reduce the risks or complications related to pregnancy. Since it was not known whether the pregnant woman at selected uMzinyathi Municipality Clinics attended ANC according to the WHO (2016) guidelines. Therefore, the current study was conducted to explore the perceptions of pregnant women which could point to their attendance or non-attendance of ANC according to the WHO (2016) being pivotal.

The next section addresses the aim of the research, the research question and objectives that drove the empirical process of exploration of the phenomenon of attendance of ANC by pregnant women in selected clinics in UMzinyathi District Municipality

1.4 AIM OF THE STUDY

The aim of the study was to explore the perceptions of pregnant women regarding their attendance of ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal,

1.5 OBJECTIVES OF THE STUDY

The objectives of research describe what the research study intends to accomplish, and they also establish the scope and depth of the project. The purpose of research objectives is to direct or drive the research project, including collection of data, analysis of data and conclusion. Having objectives of the study helped the researcher narrow the focus of the study by paying attention to how best to achieve the intended goal of the study.

The following were the objectives of this study:

1.5.1 To explore the perceptions of pregnant women regarding their attendance or non- attendance of ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal.

1.5.2 To identify and describe the factors influencing pregnant women to attend or not attend ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal.

1.5.3 To recommend possible ways to maintain or improve attendance of ANC by pregnant women in selected clinics in the uMzinyathi District Municipality, KwaZulu Natal.

1.6 SIGNIFICANCE OF THE STUDY

The significance of the study covered the following areas of nursing profession**.** Namely, nursing research, nursing education nursing practice, nursing administration. The finding of the current study will provide knowledge and insight on possible causes of poor attendance of ANC by pregnant women. In the future this knowledge will contribute in awareness raising and educating pregnant women about necessity of attending the ANC.

1.7 RESEARCH QUESTION

The concept of research question refers to a specific inquiry to which the researcher seeks to find answers or provide a response to. It helps in defining a path for the research process. The aim of a qualitative research question is to gather non-statistical data relating to the experiences, observations and perceptions of the research participants or subjects in line with the objectives of the investigation (Busetto, Wick and Gumbinger 2020). The following research question was used to guide the inquiry of the current study.

1.7.1 What are the perceptions of pregnant women regarding attending or not attending ANC in the selected clinics in the UMzinyathi District Municipality, KwaZulu Natal?

1.8 DEFINITION OF TERMS

In the section below terms and concepts that were considered relevant in the understanding of the phenomenon under inquiry are defined. This was done to ensure application in the study. The following terms were defined using a dictionary, and also operationalised to show how they were used and applied in the current study.

1.8.1 Attendance: The act of being present at a place (Oxford Dictionary 2017).

1.8.2 Non-attendance: Failure to go to a place at a time or for an event where you are expected (Oxford Dictionary 2017).

1.8.3 Late-attendance: Arriving later than expected time at a place (in the context of the current study implying later than 20 weeks of pregnancy)

1.8.4 Good attendance: Being present in a timely manner and consistently at a place (attending at exact booking date)

1.8.5 Perception: An idea, a belief or an image you have as a result of how you see or understand something (Oxford Dictionary 2017).

1.9 HOW CREDIBILITY WAS MAINTAINED

In the current study, credibility was maintained through the evidence that was used in the study, the fact that the sources cited in the research study are easily located.

Credibility was also maintained by drawing on the many sources which are cited in this report which support the findings of research study. The sources used in the research study were taken from a variety of discipline and subject contents including nursing, medical and health sciences which were focused on the phenomenon of interest, namely, the attendance and non-attendance of ANC by pregnant women.

The use of published literature that was relevant to the empirical phenomenon of the study were considered in order to maintain the credibility of the findings of the study. The researcher used numerous articles to support the arguments of the

current study. The authors and publications used in the research study can be identified. This process assisted the researcher of the current study to easily understand the issue that was addressed in the study. Other matters of credibility such as trustworthiness and ethical considerations were also observed and are addressed under methodology in Chapter 3.

1.10 ARRANGEMENT OF THE CHAPTERS

The chapters of the dissertation are arranged in an order which enables the reader to understand and follow the process of the research study.

1.10.1 Chapter one (1) contains the introduction, background to the study, problem statement, research question, aim, and objectives of the study. This chapter sets the tone for what the study is about and what it intended achieving.

1.10.2 Chapter two (2) contains a literature review which focuses on the research done by other authors on the same phenomenon of interest as the current study. Literature review is included as an overview to show previous published research on the topic and also to support the study with credible information.

1.10.3 Chapter three (3) is about research methodology, whereby the researcher discusses the methods used in the research. The approach and design of the research are discussed in this chapter.

1.10.4 Chapter four (4) is on the findings of the study. The researcher unpacks the findings and analyses them according to the appropriate steps.

1.10.5 The last chapter (5) is by way of conclusion, where the researcher speaks about the limitations of the study and makes recommendations according to the analysed findings.

1.11 CONCLUSION

This chapter discussed what motivated the study and what the study intended to achieve. The chapter introduced the reader to the problem statement that motivated the study to be conducted and explained the aim and objectives in order to understand whether the

phenomenon of Antenatal Care services is highly prioritised, whether by the department of health or pregnant women. Therefore, the research question of the study was aimed at exploring the perceptions of pregnant women relating to attendance or non- attendance of ANC. The next chapter discusses the literature that has been written on the topic of interest. The research studies conducted locally, nationally, and internationally are discussed in the next chapter to show how ANC is experienced by pregnant women locally and in other countries.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter the literature review is discussed. The literature that was used to support the current research study is addressed to show the purpose and benefits.

Literature review is recognised as a critical component of an organised and well-planned process of studying literature that will assist researchers in finding the best for their intended research project. It involves an informed logical process of searching for information from studies that were conducted on a similar or related phenomenon. Further, literature review allows researchers to share their scientific reports with others. Paul and Criado (2020) state that literature review provides a comprehensive overview of scientific peer reviewed and credible information related to a theme/ theory/ method and synthesises prior studies to strengthen the foundation of knowledge. Cooper, Booth, Campbell, Brittten and Garsde (2018), argue that the purpose of review is to determine if a shared model of the literature searching process can be detected to show how this process is reported and supported by published studies. The sharing of information through scientific studies or research projects provides transparency on existing knowledge. The consideration of prior, relevant literature is important for all research disciplines and research projects because it allows researchers to familiarise themselves with the current knowledge in the chosen discipline or field. Furthermore, it highlights knowledge boundaries and limitations. Literature review also helps researchers to gain an understanding of the theory driving the field. It assists in placing the research's question in context. It is also a way of collecting and synthesising previous research (Gray, et al., 2017; Polit and Beck, 2020).

The purpose of conducting a literature review at the beginning of the current study was to identify gaps and critical aspects that were related to the phenomenon being studied, i.e. the attendance and/or non-attendance of ANC by pregnant women.

After the empirical data of the current study was analysed, a further review of literature was conducted in order to either support or refute the findings of the current study. Therefore, the purpose of the latter use of literature review was aimed at providing readers with a clear understanding of outcomes as they transpired and the researcher's interpretation of the

perceptions of pregnant women in the selected clinics regarding their attendance or non-attendance of ANC.

Literature review was conducted during development of this proposal, and it continued as the project unfolded. The purpose was to inform and guide the scientific basis of the study (Gray, et al., 2017; Polit and Beck, 2020). The search terms that were used as key concepts in conducting the literature search for the current study included Ante Natal Care, ANC Attendance, Midwifery related health education, and guidelines of strategies for ANC as advocated by the WHO (2016). Each of these terms is discussed below to show how they were used to support the study in detail.

2.2 LITERATURE REVIEW OF EMPIRICAL STUDIES

The empirical literature on perceptions of pregnant women regarding ANC attendance and non- attendance was reviewed. Search terms included factors influencing attendance or non-attendance of antenatal care. These are discussed in detail in this section.

A qualitative study on “factors affecting attendance and timing of ANC” visits was conducted in Madang Papua New Guinea by Andrew, Pell, Angwin, Auwun, Daniels, Mueller, Phuanukoonnon, and Pool (2014). The findings of the study showed an unfavourable attitude by pregnant women which was based on various issues, such as women’s waiting period, spending the whole day at health facilities, also, their previous experience of either poor ANC service or a lack of medication and appointment bookings for ANC, which simply forced women to wait in long queues when some even come from far. Andrew et al., (2014) reported that some pregnant women merely attended ANC so that they could determine the position of the fetus in preparation for their preferred delivery in their home settings, or to get diagnosis of illnesses. This meant that these women never returned for subsequent visits until they delivered.

A systematic review study which was conducted to identify influencing determinants of ANC utilisation in Indonesia, reported on factors including, traditional beliefs, maternal education, family income, cost of visit, place of residence, women’s autonomy and preference for traditional birth attendants (TBAs) (Fauk, Cahaya, Erry, Damayani and Liana, 2017).

The findings of the study conducted by Fauk et al., (2017) are supported by the study done by Malika, Joseph, Fitzgerald, Salim and Kamuzora (2020) in Tanzania which researched why pregnant women in Iringa region started ANC late. The study findings revealed that some pregnant women in Tanzania were highly influenced by superstitious traditional beliefs. These findings revealed that pregnant women were not supposed to start ANC early to avoid being bewitched by (Malika et al., 2020). The elderly was advising younger women not to disclose their pregnancy status to healthcare providers. Villagers believed that they should attend ANC only when the belly was showing Malika et al., 2020). The importance was placed more on how they should be careful about witches instead of attending ANC early and completing the recommended visits by WHO (2016). Kotoh and Boah (2019) found that “traditional rites and practices” contributed to delayed ANC initiation. They further mentioned that the rites are expected to protect pregnant women and fetuses from “evil eyes”.

Maternal education also played a role in influencing ANC attendance. Factors affecting utilisation of a minimum of four ANC services in Ethiopia were studied by Basha (2019) who discovered that that women with primary, secondary and higher education were more likely to utilise a minimum of four (4) ANC services compared to women with no education in Ethiopia. Basha (2019) further states that educated women were more conscientised about the importance of ANC services for their health and that of the new-born child. Education empowered women to seek health care and enabled them to identify danger signs of pregnancy complications.

Antenatal care services are of great importance for pregnant women and the department of health. This is because ANC attendance could possibly determine the survival, and health status of the fetus in-utero and after birth. Therefore, attending ANC was viewed as having benefits, and non-attendance having negative consequences. Azzaz’s (2016) study compared the distribution of women who attended an adequate number of antenatal care visits versus those who had an inadequate number of antenatal care visits, and concluded that it was rare for poor maternal and fetal outcomes to occur in women who attended antenatal care sufficiently often. A systematic review and meta-analysis study conducted in Ethiopia on factors affecting utilisation of ANC reported that only 62% of

pregnant women made at least one ANC visit per pregnancy (Tekelab, Chonjenta, Smith and Loxton, 2019).

Another study conducted in Uganda by Atuhair and Mugisha (2020) which reviewed the determinants of and reasons for ANC visits and their impact on the choice of birthplace among women in Uganda, reported that 69% of mothers in Africa attend ANC at least 4 times during pregnancy, which were essential for life saving potentially in reduction of congenital abnormalities. El-Khatib, Kolawole Odusina, Ghose and Yaya, (2020) conducted a study in Nigeria to determine the patterns and predictors of insufficient ANC utilisation over a decade. The study confirmed that about 99% of deaths occurred in low and middle-income countries. The maternal mortality rate in sub-Saharan Africa in 2015 was estimated at 547 per 100000 live births, while Nigeria's estimated maternal mortality was 814 per 100000, making the country the 4th highest about maternal deaths in the Sub-Saharan Region (El-Kathib 2020).

In North Ghana Nachinab, Ajei, Ziba, Asamoah and Attafuah (2019) conducted a study among pregnant women in a rural community of Banduri. The authors state that better pregnancy outcomes are strongly linked to provision and utilisation of maternal health services. Nachinab et al., (2019) further reported that the level of education, cultural beliefs and geographical factors were barriers which influenced the utilisation of ANC among pregnant. Andrew et al., (2014) asserted that attendance at and timing of formal ANC concurred with Nachinab's et al., (2019) with regards to cultural and traditional belief factors that influence ANC attendance. Okedo-Alex, Akamike, Ezeanosike and Uneke (2019) agree with Nachinab et al., (2019) in suggesting that there should be inter-sectoral collaboration to promote female education and empowerment, improve geographical access and strengthen implementation of ANC policies.

The findings of a study conducted at Kwa-Hlabisa determined that some women thought that antenatal care is only important for childbirth (labour and delivery) and do not see its significance during the pregnancy (Myer and Harrison, 2010). Hence, most pregnant women from this area only attend to obtain the Maternity case record which will qualify them to deliver in a health facility (Myer and Harrison, 2010). A study which explored access and utilisation of ANC services in a rural community in eThekwini, revealed that cultural and social beliefs influence ANC attendance (Sibiya, Ngxongo and Bhengu,

2018). Another influencing factor for ANC underutilisation was an unplanned pregnancy; women expressed the view that they did not attend ANC because they were not ready to have a child (Mulondo, 2020). One woman in the study even stated that she tried to terminate her pregnancy but failed. Mulondo (2020) further discovered that some women were reluctant to start contraceptives for child spacing and would not want to be persuaded to that end. Other women, particularly from polygamous marriages, did not start ANC early in order to prevent being bewitched; some believe that they cannot bewitched if the woman has been pregnant for more than six months (Mulondo,2020). In response to these possible complications of pregnancy, it was necessary to conduct a study that would discover the perceptions of pregnant women regarding attendance or non-attendance of ANC.

Despite the attendance of ANC being prioritised as recommended by the WHO (2016) there is still evidence of inadequate ANC visits by pregnant women, especially in lowincome countries (Ebonwu, et al., 2018). Failure to initiate ANC early potentially allows pregnancy to experience as problematic for both the pregnant woman and the fetus, including miscarriages, Intra-uterine growth (IUG) retardation, anemia and many more which are preventable and treatable.

As much as the department of health provides the community of pregnant women with skilled midwives to attend to their health needs, it is evident that the clinic staff also play a role in influencing ANC attendance or non-attendance by pregnant women. A study conducted on attitudes of pregnant women towards antenatal care services provided in primary health care facilities by Drigo, Luvhengo, Lebese, Makhodo (2020) stated that ANC should be made attractive to pregnant women, further stating that this can be achieved by the way pregnant women are treated during ANC visits. They stated that if the women have been ill-treated or treated offensively previously, the probability of that woman returning to the facility is very low. Therefore, they emphasise that it is important to provide women with friendly services (Drigo et al, 2020).

Nachinab et al., (2019) also found that health care workers' poor attitude negatively influenced ANC attendance by pregnant women (Chimatero et al., 2018; Konlani et al., 2020). It is evident that a lot of different factors influence pregnant women's decision to

attend or not attend ANC; these should be prioritised and considered. ANC is important not only for the pregnant women but the fetus too. Therefore, encouraging attendance of ANC and increasing women's autonomy through education must be emphasised so that there will be positive pregnancy outcomes.

2.3 LITERATURE ON THEORETICAL PERSPECTIVES OF ANTENATAL CARE

Antenatal care (ANC) is the care provided by skilled health care professionals to pregnant women throughout their pregnancy. It is an intervention strategy to ensure healthy pregnancy with positive outcomes for mother, fetus, and new-born. It is provided at no cost in public health institutions (Ebonwu, Mumbauer, Uys, Milton, Wainber, Andrew, Medina and Marino, 2018).

The World Health Organization (2016) envisions a world where every pregnant woman and new-borns receive quality care throughout pregnancy, childbirth and the postnatal period. The WHO believes that ANC provides the opportunity to communicate with and support women, families, and communities at critical time in the course of a woman's life during pregnancy (WHO, 2016). Maternal care guidelines (2015) state that antenatal care attempts to ensure, through antenatal preparation, the best possible pregnancy outcomes for women and their babies. These ANC outcomes can be achieved through routine activities including:

- Screening pregnancy problems
- Assessment of pregnancy risks
- Treatment of problems that may arise during the antenatal period.
- Giving medication that may improve pregnancy outcome
- Provision of information to pregnant women
- Physical and psychological preparation for childbirth and parenthood

According to the WHO (2016) ANC should provide a platform for important health-care functions, such as health promotion, screening for minor ailments and diagnosis of medical conditions and as well as prevention of disease. The WHO (2016) further mentions that ANC "saves lives".

According to the BANC model, which is currently in use in South Africa, Antenatal care should be provided to all pregnant women before the birth of their babies (WHO, 2016). The ANC is aimed at detecting and treating health related problems already present or those that can develop in the pregnant woman and her unborn child. The WHO (2016) recommended that pregnant women attend ANC at least eight (8) times during pregnancy, which is in accordance with the BANC model. The BANC Model was introduced to reduce complications that could develop in pregnancy that go undetected.

- *Benefits of ANC*

The benefits of ANC include improved maternal health which is achieved through the provision of nutrient supplements. These supplements help in the prevention of development of illness and thus improve the health status of the pregnant woman and the unborn baby. Antenatal care also improves the health of the baby while in utero. Therefore, the ongoing monitoring of the pregnancy over the weeks and months of pregnancy will ensure that both pregnant women and their babies are in a good condition. In cases where the woman might be diagnosed with HIV, she will be started on ARV treatment to protect the baby from being infected with HIV.

During ANC, the pregnant woman receives information on warning signs during pregnancy. She is educated on how to respond when she identifies something abnormal which might be happening during pregnancy. These abnormalities include decreased fetal movements or kicks. Further, pregnant women also get informed about bad habits such as drinking alcohol and smoking. Additional benefits include educating women on nutrition, contraception, feeding their infants, and HIV related education. The BANC model aims to screen for and detect any conditions that might lead to maternal complications before and during childbirth. Thus, it assists in the prevention of many maternal complications which could occur before or during childbirth. In addition, diseases such as anaemia, tuberculosis, HIV, sexually transmitted infections and chronic diseases can be detected and treated promptly.

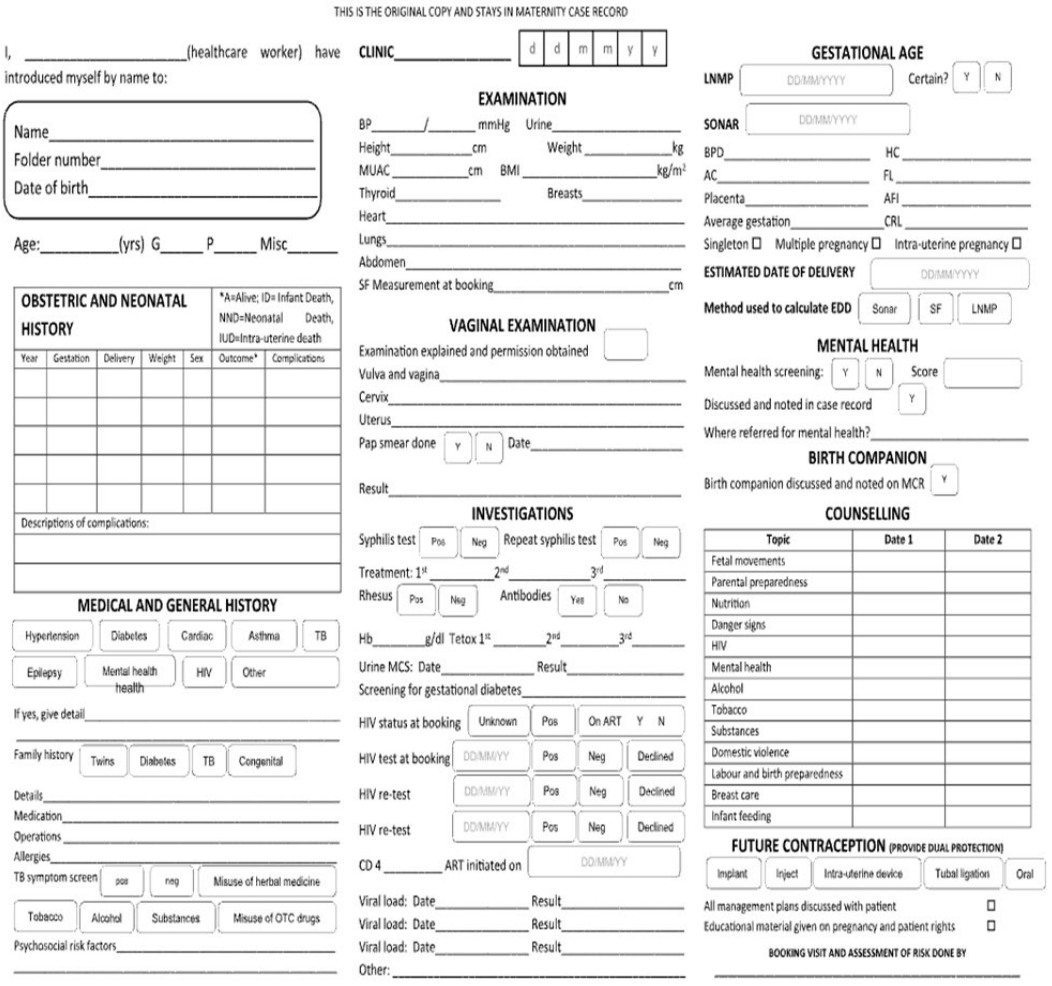
The antenatal care record, or maternity case record, is a document used by midwives during antenatal care, delivery and post-delivery. This document has information about the lifestyle of the pregnant woman, if she smokes or not or has any chronic diseases. It

also serves as a guide as it provides guidance on the procedures that need to be performed on pregnant women on their first ANC visit (WHO, 2016). It also helps

in identifying if a pregnant woman is high risk so that an appropriate referral can be made. All the investigations done are recorded in this document.

The antenatal care record is very beneficial because it holds relevant information even if the pregnant woman is due for an ANC visit and is unable to do so at her regular clinic. She is able to take her ANC record with her to whichever clinic is convenient for her at that time (WHO, 2016). The midwives will be able to "continue care" as the record contains guidance for whoever will be attending to the pregnant woman. A specimen of the antenatal care record is displayed below as figure 1.

***FIGURE 1**: Ante Natal Case Record*



THIS IS THE ORIGINAL COPY AND STAYS IN MATERNITY CASE RECORD

I, _____(healthcare worker) have introduced myself by name to:

Name_____
Folder number_____
Date of birth_____

Age:_____(yrs) G_____ P_____ Misc_____

OBSTETRIC AND NEONATAL HISTORY *A=Alive; ID= Infant Death, NND=Neonatal Death, IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications:

MEDICAL AND GENERAL HISTORY

Hypertension | Diabetes | Cardiac | Asthma | TB
Epilepsy | Mental health health | HIV | Other

If yes, give detail_____

Family history: Twins | Diabetes | TB | Congenital

Details_____
Medication_____
Operations_____
Allergies_____

TB symptom screen: pos | neg | Misuse of herbal medicine
Tobacco | Alcohol | Substances | Misuse of OTC drugs

Psychosocial risk factors_____

CLINIC_____ d d m m y y

EXAMINATION

BP_____/_____mmHg Urine_____
Height_____cm Weight _____kg
MUAC _____cm BMI _____kg/m²
Thyroid_____ Breasts_____
Heart_____
Lungs_____
Abdomen_____
SF Measurement at booking_____cm

VAGINAL EXAMINATION

Examination explained and permission obtained
Vulva and vagina_____
Cervix_____
Uterus_____
Pap smear done Y N Date_____
Result_____

INVESTIGATIONS

Syphilis test Pos Neg Repeat syphilis test Pos Neg
Treatment: 1st_____ 2nd_____ 3rd_____
Rhesus Pos Neg Antibodies Yes No
Hb_____g/dl Tetox 1st_____ 2nd_____ 3rd_____
Urine MCS: Date_____ Result_____
Screening for gestational diabetes_____
HIV status at booking: Unknown | Pos | On ART Y N
HIV test at booking: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
CD 4 _____ ART initiated on DD/MM/YY
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Other: _____

GESTATIONAL AGE

LNMP DD/MM/YYYY Certain? Y N
SONAR DD/MM/YYYY
BPD_____ HC_____
AC_____ FL_____
Placenta_____ AFI_____
Average gestation_____ CRL_____
Singleton ☐ Multiple pregnancy ☐ Intra-uterine pregnancy ☐
ESTIMATED DATE OF DELIVERY DD/MM/YYYY
Method used to calculate EDD: Sonar | SF | LNMP

MENTAL HEALTH

Mental health screening: Y N Score
Discussed and noted in case record Y
Where referred for mental health?_____

BIRTH COMPANION

Birth companion discussed and noted on MCR Y

COUNSELLING

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)

Implant | Inject | Intra-uterine device | Tubal ligation | Oral

All management plans discussed with patient ☐
Educational material given on pregnancy and patient rights ☐

BOOKING VISIT AND ASSESSMENT OF RISK DONE BY
_____

In the BANC recommendations there is a checklist which guides and reminds the midwives about the procedures that need to be done on each ANC visit to ensure complete care of a pregnant woman. Figure 2 on Ante Natal Record is presented below.

***FIGURE 2**: Antenatal Care Follow-up Visits Clinic Checklist*

Clinic Checklist: Follow-up visits
(Back page of first visit checklist)

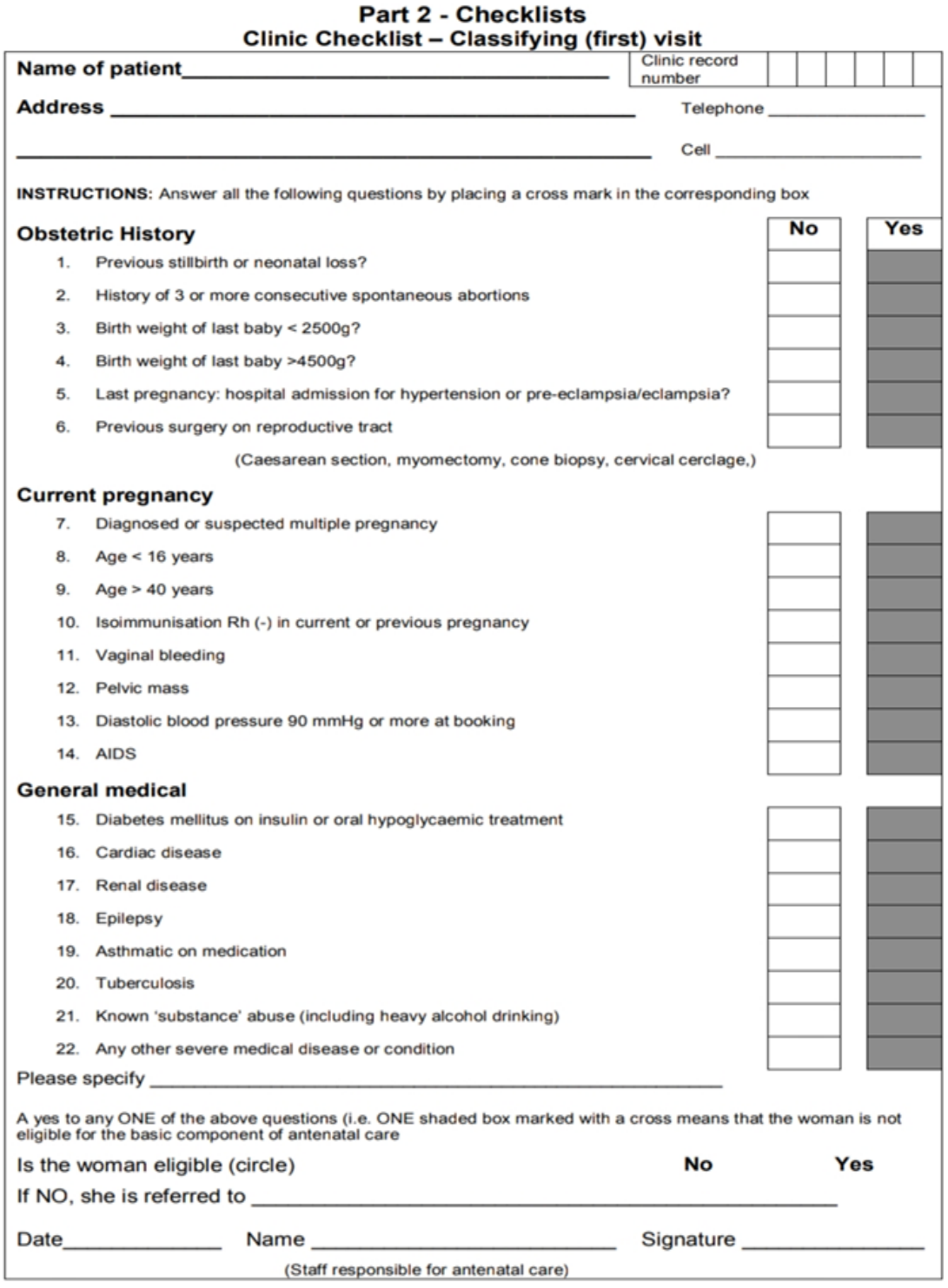
First visit for all women at first contact with clinics, regardless of gestational age. If first visit later than recommended, carry out activities up to that time	VISITS 1	2	3	4	5
DATE :					
Approximate Gest. Age.	___	(20) ___	(26-28) ___	(32) ___	(38) ___
Classifying form which indicates eligibility for BANC					
History taken					
Clinical examination					
Estimated date of delivery calculated					
Blood pressure taken					
Maternal height/weight					
Haemoglobin test					
RPR performed					
Urine tested					
Rapid Rh performed					
Counselled and voluntary testing for HIV					
Tetanus toxoid given					
Iron and folate supplementation provided					
Calcium supplementation provided					
Information for emergencies given					
Antenatal card completed and given to woman					
AZT and NVP given (if required) – Check each visit if AZT sufficient					
Clinical examination for anaemia					
Urine test for protein					
Uterus measured for excessive growth (twins), poor growth (IUGR)					
Instructions for delivery/transport to institution					
Recommendations for lactation and contraception					
Detection of breech presentation and referral					
Complete antenatal card and remind woman to bring it when in labour					
Give follow-up visit date for 41 weeks at referring institution					
Initials staff member responsible					

Additional Visits		
Date	**Reason**	**Action/Treatment**

The checklist is presented below as figure 3. In antenatal care, the first visit is very important since it is when the health professional does thorough assessments and tests to exclude any abnormalities in the pregnancy.

WHO (2016) recommends that the ANC first visit should be before 20 weeks of gestation. This is to enable the attending midwifes to adequately assess, detect and treat any abnormality at an early stage of the pregnancy. The BANC handbook states that the sooner the pregnant woman is brought into the system, the earlier any problems can be detected. This is better because the required treatment can have a greater chance of success. The use of different guiding checklists provides assurance that all the necessary screenings are done during first and follow-up visits, and this helps determine eligibility for BANC. The following BANC checklists presented below as figure 3, are some of the recommended checklists that are used in ANC.

FIGURE 3: *Antenatal Care BANC Classifying First Visit Checklist*



Part 2 - Checklists
Clinic Checklist – Classifying (first) visit

Name of patient_____ Clinic record number

Address _____ Telephone _____

_____ Cell _____

INSTRUCTIONS: Answer all the following questions by placing a cross mark in the corresponding box

Obstetric History	**No**	**Yes**
1. Previous stillbirth or neonatal loss?		
2. History of 3 or more consecutive spontaneous abortions		
3. Birth weight of last baby < 2500g?		
4. Birth weight of last baby >4500g?		
5. Last pregnancy: hospital admission for hypertension or pre-eclampsia/eclampsia?		
6. Previous surgery on reproductive tract (Caesarean section, myomectomy, cone biopsy, cervical cerclage,)		
Current pregnancy		
7. Diagnosed or suspected multiple pregnancy		
8. Age < 16 years		
9. Age > 40 years		
10. Isoimmunisation Rh (-) in current or previous pregnancy		
11. Vaginal bleeding		
12. Pelvic mass		
13. Diastolic blood pressure 90 mmHg or more at booking		
14. AIDS		
General medical		
15. Diabetes mellitus on insulin or oral hypoglycaemic treatment		
16. Cardiac disease		
17. Renal disease		
18. Epilepsy		
19. Asthmatic on medication		
20. Tuberculosis		
21. Known 'substance' abuse (including heavy alcohol drinking)		
22. Any other severe medical disease or condition		

Please specify _____

A yes to any ONE of the above questions (i.e. ONE shaded box marked with a cross means that the woman is not eligible for the basic component of antenatal care

Is the woman eligible (circle) **No** **Yes**

If NO, she is referred to _____

Date_____ Name _____ Signature _____

(Staff responsible for antenatal care)

As indicated in chapter one, historically, a pregnant woman was expected to attend at least four (4) ANC visits according to the FANC model which was previously used in South Africa for antenatal visits (NDoH, 2012). FANC recommended that pregnant women visit the clinic

ANC at least four (4) times in their entire gestational period. In response to the constant rise in maternal and perinatal mortality rates, especially in low-income countries, this model was revised. In 2012 the WHO introduced a revised model which recommended that pregnant women should have eight (8) contacts of ANC. Notably, the revised model suggested a one hundred (100%) increase in the number of expected visits for ANC. Both FANC and BANC models are presented below in figure 4:

The revised model of ANC provided further recommendations which were aimed at creating a positive experience for a pregnant woman (WHO, 2016). This recommendation

FIGURE 4: BANC and FANC models

WHO FANC model	2016 WHO ANC model
First trimester	**First trimester**
Visit 1: 8-12 weeks	Contact 1: up to 12weeks
Second trimester	**Second trimester**
Visit 2: 24-26 weeks	Contact 2 : 20 weeks
-	Contact 3: 24 weeks
Third trimester	**Third trimester**
Visit 3: 32 weeks	Contact 4: 30 weeks
-	Contact 5: 34 weeks
Visit 4: 36-38 weeks	Contact 6: 36 weeks
-	Contact 7: 38 weeks
-	Contact 8: 40 weeks
Return at 41 weeks for delivery, if birth has not occurred	

required a pregnant woman to have positive experience in the following areas: (i) Nutritional intervention; (ii) Maternal and fetal assessment; (iii) Preventive measures of diseases and abnormalities in pregnancy; (iv) Interventions that help improve nutritional

benefits and common physiological symptoms such as nausea and back pain, and; (v) Health system intervention to improve utilization (WHO 2016).

These are the five (5) types of recommendations that should be carried out in the ANC programme. Each of these is briefly expanded below to show their value in ANC. It is the responsibility of the midwives to carry out all the mentioned interventions to ensure a positive pregnancy experience for pregnant women (WHO, 2016).

Nutritional intervention: this refers to midwives educating pregnant women on dietary requirements and how to meet them. Health talks on healthy eating and maintaining physical activities are provided. Iron and folic supplements are most required nutritional value, they are very essential as they provide the pregnant women with the most important nutrients during pregnancy. They are routinely prescribed to be taken by pregnant women. These supplements prevent anaemia primarily but also other conditions. Calcium is also recommended for pregnant women. This nutrition element is provided in order to prevent pre-eclampsia. Vitamin A is another supplement which is recommended. It assists in the prevention of blindness in the new- born which may occur if it is deficient. The midwife has a responsibility to make sure that all these recommendations are carried out (WHO, 2016).

Maternal and fetal assessment: these recommendations speak to the attending midwives who are required in their legal practice to do full blood count testing to diagnose anaemia in pregnancy. Tobacco or substance use should also be assessed by the midwife to exclude the possibility of abnormalities. This assessment also covers screening for chronic diseases such as HIV, gestational diabetes mellitus, and hypertension. These conditions should be managed according to the provisions in the guidelines. Also, asymptomatic bacteria (ASB), checking urine for bacteria, is done through the urine dipstick. And since antenatal care intends to change even the lives of the community, intimate partner violence (IPV) should also be assessed to identify if the pregnant women is experiencing any abuse and referrals made where appropriate. The midwife is also responsible for educating pregnant women about daily fetal movement counting and giving them a chart so that if there are any abnormalities the mother will be able to recognise it herself and seek help early (WHO, 2016). Symphysis-fundal height measurement (SFH) should be done to monitor the growth of the fetus and identify abnormalities such as polyhydramnios (WHO, 2016). An ultrasound scan is

recommended before 24 weeks of gestation to detect such abnormalities. The attending midwife would be responsible for making a referral of a pregnant woman to a higher level of care such as a high-risk clinic which attends pregnant women who are classified as having high- risk pregnancies WHO, 2016).

Preventive measures: these are also part of the midwife's responsibility whereby certain procedures are carried out according to the WHO (2016) recommendations. Pregnant women are given antibiotics as prophylaxis if they experience reoccurring urinary tract infection. Antibiotics are given for seven days to all pregnant women with asymptomatic bacteriuria (ASB) to prevent preterm birth and low birth weight WHO, 2016). A tetanus vaccination is also given to pregnant women as a preventive measure against tetanus that could be acquired by the fetus. Those who are HIV negative, are given pre-exposure medication to prevent them from acquiring HIV WHO, 2016).

I**ntervention for common physiological symptoms:** these are addressed by the midwife, who should attend to common problems as presented by pregnant women coming to the facility for ANC. Midwives are expected to be able to treat and educate pregnant women appropriately when they present at the clinic with any physiological problem WHO, 2016). The midwife might recommend ginger or chamomile to alleviate problems such as nausea and vomiting. Heart burn, constipation, back pain, leg cramps, oedema are also some of the common problems faced by pregnant women. The WHO recommendations state that these can all be addressed by a midwife. This also demonstrates that not all common problems need medication and that, where appropriate, health education is very useful, and therefore the midwife needs to be knowledgeable WHO, 2016).

Health system intervention to improve utilisation of ANC: it is recommended that each pregnant woman must carry her own case notes during pregnancy WHO, 2016). This is to enable continuity of care, quality of care and to promote positive pregnancy experience. Having case notes or pregnancy case records enables a pregnant woman to be attended to at any government institution, if they are unable to attend their regular clinic. The midwife will be able to continue to care for the pregnant woman, guided by the case record carried by the woman. The midwife is responsible for sharing that information and to put emphasis on it, since the case record is used for antenatal, intrapartum, and postpartum care (WHO, 2016). The section below presents the empirical studies that were consulted.

2.4 CONCLUSION

This chapter discussed literature that has studied perceptions of pregnant women regarding ANC visits. The literature provided the broader understanding that ANC attendance and non-attendance is something that still needs attention, especially in developing and African countries, as in these countries a lot of factors are present which affect ANC attendance negatively. Further research is needed to determine how ANC utilisation can be improved.

CHAPTER 3: METHODOLOGY FOR THE STUDY

3.1 INTRODUCTION

The chapter discusses the methodology that was utilised when conducting the study. The methodology is addressed under the following subheadings: the research approach, research design, research methods and procedures, the paradigm that framed the assumptions of the study, the setting for the study, and the population and sample used in the study. Furthermore, this chapter also explains how the sampling techniques were selected. Data collection and data analysis methods that were used are also addressed. Rigour and trustworthiness are also addressed. Furthermore, the chapter provides the conclusion on the methods, procedure, and issues that were experienced when conducting the study. Lastly, a conclusion is provided. Each of these aspects is explained below to show how they contributed to accomplishing the objective of the study.

3.2 METHODOLOGY

Methodology has to do with how research is conducted systematically (Mishra and Alok 2022). Methodology is the process used by the researcher to systematically solve the research problem and answer the research question. Research methodology includes all techniques and methods which have been employed for conducting research. The current study used the qualitative approach and design (Creswell, 2020). The purpose of using the qualitative research approach was to allow the in-depth exploration of perceptions of pregnant women regarding their attendance or non-attendance of ANC. Therefore, this approach allowed the researcher to obtain the meaning of perceptions of participants through their rich description of attendance and non-attendance of ANC which was the phenomenon under study (Creswell, 2020). The pregnant women shared their perceptions as best understood and experienced by them. This methodology helped the researcher gain more understanding about what influences the behaviour of pregnant women.

3.2.1 Research Approach

Research approach refers to the procedures and plans that decide the overall process of research (Creswell, 2020). The research approach helps determine the methods for data

collection, analysis, and interpretation. Qualitative approach was used in this study. Qualitative research is a holistic approach that involves discovery. It is further described as an unfolding model that occurs in a natural setting that enables the researcher to develop a level of detail from high involvement in the actual experience (Creswell, 2020).

This concept of research approach was followed throughout the entire research process, meaning that the approach was used to determine even the type of interviews that were to be conducted. Furthermore, the research approach assisted the researcher in determining how data was analysed (Creswell, 2020).

The qualitative research approach was used for this study because the study aimed to understand how pregnant women perceived ANC. The benefits of the qualitative research approach is that it provides description of people's experiences, feelings and perceptions (Creswell. 2020). The qualitative research approach allows open ended responses, meaning that the researcher can uncover novel problems or opportunities. The selected approach sufficed to achieve the objectives of the study, which attempted to explore and describe the perceptions of pregnant women regarding their attendance or nonattendance of ANC in the selected clinics in the UMzinyathi District Municipality KwaZulu Natal. The researcher chose this form of approach due to the nature of the study to be carried out which required participants to share with the researcher their experiences and perceptions in their own words, regarding their attendance of ANC (Gray, et al., 2017).

3.2.2 Research Design

The research design is the framework of research methods and techniques chosen by a researcher to conduct a study. The selected research design for this study was qualitative exploratory, descriptive, and contextual. The researcher qualitatively explored and described the perceptions of the pregnant women regarding their attendance and non-attendance of ANC who attended ANC services at the local clinics in the UMzinyathi District Municipality, KwaZulu Natal. Each of these aspects of the design is described below. It is also shown how they were applied in the study.

- *The Qualitative Aspect: The* study was ‘qualitative’ in the sense that the research was focused on collecting and analysing non-numerical data that helped the researcher understand the perceptions of pregnant women in relation to ANC attendance or non-attendance. The research did not have any numerical target because it was qualitative, and was based on real opinions, experiences and attitudes of the participants. Data collection was measured through saturation, and there was no numerical target.

- *The Explorative Aspect:* Exploration entailed in-depth questioning and enquiring by the researcher using semi-structured interviews. In the study exploration was achieved through the use of the open-ended research question. This was intended to allow participants to freely express themselves about the phenomenon under study. The researcher also observed behaviour during data collecting so as to gain understanding of what the participant was saying by reading body language. The follow- up questions that emerged helped in exploring the perceptions of pregnant women attending ANC. This was done during interview sessions where each participant was asked by the researcher an open- ended question which allowed the participant to share as much as she could without being restricted in any manner or form. In cases where a participant was unable to freely share the researcher probed to encourage the participant to talk.

- *The Descriptive Aspect:* ‘Descriptive’ in research refers to the researcher describing characteristics of a phenomenon or variable of interest under study. Furthermore, the purpose of using descriptive research was to describe perceptions in the form of circumstances or situations as shared by the pregnant women (Mishra and Alok 2022). Information obtained was used to describe the phenomenon of ANC attendance and non-attendance.

- *The Contextual Aspect:* The study was also contextual because it was conducted with participants who were familiar with the context of the “clinic” where they attended ANC services; also, they were familiar with the term “pregnancy”, which was the reason for attending or not attending ANC as required.

3.2.3 Research Paradigm

The research paradigm is a theoretical framework that provides lenses for the researcher to derive meaning and understand the world (Rehman and Alharthi, 2016). Also, the research paradigm is used to describe a researcher's own 'worldview' which he or she uses as a point of departure in exploring or investigating the phenomenon of interest. The research paradigm can be described as a set of assumptions and perceptual orientations shared by members of a research community. Also, the research paradigm can be understood as a basic belief system and theoretical framework with assumptions about the nature of the "Ontology", which is the value of the studies phenomenon (Polit and Breck, 2020). While "Epistemology" refers to the nature of knowledge regarding the phenomenon being studied. These paradigm interpretations were used to shape the methodology and research methods. It allowed the research to understand the world in a particular manner which also promoted the studying of the issue that is being explored (Polit & Beck, 2020; Creswell, 2020).

The researcher observed epistemological, and ontological aspects of the phenomenon under study using the interpretive paradigm (IP). The IP worked as a road map in understanding connotative meaning of participants' perceptions. Paradigms are what. 'footings' are to a house - they form the foundation of the whole edifice. Ontology was used in the study by exploration and conducting interviews because ontology is concerned with "what kind of world we are investigating, the structure of reality and the nature of existence' (Crotty, 2005). The researcher's assumptions about reality, what can be known about it and how it is accessed underpins one's worldview. Ontology was also applied because the researcher wanted to know if the participants made really free-will choices to attend or not attend ANC or are there external forces dictating their outcome that are beyond their control. Relativism was used because interaction was needed to discover meanings. It was applied because the researcher believed that the truth is created through experiences and in order to understand the participants' perceptions and the context that shaped it there was a need to dig deep and talk to them (Polit & Beck, 2020).

Epistemology was also applied in the study because the researcher anticipated that participants developed knowledge based upon their perceptions and experiences.

Epistemology is concerned with the “nature and form of knowledge, how it can be acquired and shared with other human beings” There was no interruption of what was being observed. The researcher also used axiology because the researcher was seeking to change the world for the better. Axiology focuses on the values that guide the researcher on what is considered as important, valuable and whether it is good or bad (Polit and Beck, 2020). For instance, in this particular study, some participants indicated that they hide pregnancy for the first six months due to the fear of being bewitched.

Generally, the paradigm ensures that the researcher’s behaviour and value do not influence the findings of the study. To this end, the researcher applied other credibility measures such as trustworthiness, and ethical consideration among others.

3.3 SETTING FOR THE STUDY

The UMzinyathi District Municipality is situated in the north central region of KwaZuluNatal. Umzinyathi Municipality is bordered by the following 6 districts: to the north by Amajuba, northeast by Zululand, east by King Cetshwayo, southeast by ILembe, southwest by UMgungundlovu, and west by Uthukela). It is classified as Socio Economic Quintile 1- ranking amongst the poorest districts in the country (http://www.kznhealth.gov.za/umzinyathi.htm.)

The district has a population of 571,650, of which 93% (531,634) are uninsured and depend heavily on state health services. The Clinics offer day services which include management of cases with minor ailments and illnesses. There are no full maternity services such as normal and assisted deliveries, hence they make referrals of critical patients who are severely ill to surrounding hospitals.

The following map displays the Umzinyathi District Municipality (Endumeni Sub District) where the research took place.

FIGURE 5: Map 1 of UMzinyathi Municipality District DC24:

https://municipalities.co.za/map/122/umzinyathi-district-municipality

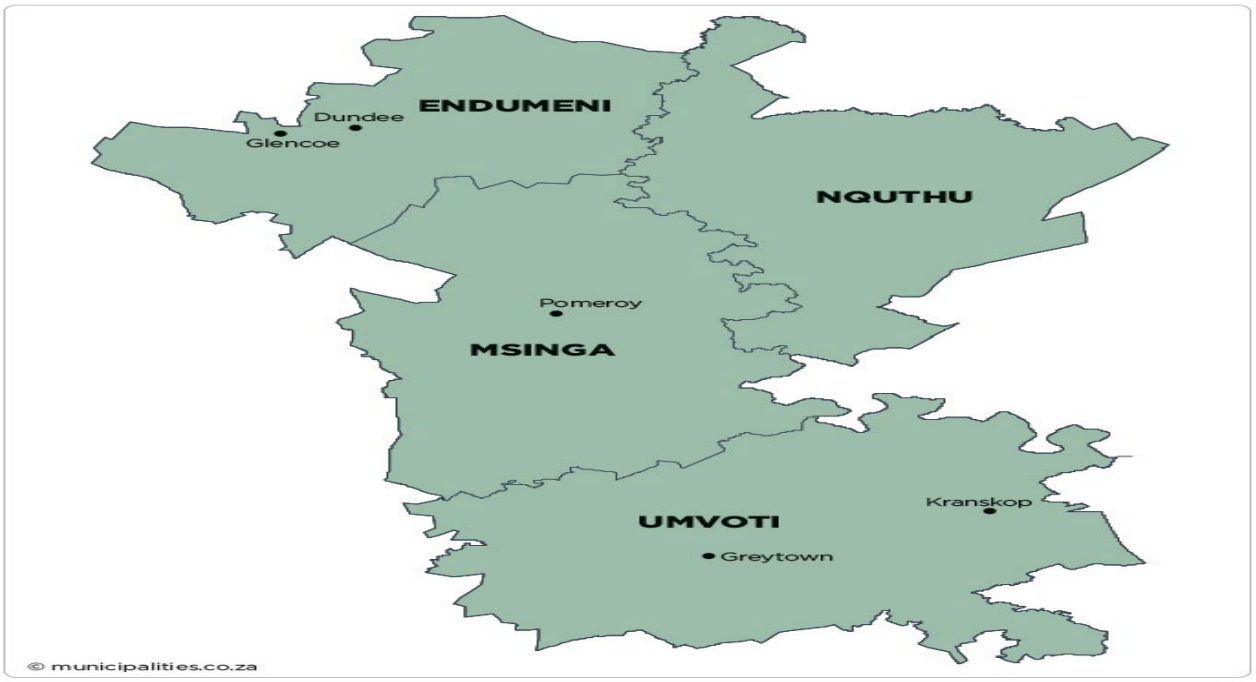
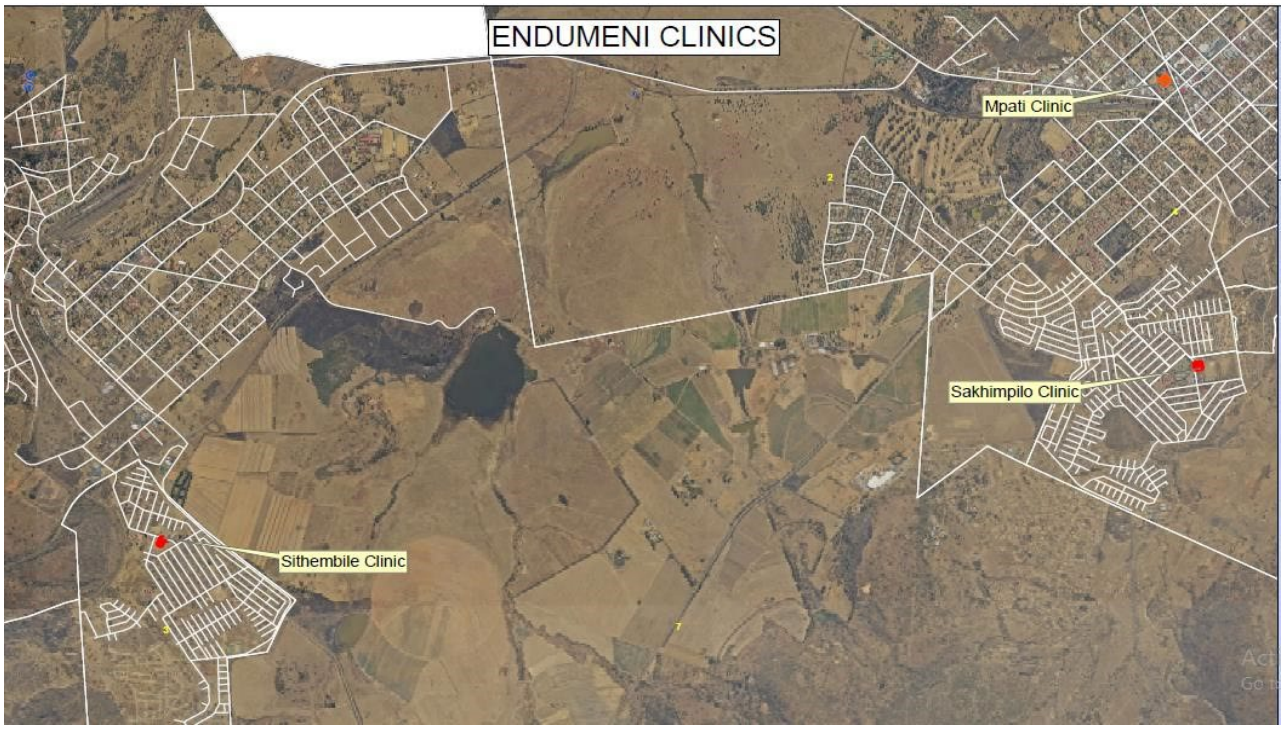


FIGURE 6: Map 2 of Clinic Areas in uMzinyathi Endumeni Sub - District



3.4 RESEARCH METHODS

This section discusses the data collection method that was used in the research, including the population, sample, sample size and technique used. These are unpacked and described to show how they were applied in the study (Creswell, 2020).

3.4.1 Population

Population refers to a set or group of all the units which the findings of the research apply to (Shukla 2020). The selected population for this study was pregnant women attending ANC at the preselected clinics in the Umzinyathi District Municipality. This population was selected because the researcher wanted to explore and understand the perceptions of pregnant women with regards to attending or non-attending of ANC.

3.4.2 Sampling technique

The researcher used a sampling frame to select participants across selected clinics for the study. Participants from each of the three (3) out of four (4) selected clinics were part of the sample (Polit and Beck, 2020). The sample consisted of gravid women attending ANC at a clinic whether it was the first or repeated pregnancy and whether it was their first or subsequent visit. The researcher used women who were attending ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal at the time of data collection as the sample for the study.

3.4.3 Sample

A sample is referred to as the selected participants from a population used in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, Van Der Walt and Van Renburg 2012).

Samples for qualitative inquiry are generally assumed to be purposefully selected so that they yield required and rich information (Gray et al., 2017). The sample for the current study comprised pregnant women aged 18 years and above who were at any gestational age at the time of collecting data. The reason for using the purposive sampling technique was to enable the researcher to get information that was relevant and most suitable to

address or respond to the phenomenon of interest, which was perceptions of pregnant women regarding their attendance or non-attendance of ANC. The size of the sample was determined by the completeness and quality of information that was shared by participants (Creswell, 2020).

3.4.4 Sample size

Qualitative research uses small samples. This is because with qualitative research quality of data is more important than quantity (Polit and Beck, 2020). Sample size should be sufficient to describe the phenomenon of interest. (It should also be noted that a large sample size can produce repetitive data (Gray, et al., 2017)). Therefore, the sample size for the study was not decided on prior to data collection. Sixteen (n=16) participants were interviewed to collect data for the study. This was the initially estimated number of participants, but the actual size was determined by data saturation. Data saturation is when there is no new information collected (Polit and Beck, 2020).

3.4.5 Sampling Frame

The purpose of the sampling frame was to help select an appropriate targeted sample among a population that supports the phenomenon of exploring pregnant women's perceptions on attendance of non-attendance of ANC. The researcher used the purposive sampling technique and sampling frame for this current study (Polit and Beck, 2020; Gray et al., 2017). The sampling frame that was used is provided below as table 1.

TABLE 1: Sampling frame (Polit and Beck, 2020; Gray et al., 2017)

Research Site	Number of participants per clinic
Clinic No. 1	7
Clinic No. 2	4
Clinic No. 3	5
Clinic No. 4	0
TOTAL	16

3.4.6 Inclusion Criteria

Inclusion criteria are the characteristics that the prospective participants had to have if they were to be included in the study. Pregnant women who met the inclusion criteria were purposively selected for the study (Polit and Beck, 2020; Gray et al., 2017). Pregnant women who were 18 years and above, who also attended ANC services in the selected clinics in the UMzinyathi District municipality were included. These women included those for whom it was their first or follow- up visit. Only if they gave written consent and confirmed their willingness to participate, were they included. However, the researcher had to ensure not only that they were participating voluntarily but also that they were not sick, which could jeopardise their health. Also, all participants were interviewed after they were done with the official visit. This was to ensure that their health was well looked after.

3.4.7 Exclusion Criteria

Exclusion criteria are those characteristics that disqualify prospective subjects from inclusion in the study (Polit and Beck, 2020; Gray et al., 2017). The exclusion criteria included pregnant women who were less than 18 years of age, pregnant women who did not want to participate in the study, who were not in good health or simply too ill participate in the study at the time of collecting data, and women who did not sign a written consent.

3.5 DATA COLLECTION

Data collection is the process whereby specific information is gathered and analysed to proffer solutions to relevant questions and evaluate results. Data collection methods are important because they guide how information collected is used and what explanations it can generate are determined by the methodology and analytical approach of the researcher (Paradis, O'Brein and Matimianakis 2016). The in-depth data collection method was used for this research.

In-depth interviews are a qualitative data collection method that involves direct, one on one engagement with individual participants (Creswell, 2020). The reason the in-depth type data collection method was used was to allow participants to open up about their perceptions of ANC attendance and not be guided by structured questioning (Creswell, 2020). Each participant shared information about what she perceived regarding attendance or non-attendance of ANC. Then each pregnant woman went on to describe her own experience, which was vitally important in meeting the aim of the study. The

information that was collected was far more important than the size of the sample. Sample size for the current study was determined by when the information reaches saturation point. (Polit and Beck, 2020; Gray et al., 2017).

The benefit of using in-depth interviews was that the interviewer was able to establish rapport with participants, making them feel more comfortable. In so doing it allowed the participants to generate more insightful responses. The interviewer had a greater opportunity of asking follow- up questions to probe for additional information (Creswell, 2020). It also helped generate better and rich understanding of the attitudes and perceptions of the participants.

3.5.1 Data collection procedures

This section discusses the processes used for data collection and the type of interviews used to collect data. Data collection is done to gather relevant information that will help the researcher to address the research problem and to answer the research question. In qualitative research, data collection methods include interviews, questionnaires with open-ended questions, focused group discussion, and interviews as well as participatory observation (Barrett and Twycross 2018). All the mentioned data collection methods are closely associated with words, feelings and emotions and they are non- quantifiable (Polit & Beck, 2020).

- *In- depth interviews*

In-depth Interviews provide detailed information about a person's thoughts and behaviour or seek to explore new issues in- depth. They offer a more complete picture of what happened and the why regarding the phenomenon under study. The advantages and benefits of using the in- depth interview method to collect data is that it enables participants to express themselves without any restriction. It also enables the researcher to observe change of voice tone and body language, which then may further show how the participant is feeling at that time (Creswell. 2020; Kvale and Kvale 2017).

In-depth interviews were conducted with pregnant women after information was provided and the written consent was obtained. An open-ended question which was supplemented by the interview guide was used to commence the interview. (The interview guide is attached at the end of this dissertation as an annexure). The question used for the research

was “What are the perceptions of pregnant women regarding attending or not attending ANC in the selected clinics in the UMzinyathi District Municipality, KwaZulu Natal?”

After the researcher had posed the question, probing with prompts and cues was used to encourage the participants to share their experiences regarding the attendance and or nonattendance of ANC. The researcher also used a voice recorder during interviews to collect data. Field notes were also taken during the interviews to ensure that missed speech and inaudible gestures were recorded.

- *Conducting In-depth Interviews*

Since in-depth interviews require the interviewer and participant to be in one place and have a face-to-face session, the researcher interviewed the participants in vacant consultation rooms that were not in use by the clinic’s staff at that point in time. Before the interview session started, the participant was informed about the type of research that was being conducted and informed about the aim of the research (Creswell 2020). Participants were given consent forms to sign as proof of agreement to partake in the research study. The consent forms were available in IsiZulu and English for better understanding. Participants were also told about their rights as participants so that they could make an informed decision. The interview session time was dictated by how the participants were opening after being asked a research question. The sessions lasted for 8 to 9 minutes maximum. Some participants were struggling to answer the research question, which then prompted the researcher to rephrase the question for the convenience and understanding of the participant. The researcher also experienced moments of silence during interview sessions and awkwardness, but probing was done to motivate talking. The behavior of some participants showed that they were scared to say what they know about ANC because they wanted to be correct. Some were very expressive, showing dissatisfaction about the ANC services they receive, while some were ignorant, not caring much about what they should know as pregnant women.

- *Observance of protocols of Covid19.*

Considering that there was a pandemic during data collection the interviewer adhered to all protocols of Covid19 including but not limited to ensuring a well-ventilated interview room, wearing masks, sanitisation and maintaining 1.5 meters social distancing between participant and interviewer (WHO (2021).

Special precautions were taken before the commencement of the interview. The participants were screened for Covid 19 symptoms (asked if they have symptoms of Covid 19 such as dry cough, shortness of breath, diarrhoea, fever, loss of smell and taste, headache, and tiredness). The researcher also sought to find out if the participant had been in close contact with a positive Covid 19 case and/or had travelled internationally within a period of two weeks before the interview. If the participant presented with Covid 19 symptoms, they were to be referred for rapid testing if consent was given. The interview would continue if results were negative, but if they were positive the participant was to be immediately referred for quarantine.

- There was a sanitiser and mask offered upon entrance to the interview room.
- There was sanitising during the interview every 5 minutes.
- Ventilation was adhered to. This was done to promote air passing and prevent cross infection and was achieved by having the windows open at all times.
- A distance of 1.5 meters was kept between the interviewer and interviewee.
- The tape recorder was disinfected after each use by a participant.
- The table and chairs in the interview room were disinfected after every interview session.
- Participants were advised to wash their hands with soap and water after the interview session.

3.6. DATA ANALYSIS

Data analysis is the process of reducing large amounts of collected data to make sense to the researcher and reader (Creswell, 2020; Polit & Becker, 2020). The data analysis process commences as soon as the researcher collects data in the field (including inscription, description, and transcription) or place of interviews, and continues after data has been collected. Data analysis helps the researcher make sense of all the data collected in order to come up with the conclusion of the study. During data analysis, data is organised, reduced and then categorised according to themes and patterns identified during the process (Williams and Moser, 2019).

3.6.1 A six-step data analysis approach

The researcher used the six-step approach by Watling and James (2012) to analyse data. These steps resemble other qualitative data analysis frameworks (Polit and Beck, 2020; Gray et al., 2017; Creswell, 2014). The six (6) steps are described below.

3.6.1.1 Defining and identifying data

This is the process of defining and identifying data that is in accordance with the phenomenon under inquiry which, in this case, was attendance and or non-attendance of ANC by pregnant women at selected clinics. The researcher defined or identified what had been stated by the participants. The researcher also identified positive and negative data, such as positive or negative attitude, and perceptions as expressed by participants. After that, the researcher grouped data accordingly in a manner that met the aim of the study and research objectives.

The process of defining and identifying data was applied in the study during collection of the interview data. The researcher was able to identify the type of data the participants were providing and define it according to the researcher's understanding. As data was being collected the process of analysis was occurring simultaneously, so the researcher was immediately able to identify whether or not it was suitable for the study and if it answered the research objectives (Creswell, 2020; Polit & Becker, 2020).

3.6.1.2 Collecting and storing data

The audio recorder was used to support the data collection process. Field notes were taken. Field notes, (a supplementary written version of the interview), supported the full script of the interview which was transcribed from the recording. The transcripts documents were labelled, (e.g. participant 1, participant 2). Only the researcher and the supervisor had access to the audio recordings of the interviews (Polit and Beck, 2020; Gray et al., 2017).

3.6.1.3 Data reduction and sampling

Reduction of data was done from the collection of data through the process of analysis by grouping data collected according to similarities, patterns, and excerpts, for instance

positives, negatives, perceptions, understanding, experiences, attitude, practices, and knowledge.

The researcher arranged the transcripts and grouped them according to their respective clinics. The transcripts were inserted in a table where they were next to each other, for better analysis and to enable the researcher to know the difference in what the participants had stated. A second table was created in which they were allocated coloured highlights for each common feature noted in the transcripts. Every colour highlight represented a specific statement or view. In the case of the current research colours represented different reasons for pregnant women to attend or not attend ANC.

3.6.1.4 Structuring and coding data

Basic coding was carried out after the data was managed and cleaned and transcribed. Coding as a first step in the analysis of data acts as preparation of the data for more advanced analysis at higher levels of abstraction (Polit and Beck, 2020; Gray et al., 2017; Creswell, 2014). As the data was reduced and sampled coding took place in terms of grouping data according to its codes (negative perceptions, positive perceptions etc). During coding, the corpus of data was divided into segments and these segments were assigned codes which related to analytic themes that were being developed and applied consistently over the period of analysis and over the range of data. Structuring and coding signify an analytical process of elaboration of data. Coding made it easier to understand the framework and associations derived from the language of participants (Polit and Beck, 2020; Gray et al., 2017; Creswell, 2014).

With reference to this study the third table that was drawn up combined all the similar responses given by the participants, which then formed codes. The table also combined all similar responses to follow- up questions. Themes were then formed based on what the participants were saying.

3.6.1.5 Theory building and testing

In the current study the researcher did not have any intention of building and/ or testing theory. Rather, the aim was to get information relevant and sufficient to describe the participants' perceptions of attendance and/ or non-attendance of antenatal care. However,

the step is mentioned for the sake of completeness in this scientific study (Polit and Beck, 2020; Gray et al., 2017; Creswell, 2014, Watling and James, 2012).

3.6.1.6 Reporting and writing up research

Ultimately, after the conclusions were drawn from the data the researcher wrote a scientific report to contribute to the body of knowledge and bring new meaning and insight to the research question (Polit and Beck, 2020; Gray et al., 2017; Creswell, 2014). The study report was compiled in the form of a dissertation with chapters (Polit and Beck, 2020; Gray et al., 2017; Creswell, 2014).

3.7 ETHICAL CONSIDERATIONS

Ethical considerations refer to moral standards, ethics, and values about the research process. Ethical consideration was applied in all the stages of the research activities and procedures. The Ethical Clearance Certification no: UZREC 171110-030 PGM 2021/153 was obtained for the University of Zululand Research Ethics Committee (UZREC). This was the first most important step towards meeting ethical soundness and permission to conduct the study because without it, no data could be collected.

The researcher observed the 3 principles of human dignity and ethics standards as argued by Barrow, Brannan, Khandhar, (2020) and Shah Kimmelman, Lyerly Lynch, Miller, Palacios, Pardo7, Zorrilla, (2018). These principles are: (i) beneficence, (ii) respect of human dignity and (iii) justice (Belmont Report: 2013; Polit and Beck, 2020). Each principle will be explained briefly to show how it was applied in the current study.

3.7.1 Application of the principle of beneficence

The principle of beneficence means that the researcher has a duty to ensure that everything that takes place in a study should bring no harm to the participants. It is known as the principle of “do no harm”. This principle has different dimensions that fall under it. They concern freedom from exploitation and harm. For instance, with regard to the participants’ freedom

from physical, psychological, emotional, spiritual, economic, social or even legal harm i t is the responsibility of the researcher to evaluate the risk/benefit ratio (Barrow et al.,

2020).This principle was applied in the current study by making sure that data collection was conducted in a safe place where there were fewer risks that could affect the participants. The researcher was also not biased during data collection, to avoid emotional or psychological harm. The researcher did not judge the participants for what they were saying or for their negative reactions towards ANC. The researcher took into consideration the fact that the participants were sharing their own perceptions about ANC, therefore the researcher considered their statements as they were.

Furthermore, the researcher travelled to the participants' clinics to meet the potential participants. This was done to ensure that participants did not worry about extra travelling cost to participate in the study. Thus, the participants' economic status received the attention and respect it required.

Freedom from exploitation

According to Barrow; Brannan and Khandhar (2020) the researcher-participant relationship should not be exploitative. This principle was maintained by reassuring the participants about what was going to happen to the information they had shared with the researcher. This assurance was intended to make the participants understand the whole procedure of the research but also to gain their cooperation. The participants were not manipulated to say or do anything against their will. The relationship between the participant and researcher was thus maintained as professionally as possible. Professionalism was maintained by informing the participants about their rights and assuring them that during the interview sessions there would be no disturbance (personal inputs) by the interviewer. The researcher made sure that each participant was given all the information that she required in the form of the UNIZULU standard Information Sheet which contained all the important information relating to the study.

3.7.2 Application of the principle of human dignity

This principle includes the right to self-determination and full disclosure (Polit and Beck, 2020). This principle was maintained by ensuring that the type of study that was conducted was explained to the participants.

Right to self-determination

Participants were informed that they could withdraw their participation in the study at any stage of the research process. Written or verbal request would suffice for permission to quit to be obtained. When the study was fully explained to the participants, including the rights of the participant, the role of the participant, voluntary participation and the risk and benefit of the study, written consent was obtained from the participants (Polit and Beck, 2020). The researcher explained fully the nature of the study to the participants and included the person's right to refuse participation as a means of meeting the participants' rights to full disclosure. The researcher ensured that the participants' right to self-determination was maintained by explaining the nature of the study to them so that they would be participating from a position of being well informed.

3.7.3 Application of the principle of justice

The principle of justice concerns participants' right to fair treatment and privacy (Polit and Beck, 2020).

The principle was applied through fairness in the selection process. It was applied by selecting the pregnant women to participate randomly and treating and respecting all participants the same regardless of their age group. Privacy and fair treatment were also maintained during data collection. The participant had the right to determine which personal information they had shared with the interviewer should be shared with or withheld from others. There was no ill treatment or mal handling of participants who chose to withdraw from the study. The researcher was sensitive and respectful towards the participants' beliefs, lifestyle, culture, and emotions.

3.7.4 The right to privacy

The right to privacy refers to keeping confidential the information provided by participants. When it is shared without their will it indicates violation of their will. The study was conducted in a venue chosen by the interviewer, but which was also convenient for the participant. There was no intrusion of privacy regarding the information provided by participants. The information that was provided by participants did not affect their privacy or the participants' lives in any way they did not want (Polit and Beck, 2020). They

voluntarily spoke about what experiences they were willing to share with the other participants.

Also, the researcher kept the participants' names or any other form of identification anonymous. No information collected through in-depth interviews was linked to the participant in any manner. This anonymity included the consent form which did not require any particulars of participants. During the interview sessions, the researcher did not use the original names of the participants but used coded names. This coding was done to uphold the right to privacy (Polit and Beck, 2020). Only the researcher and the supervisor had access to the information collected.

Furthermore, the data collecting equipment was kept in a safe place accessed by the researcher only. (Polit and Beck (2020) recommend that when transcribing data, one should not show the names of the participants). The following protocols were adhered to ensure that confidentiality and respect of person were maintained:

- The list of names of the participants, transcripts, notes, and audio recording were stored in a lockable safe and kept separately.
- No names were attached to the tapes or transcript or notes (Polit and Beck, 2020).

The participants were allowed to make the choice of whether they wanted to participate in the study or not. According to Polit and Beck (2020) this principle includes the choice of participation after full information about the study has been given.

3.8 TRUSWORTHINESS

The degree of confidence in data interpretation, and methods used to ensure the quality of a study (Pilot and Beck 2014). It is assessed by using the following criteria: (i) transferability, (ii) dependability, (iii) credibility, (iv) confirmability and (v) authenticity (Polit and Beck, 2020; Grant et al., 2018; Lincoln and Guba,1985).

3.8.1 Confirmability

Confirmability refers to the degree to which the results in an inquiry could be confirmed or corroborated by other researchers (Polit and Beck, 2020, Grant et al., 2018; Lincoln and Guba,1985).

Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination but are derived from the data. Confirmability suggests that the qualitative inquiry can be achieved through audit trail, reflective journal, and triangulation (Polit and Beck, 2020; Grant et al., 2018).

Confirmability was applied in the study through reflectivity (Lincoln and Guba,1985). The researcher kept journals to reflect on, cautiously interpret, and plan data collection. The electronic records and field notes were kept by the researcher to help with cross checking the data and the writing of the final report. Triangulation was achieved by interviewing different women across different clinics.

3.8.2 Credibility

Credibility is defined as the confidence that can be placed in the truth of the research findings (Polit and Beck 2020). Credibility criteria involve establishing that the results of qualitative research are credible and believable from the perspective of the participant(s) in the research. The intention of qualitative research is to describe and understand the phenomenon of interest from the participants' eyes, so the participants are the only ones who can legitimately judge the credibility of the results (Polit and Beck, 2020; Grant et al., 2018; Lincoln and Guba,1985). Credibility of data was established using the technique of persistent observation (recurring observation of participants during the interviews). To ensure credibility, presentation of analysis and conceptual abstractions of data to other qualitative researchers was done.

3.8.3 Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts with other respondents. It is the equivalent of generalisability (Polit and Beck, 2020; Grant et al., 2018; Lincoln and Guba,1985). The researcher facilitated transferability by 'thick description' and purposeful sampling. The researcher

enhanced transferability by thoroughly describing the research context and assumptions that were central to the research. However, the transferability to other contexts is the responsibility of the one doing the generalising. (Polit and Beck, 2020; Grant et al., 2018; Lincoln and Guba,1985). Transferability was also applied to “thick” description of data which allowed comparison of context to other possible contexts in which transfer might be contemplated. Purposive sampling also enhanced transferability in the study because participants were selected with the intention of maximising the information to be uncovered.

3.8.4 Dependability

Dependability refers to “the stability and conformability of findings over time”. Dependability is essentially concerned with whether the researcher would obtain the same results/ information if the researcher could observe the same phenomenon in a different setting. It emphasises the need for the researcher to account for the ever-changing context within which research occurs (Polit and Beck, 2020; Grant et al., 2018; Lincoln and Guba,1985). To ensure that dependability was observed, the exploration of pregnant women’s perceptions in relation to ANC attendance or non-attendance was conducted in a welldefined setting with participants who were purposively sampled. Presumably, the study should be replicated over a period of time to assess whether the findings of the study would be similar to the findings of this study. Dependability can also be applied though audits where a researcher accounts for all research decisions and activities to show how data was collected.

3.8.5 Feasibility

The feasibility of the study was assessed and was found to be adequate with regards to the empirical scope, time, and financial costs necessary to achieve the intended objectives of the study.

3.9 INTELLECTUAL PROPERTY

The University of Zululand Library will have ownership of this research report. It will be the property of the institution. Furthermore, the research document or report will not be used without obtaining the permission from the author through the University Library. The dissertation will be copyrighted according to the University rules and IP policy.

3.10 KNOWLEDGE DISSEMINATION

The University of Zululand will make the dissertation/ research available online as a publication and hard copy at the library. The published report can be used provided it is adequately and correctly referenced by the end-user. The researcher may present the findings of the study at any relevant conferences, symposiums or workshops. The research findings will be available to be accessed by public t through accredited journals such as AOSIS, CURATIONIS, the Obstetrics and Gynaecology International Journal, among others from a pool which will be selected by the researcher. The paper title that will be considered for publication is "*Perceptions of pregnant women regarding their attendance of ANC at selected clinics in uMzinyathi District KwaZulu Natal".*

3.11 CONCLUSION

The exploration of the perceptions of pregnant women regarding their attendance or nonattendance of antenatal care was the research topic that was studied. The methods used in the study ensured that all the objectives of the study were achieved. Since data collection was done face to face, the respect of participants by the researcher was crucial. This played an essential role because participants were able to open up about their perceptions regarding attendance or non- attendance of ANC. Informing the participants about their role in the research study ensured that they knew what was expected of them. The process of analysis used in the study ensured fairness and non-bias. The research methodology was carried out in a way that insured that the research question was answered truthfully and also protected the clients' psychological state.

CHAPTER 4: DATA ANALYSIS AND FINDINGS

4.1 INTRODUCTION

This chapter presents the process of data analysis that was applied and findings of the study. In addition, the chapter will briefly show how the process of the collected data materialised. Lastly, the conclusion on data analysis and findings are provided in the conclusion section.

The data presented in this chapter has been scientifically analysed and is displayed according to the descriptions that were presented by participants as understood by the researcher. The chapter also intends to demonstrate how the perceptions of pregnant women about their attendance or non-attendance of ANC at the selected clinics in UMzinyathi Municipality District were conceived. Furthermore, the findings are presented as themes and sub-themes which were generated from the analysed data. This means that the information that was shared by participants during in- depth interviews was scientifically managed to inform the themes which emerged. The shared themes were developed by grouping information that was shared by participants according to similarities of responses. This arrangement of information enhanced depiction of understanding of what the pregnant women perceived as influencing their attendance of ANC or lack of it in this selected study area.

The next section describes how collected data was utilised to accomplish the objectives of the study.

4.2 MATERIALISATION OF DATA COLLECTION

The researcher prepared the venue and documents that were necessary obtaining date from participants (Creswell, 2020; Polit & Becker, 2020). The room at the clinics where interviews were conducted was divided into two sections namely, waiting room and interview room. A section used as the waiting room and the room where interviews were conducted.

The waiting room was prepared with chairs. In the waiting room the sanitisers were put at the entrance and the seating was arranged at 1.5-meter distance in between chairs. This was done before the arrival of participants. Participants were reminded to sanitise as they

completed the self-administered questionnaire. Participants were sanitised before and after signing the consent.

The waiting room was prepared with a table and two (2) chairs. Participants took turns in getting in the interview room. After the participant was greeted by the researcher and the information sheet explained, and informed written consent obtained the interview was set to begin. In addition, when the interviews were about to start, participants were asked if they were comfortable. This was to ensure that there was no pressure or coercion on tem regarding their participation. This was done in accordance with the principle of human dignity whereby the participant has a right to full disclosure. The participant was informed about each, and every step done during data collection to also ensure the right to self-determination. When a participant was ready to engage, she was alerted that the recorder was switched on. The interview would be started by posing the following interview question: "What are the perceptions of pregnant women for attending or not attending ANC in the selected clinics in the UMzinyathi District Municipality, KwaZulu Natal?" The recorder was sanitised in between interviews, masks were worn all the time and after the interview participants sanitised again.

Interaction with participants

Data was collected using semi structured in-depth interviews. The data collection was conducted in 3 out of 4 clinics that were selected. All the selected clinics were based in the UMzinyathi Municipality District. The researcher was able to collect data only from the 3 clinics which had pregnant women attending ANC. The 4th clinic which had been primarily sampled as one of the data collection sites did not have pregnant women in attendance, because after several days of coming to collect data from this clinic there were still no pregnant women attending the ANC. After a third visit by the researcher to the same clinic finding no pregnant women, it was concluded that the clinic was not visited by pregnant women during the period of data collection. The ongoing unavailability of pregnant women attending ANC led to the decision to exclude this clinic as a data collection site. This withdrawal was discussed and agreed upon with the PHC nursing manager who affirmed the agreement by providing a signed letter which approved the researcher to collect data. The letter is provided in annexure D.

Generally, one of the midwives who were allocated to the ANC clinic assisted the researcher by directing pregnant women to the data collection room which was kept private

for data collection only. These women would have been approached and recruited by the researcher on their arrival at the ANC clinic. Therefore, only those who had agreed to participate in the study were directed to the interview room.

4.3 DATA ANALYSIS PROCESS

Data analysis summarises collected data. It involves the interpretation of data gathered using analytical and logical reasoning to determine patterns, relationships or trends (Polit and Beck, 2008). Qualitative data was analysed using the six-step approach by Watling and James (2012) which was explained in chapter three (3). The first step of the data analysis process was to identify and define the perceptions of the pregnant women. All the data collected was stored properly. The data was stored in a laptop that only the researcher had access to.

During the analysis process data was sampled and reduced, and structuring and codes developed. Themes and sub- themes that emerged from the analysed data will first be presented in a table format, after which descriptive narrations of participants are provided as excerpts. The following section present the findings of the study. During the process of data analysis, the researcher used transcripts which were transcribed from audio recordings. These transcripts were organised in different tables as explained in chapter three (3). This strategy facilitated the process of progressive data analysis. The 1st table addressed the laying down of transcripts from all the clinics. In addition, the transcripts were categorised by clinics, which were separated by a row between each clinic transcripts. After the transcript from each clinic had been inserted in their respective table the transcripts were identified first by the participant's number followed by the clinics number. For instance, the first participant from the first clinic was labelled as "CL1-P1" (CL standing for clinic and P1 standing for participants' number).

The 2nd table focused on the responses of participants to interview questions and cues and probing. The process was conducted for each transcript per clinic. The researcher highlighted similar responses to the research question and follow-up questions with different colours. The responses were grouped and coloured under a certain theme that emerged. For example, pregnant women who were attending ANC to get information about their pregnancy were placed under "attending for knowledge". Those that were attending to acquire pills were placed under "attending for medication", and so on and so forth. The

researcher was basically identifying similar responses to the research question and whereby sub-themes emerged.

The font colour was allocated for each response to make it easier for the researcher to identify what kind of answer the participant gave out so that it could be allocated to a sub-theme. For example, those that were attending to gain knowledge were green text, blue represented attending ANC for benefits etc. The **3rd** table had guiding questions but excluding the main question. The 3rd table had all the responses to both the research question and follow-up questions that were asked by the interviewer. Probing was useful for encouraging participants to speak more about their attendance or non-attendance of ANC. The findings are presented below as how they were transcribed.

4.4 PRESENTATION OF THE FINDINGS

As indicated earlier, findings of the current study are presented in a table. Each theme is supported by sub-themes that specifically describe the perception of participants from the selected clinics. Table 1 below presents the themes and sub-themes that emerged during the analysis of data.

THEMES AND SUB-THEMES WHICH EMERGED

	Themes	Sub-themes
4.4.1	**Protection of the baby and the mother**	4.2.1.1 Sub-theme: Protection of the baby through ANC services received
		4.2.1.2 Sub-theme: Protection of the baby from disease transmission from the mother
		4.2.1.3 Sub-theme: protection of the well-being of the mother during pregnancy
4.4.2	**Knowledge benefits regarding fetus and pregnancy**	4.2.2.1 Sub-theme: Expected knowledge received about gestational age
		4.2.2.2 Sub-theme: Knowledge about progress of the baby and the pregnancy
4.4.3	**Reasons for attending ANC**	4.2.3.1 Sub-theme: Attending for early Identification of abnormalities during pregnancy
		4.2.3.2 Sub-theme: Attending for collection of medication
		4.2.3.3 Sub-theme: Factors influencing ANC attendance.

4.4.4	**Delayed ANC attendance**	4.2.4.1 Sub-theme: Unintentional delayed initiation of ANC attendance	
		4.2.4.2 Sub-theme: Deliberate delayed initiation of ANC attendance	
		4.2.4.3 Gestational age at ANC attendance initiation	

The themes and sub-themes that emerged from the semi- structured interviews conducted with pregnant women regarding their perception of attending or not-attending of ANC, are narrated. Each theme is presented, followed by supporting sup-themes and excerpts which depict the application of the themes as indicated in the table.

4.4.1 THEME 1: PROTECTION OF THE FETUS AND THE MOTHER

The theme “Protection of the fetus [i.e. unborn baby] and the mother” was identified as it came up several times when the participants were answering a follow- up question on their reasons for attending ANC. The participants spoke about the protection of the mother and the baby. The following sub-themes describe what protection meant for pregnant women.

4.4.1.1 *Sub-theme: Protection of the fetus [baby] through ANC services received*

Some participants reported that their understanding of ANC is that it is for the protection of the baby, whereby they are monitored on the condition of the baby by assessing such as fetal movements, fetal kick counts and fetal heart sounds.

Other participants expressed their understanding of ANC as being for protection of the baby in the following ways:

> ***CL1 – P1:*** *“…It is to protect the baby [referring to the fetus] ...”*
>
> ***CL1 – P1:*** *“…It is to see if the baby is growing well and to see if the baby has movements in the abdomen...”*
>
> ***CL2-P1:*** *“…I would say that what I understand is that when you come to the clinic they check to see how big is the baby [referring to the fetus] if it is growing. That’s the only thing I know..."*
>
> ***CL2-P1:*** *“…They check if the baby is playing, and when last the baby kicked and also to see if the pills that you were given are taken well…”*

One participant said that she was worried when the midwife was not checking the heartbeat of the fetus because that was one of the reasons she attended ANC. This is how she expressed her perception:

> ***CL3-P1:*** *"…I had been longing for why they were not checking to hear the heartbeat of the baby [referring to the fetus]…"*
>
> ***CL3- P1:*** *"…I was worried about when would they do that to me..."*

When the researcher probed further about the reasons for attending ANC this is how other pregnant women responded:

> ***CL2-P2:*** *"… Is to know how the baby [referring to the fetus] is growing. …"*
>
> ***CL3-P3:*** *"…It's to see [identify] if the baby is in a good condition, growing well and also to check if you [referring to herself] and the baby [referring to the fetus] are ok at all times until you give birth.*
>
> ***CL3-P3:*** *"…It is also to see [identify] if the food you eating is good, to see how many times the baby is kicking…"*

With this understanding of ANC, the participants said that the reason behind their attending was to identify how the fetus was doing and to ensure the protection of the fetus through ANC procedures that are performed by midwives during visits.

4.4.1.2 *Sub-theme: Protection from disease transmission from the mother*

This sub-theme also speaks to protection of the fetus but from a different angle. Under this theme, protection directly related to possible transmission of diseases from the mother to the baby. Participants stated that their understanding of ANC and reason for ANC attendance was for protecting the baby from diseases that can be transmitted from the mother during pregnancy.

Another participant expressed the opinion that she wouldn't even be able to explain to the baby if the baby was to contract the disease because of her. That is why she was attending ANC; it was to prevent such an incident from occurring. This is how she stated her view:

CL2-P4: *"…My understanding about ANC attendance is that it's to keep my baby [referring to the fetus] safe and if I have a disease, it won't be transmitted to the baby…"*

CL2-P4: *"…It's because I know my status, I don't want the baby to have the disease because of me..."*

Many participants expressed the view that they wanted to protect their babies by preventing mother to child transmission of diseases, not only chronic (HIV) but also diseases that they might not have knowledge of. For example, one woman worried that the baby might be infected with TB but she might not be aware that she has the disease. This is what they said:

CL1 – P1: *"…You see because I'm living with a disease (HIV) I have to come early at the clinic so that they will be able to protect my baby [referring to the fetus] from transmission…"*

CL1 – P1: *"…I started attending because I wanted the baby to be protected early from mother to child transmission..."*

CL2-P1*: "…Another reason I come all the time at the clinic is I have to protect my baby*
[referring to the fetus] from getting the disease that I have…"

CL1 – P4: *"…I attend because it's my first pregnancy and I want to protect my baby, because I know if you attend the clinic the baby can be protected if you have diseases that you might not be aware of…"*

CL2-P2: *"…Like when you have a disease, they give you pills to protect the baby [referring to the fetus] …"*

CL3-P5: *"…I'm saying when I come here to the clinic and regularly attend it because I want protection in my pregnancy so everything can go well…"*

All participants had different reasons why they attended ANC.

4.4.1.3 Sub-theme: Protection and well-being of the mother during pregnancy

In this sub-theme most participants reported various reasons for attending ANC. While some emphasised the protection of the baby, others reported that their reason for attending ANC was also for their own well-being as pregnant women:

> ***CL1 – P2:*** *"…It is also for me as a pregnant woman to see if I'm doing well..."*
>
> ***CL1 – P3: "…****It's to get help with the baby [referring to the fetus] that I am carrying and getting knowledge about my health life and the life of my baby..."*
>
> ***CL1 – P3:*** *"…It has helped me because it helps protect me [referring to herself]…"*

When the interviewer asked participants about in what way exactly attending ANC protects them this is what they said:

> ***CL1 – P3: "…****As you see that I'm pregnant, coming to the clinic helps me so that I have knowledge on what's happening in me [referring to herself]…"*
>
> ***CL3-P2: "…****I understand that I get a lot of help for myself and the baby [referring to the fetus] that I'm carrying. A lot of things also emerge when you come the clinic things that you don't know, so that's what you benefit..."*
>
> ***CL3-P5: "…****With my understanding it's so they can check me [referring to herself]. It's for me, to know that both my baby [referring to the fetus] and I [referring to herself] are safe, and all that is happening in my body…"*

Participants also demonstrated that they know that ANC is not only for the life and wellbeing of the baby but also for them as they are carrying the baby [fetus].

4.4.2 THEME 2: KNOWLEDGE BENEFITS REGARDING FETUS AND PREGNANCY

This theme was about knowledge as the reason for attendance. Participants also emphasised knowledge as their reason for attending ANC. The reason behind ANC attendance was driven by the need to acquire knowledge. This theme consists of sub-

themes which are: expected knowledge received about gestational age, knowledge about progress of the baby, and knowledge about the pregnancy.

There were pregnant women who said that they attended ANC because they were looking to gain knowledge and information which they believed will help them in pregnancy. One participant stated:

> ***CL1 – P4:*** *"…It is because I was longing to hear what she [referring to attending midwife] has to say. And that sometimes when a person [referring to attending midwife] is talking you have to listen because the information shared might be able to assist you…"*

4.4.2.1 *Sub-theme: Expected knowledge received about gestational age*

Some participants attended ANC because they wanted to know how long they have been pregnant. This is how they expressed it:

> ***CL1 – P4:*** *"…It's knowing how long I've been pregnant because I didn't have all that knowledge..."*
>
> ***CL1 – P7: "…****Some other times it happens that you may not know how far you are with your pregnancy, "we tend to guess" and when attending ANC they are able to inform you [referring to herself] on how far you are (gestational age)..."*
>
> ***CL1 – P7*****:** *"…I didn't know how far I was with my pregnancy, so I got shocked when I found out how far I was, I thought I was a few weeks pregnant. But now I even know when I will deliver the baby..."*

Another participant said that, for her, ANC attendance was for acquiring information from the midwife and so that she could share it with others:

> ***CL1 – P3: "…****It is because I have a desire to get knowledge..."*

CL1-P3 "…*So that when you see other pregnant person you [referring to herself] are able to share information with them like what a pregnant woman is supposed to do…"*

Another participant stated that she knows that ANC attendance is important, and she knows why she is attending, which showed that she has insight on why she is attending ANC and she has expectations about ANC. This is what she said:

CL2-P3: "…*Starting the ANC as soon as possible is important including HIV status, testing your blood so that you will be able to know how everything is going with you and the baby [referring to the fetus]. It is for the safety and health of both the baby and mother [referring to herself…"*

Other participants attended for knowledge, which indicated that information shared at the clinics during ANC was important for them. Those participants who were Primigravida also attended to gain knowledge. And those who have been pregnant more than once come with expectations that they are expecting to be met because of the knowledge they gained during previous pregnancy.

4.4.2.2 *Sub-theme: Knowledge about progress of the baby and the pregnancy*

Other participants indicated that their understanding of ANC and reason for attendance was for them to obtain knowledge of how the pregnancy is going, and advice, to see if everything is going normally in their pregnancy.

One participant stated that she wanted all to go according to plan, which was why she was attending. This is how she put it:

CL3-P1: "…*My understanding is that they [referring to attending midwives] always check to see if all is going well and according to plan so that there won't be any mistakes…"* More participants continued to say:

CL1-P3: *"…It is to come to the clinic acquire knowledge and knowing that you [referring to herself] are protected. And that the baby [referring to the fetus] is in a good condition and also protected…"*

CL1 – P4: *"…These services [referring to ANC services] that are provided for pregnant women at the clinic, they are good because before you start attending, they [referring to attending midwives] explain to you about how these services help you and how they help to protect you..."*

CL1 – P7: *"…When you attend antenatal you [referring to herself] are able to get information on what is good and not good for the baby…"*

CL1 – P7: *"…Furthermore, my reason for attending antenatal care is that I would like to know if all the things that I'm doing during my pregnancy are good. I would like to know if all that I am doing is not disturbing the baby [referring to the fetus] like things I eat..."*

CL1 – P7: *"…My reason for attending antenatal care is that I want to know whether my child is growing well..."*

CL2-P1: *"…Yes, and also that they [attending midwives] tell you what happens when you are pregnant, like when something unusual happens they explain to you that a pregnant woman does experience one, two, three, and four… When there is something you don't know you are able to get knowledge..."*

CL2-P4: *"…Coming to the clinic, which is what we are doing help us know what kind of babies we are having…"*

CL3-P5: *"…Knowing that everything is going well for now, according to what they [attending midwives] are saying…"*

4.4.3 THEME 3: REASONS FOR ATTENDING ANC

After the researcher had asked the initial questions about the perceptions of pregnant women in relation to attending ANC (which most of them could not answer) the researcher asked a follow- up question to enable the participant to respond with understanding. The following sub-themes emerged, namely, attending for early Identification of abnormalities,

attending for collection of medication, factors influencing ANC attendance, compliance with ANC regulations and requirements, and attending to obtain the Maternity Record Card.

The following sub-themes are discussed below to show how they formed this theme.

4.4.3.1 Sub-theme: Attending for early identification of abnormalities during pregnancy

There were participants who said that the driving factor behind ANC attendance was receiving assistance with early identification of abnormalities which may occur in pregnancy. This is achieved through doing assessments and investigations by the midwife.

The participants stated that:

> ***CL2-P3:*** *"…If you attend ANC, it is easier for them [referring to attending midwives/doctors] to detect the problems that are there. And also with infections, so if you know your status you are able to take precautions as soon as possible so that you will be able to protect the baby [referring to the fetus]..."*
>
> ***CL2-P4:*** *"…And also that it's important to attend the clinic when you are pregnant to be seen by a doctor because a lot of problems, we face we don't know about them..."*
>
> ***CL1 – P6:*** *"…So that if there is something wrong in my pregnancy then they [referring to attending midwives/doctors] will be able to see it at the clinic while it's still early. So that's why I'm attending it's to make sure that even if something is not going well with the pregnancy, they [referring to attending midwives/doctors] will be able to see it…"*
>
> ***CL1- P7:*** *"…Another reason I attend antenatal care is to find out if there are any diseases in my blood…"*
>
> ***CL1 – P1:*** *"…It has helped me because they are able to take bloods and tell me how it is…"*
>
> ***CL3-P2:*** *"… I benefited a lot because they were able to discover that in my blood there are diseases such as TB and HIV …"*

CL3-P2: *"…They [referring to attending midwives/doctors] detected it early, if I did not [had not] come to the clinic at the time that I came I was going to be in a critical condition. It was detected early and everything became alright it wasn't all bad, as in difficult..."*

CL3-P4: *"…It's also for me to check so that I always know where I stand, like how my blood is, [referring to HIV] …"*

4.4.3.2 Sub-theme: Attending for collection of medication.

The pregnant women said they receive medication during their attendance of ANC. They also explained that the medication helps to protect the fetus from diseases and make it grow well. Some pregnant women reported that they attended the ANC because they had an idea of the danger that could happen during pregnancy if they don't get appropriate medication such as pills and injections. They also said that they were encouraged to take the medication.

One pregnant woman stated that:

CL2-P1: *"…It was dangerous for me that I wasn't taking pills, so coming to the clinic they [referring to attending midwives] encouraged me and they said if I don't take pills I will have a baby [referring to the fetus] with a disease. So, I thought to myself that I won't be able to explain this to my baby, its best that I take them if it happens then it will happen but I will be taking them in the process..."*

Another participant described the importance of the tablets, meaning medication, saying:

CL3-P3: *"…The pills [referring to medication] that help the baby [referring to the fetus] grow and help with strengthening of the baby's bones and they also prevent HIV transmission if you are HIV Positive.*

More participants continued to say:

CL1 – P2*: "…I get helped because I get pills [referring to medication], advice…*"

CL2-P2: *"… It is how the baby [referring to the fetus] is growing and the diseases you might have, they can help protect the baby when you attend by giving you pills [referring to medication] ..."*

CL1 – P5: *"…So that I could get the pills [referring to medication] that are given to pregnant women.*

CL1 – P5: *"…So that I could also get injections, we get them right…"*

CL2-P2: "…*They gave me pills [referring to medication] so that I won't have any problems…"*

CL3-P5: "…*They encourage me to drink pills by getting the right medication to boost the blood in my body. I would say that's what I have benefited..."*

4.4.3.3 Sub-theme: Factors influencing ANC attendance.

This sub-theme consists of the reasons for initial ANC attendance which were further explored. This was done to see if participants had different reasons for attendance if it was their first visit. Some participants initially attended ANC specifically to check if they were pregnant because they suspected, and others attended for different reasons which led them to starting ANC. This is how this enquiry was expressed:

CL2-P1: "…*I just came to the clinic to check..."*

The interviewer asked what she came to check. *She said:*

CL2-P1: "…*I wanted to check if I was pregnant..."*

Another one revealed that:

CL2-P4: *"…I was accompanying other people who came to the clinic to check, then I also decided to do so and then I found out I was pregnant then I started ANC there..."*

CL3-P1: "… *I came to the clinic because I missed my period. I started ANC immediately they said they will open a file for me. They [referring to attending midwives] said they won't let me go home I will start ANC..."*

There were pregnant women who came for other reasons which were not pregnancy related and they then found out that they were pregnant at the clinic and started ANC. This is what they stated:

> ***CL1 – P4: "…****I started when I was 3 weeks pregnant, it was not yet a month. I came to the clinic because I had an illness, and I didn't know what it was and then that same day I got a maternity case record and they [referring to attending midwifes] registered me and I became part of the pregnant women attending ANC…"*
>
> ***CL1 – P6: "…****It helps me a lot because when I came to the clinic initially, I came for the injection [family planning] and they [referring to the nurses] checked me and I found out that I was pregnant that alone helped me and they said I should start ANC and I did tha*t..."
>
> ***CL1 – P6: "…****The time that I came for the injection and they [referring to midwives] said I must start ANC…"*
>
> ***CL1 – P7: "…****I had told myself that it was time to attend and also another thing, **I** had flu so*
> *I also needed help with treatment [referring to medication] ..."*

Participants came to the facility for other reasons then found out that they were pregnant, which then became their reason for ANC attendance. Others indicated that they were concerned about knowing whether they were pregnant or not.

Compliance with ANC regulations and requirements was not mentioned by many participants. However, this response could have been the most relevant and appropriate to answer the enquiry of the study. Nevertheless, other participants indicated that their attendance was driven by the ANC service they received from the midwives. This is how this notion was expressed:

> ***CL3-P1: "…****I make sure at all times I attend, because even when I started the treatment I attended classes, I followed all the rules until now. I make sure for the sake of my baby to be always right. This is why I keep up with the clinic dates ever since I started until now nothing has changed..."*

CL2-P3: "…*A lot in fact, I am confident, I feel good, I feel amazing actually because I'm taking all the rules I'm just there all the time..."*

CL2-P4: "…*I would say it's just coming, that's what I would say it's obeying the rules…"*

The importance of proper ANC attendance by pregnant women is stressed at health facilities. In fact, it is mandatory for pregnant women to attend ANC according to revised ANC guidelines (WHO, 2016) which say that basic antenatal care is the current guideline to follow for ANC. The pregnant women said that they were attending because they were simply obeying the rules.

The view articulated by one participant who expressed her reason for ANC attendance is important to report on, even though she was the only one who mentioned that she was attending ANC merely to obtain the maternity case record. This participant also believed that acquiring a maternity case record would ensure a space when birthing time comes. She said:

CL1 – P5: "…*I attend ANC so that the baby [referring to the fetus] is in a good condition. I also attend; I want to make things easier for me when it's time to give birth because I'll will have the maternity case record. Because it's required..."*

4.4.4 THEME 4: DELAYS IN ANC ATTENDANCE

This theme consists of pregnant women who delayed ANC attendance unintentionally due to different reasons and pregnant women who deliberately delayed the process of ANC attendance even after them being fully aware that they were gravid. This theme also includes the gestational age of ANC initiation by pregnant women, which was included to assist with determining whether the pregnant women prioritised ANC initial attendance.

4.4.4.1 Sub-Theme: Unintentional delayed ANC attendance

After the gestational age of the participants at the time of their first ANC was established, they were asked their reasons for attending ANC when they did. This was to get an

understanding of the reasons behind their chosen time of attendance and understanding what the reason was for delayed attendance after they have seen that they were pregnant. This is how they answered:

> ***CL1 – P1: "…*** *I realised I was pregnant at 9 weeks…"*

Since this woman had presented herself when she was 24 weeks gestation, the interviewer probed to find out why she did not attend ANC at 19 weeks when she discovered that she was pregnant. So, when she was asked why she waited until 24 weeks to attend ANC this is what she said:

> ***CL1 – P1: "…*** *Yes, I have a reason for that, when I started clinic earlier, they said I can't because I have to start ANC where I take my medication since there are blood tests that need to be done…"*
>
> ***CL1 – P1: "…****They then made a transfer for me to use all clinic services this side…"*
>
> ***CL1 – P2: "…*** *I had already seen that I was pregnant, but I didn't come to the clinic…"*

Another pregnant woman who admitted that she did not start ANC visits on time was asked why she did not start ANC visits as required. However, her response to this follow-up question was very similar to the previous responses. The woman said to the interviewer:

> ***CL1 – P2: "…****I went to another clinic, and they said I must go to the clinic where I take my chronic medication, because they will not be able to assist me…"*

Another woman had a different reason, and this is what she said:

> ***CL2-P1:*** *"…They then sent me back and said I must come back on the date that I had sex on. Because it might be that I might have had an abortion so I may be here just to see if the abortion was successful or not …"*
>
> ***CL2-P1:*** *"…They [referring to attending midwives] said that it might be too early in pregnancy…"*

When the interviewer probed on this to find out why she did not start the ANC on time. Getting the reason why pregnant women were not attending as required was very crucial

to respond to the inquiry of the current study. This is what she said when she was asked if she has any reason for not starting ANC at that time when she found out that she was pregnant; she said:

> ***CL2-P2: "…****It was school…"*
>
> **Interviewer:** *what was happening at school?*
>
> ***CL2-P2:*** *"… I was just busy with school. So, I couldn't come early..."*
>
> ***CL2-P3:*** *"… I didn't know I was pregnant, but when I found out that's when decided to start early due to my status. I am a positive [referring to HIV status] person so I needed to know my path, starting my tablets [referring to medication] properly and for everything to go according to plan so far it's been a good journey…*

The interviewer asked if there was any reason why when she had discovered that she was pregnant she stayed away and did not start ANC immediately. The response to this affirmation question was:

> ***CL3-P2: "…****I stayed away…"*

When a straight answer like this came out, it was a good reason for the interviewer to probe more and seek for the real reasons why ANC would not be started on time as required. Such follow-up probing was not merely done because the woman would have sounded more like she is having an informed reason for not commencing ANC at the required time, but more importantly, because it was directly related to the study objective to explore and describe their reasons for attending or not attending the AND clinic as required by WHO Guidelines. It was unfortunate that women cited fear or being scared as the reasons for delayed ANC attendance.

> ***CL3-P2:*** *"…I was scared because it's my first pregnancy. I was scared of what people will say..."*
>
> ***CL3-P3:*** *"…It was fear, because I had lost a baby [referring to the fetus] before so all that stress however I thought I should rush back to the clinic*

because I already know, and I don't want to experience the same thing like before..."

One of the in-depth probing questions required a participant to explain what had happened in a particular period which was between the months of February and March when she had noticed that she was not getting her periods. The interviewer wanted to understand what made her not go to the clinic to check if she was not pregnant. This is what she said:

***CL3-P4**: "…Firstly there were people I was scared of, you can see this place is a township there are people here who know my sisters. I was scared that someone might see me and tell them at home…"*

***CL3- P4: "…**I told the nurse that I'm scared of some people, and scared of living with the maternity book [maternity case record] …"*

However, when another participant was asked what her reason was for delaying ANC visits was, this is what she said:

***CL3-P5: "…**The reason why I didn't start was because I was still going on my periods…"*

***CL1 – P6: "…**The time that I came for the injection, and they said I must start ANC, I was 2 months pregnant but I didn't know that I was pregnant…"*

4.4.4.2 Sub-Theme: Deliberate delayed initiation of ANC attendance

There were participants who demonstrated that they were simply not taking it seriously that they were pregnant and had to seek medical attention for proper management of pregnancy.

***CL1 – P3: "…**I knew I was pregnant, but I started when I was 4 months…"*

***Interviewer: "…**Do you have a reason of not starting ANC before or when you first realised that you were pregnant…"*

***CL1 – P3: "…**You are supposed to start early…"*

When pregnant women were asked why they did not start ANC as required they could not strongly affirm the reasons why. This one said:

> ***CL1 – P3:*** *"…I have no reason …"*
>
> ***CL1 – P7:*** *"…I thought it was still too early, I know that you have to start ANC at 3 months…"*

When the participant was asked for a reason why she kept the dates to herself. When she knew that she was pregnant but stayed at home and did not start ANC. The question was directed finding the reason as to why pregnant women when you've already seen that you are pregnant.

> ***CL3-P1: "…****There are mistakes that I have seen sometimes that, it is not good to not attend the clinic and staying home while you know that you are pregnant but still not attend. Some even say I will attend the clinic at a certain month [deliberate delay] …"*
>
> ***CL3-P3: "…****I missed my period by one month, then the next month I came to the clinic and they [referring to the nurses] checked me. I came back when I was 4 months to start the ANC clinic properly…"*
>
> ***CL3-P3: "…****They told me, and I decided I will go home first you see when you had just found out you are pregnant [doubting ANC attendance] ..."*

4.4.4.3 Gestational age at ANC attendance initiation

The participants were asked about gestational age at which they started their ANC attendance. This was to identify if they knew the importance of starting ANC before 20 weeks, as per basic antenatal care, or whether they prioritised early ANC attendance.

This question also helped to determine that even after finding out that they were pregnant, at what gestational age they started attending ANC.

There were participants who attended ANC before 20weeks. Most pregnant women still initiate ANC before 20 weeks of pregnancy as suggested by WHO (2016). This favours the pregnant women as this makes them suitable to be managed according to the BANC programme.

> ***CL1 – P2: "…*** *I was 4 months pregnant [16 weeks] …"*

CL1 – P3: *"…I was 4 months pregnant [16 weeks] …"*

CL1 – P5: "…*She said I'm 2 months pregnant [8 weeks] …"*

CL2-P3: "…*At 3 months [12 weeks] …"*

CL1 – P7: "…*Ok I was starting ANC that week, they told me to go to the hospital. That's when I found out I was actually 17 weeks pregnant…"*

Some pregnant women still came after 20 weeks of pregnancy, which then does not make them suitable candidates to be managed according to the BANC programme that is currently being used for antenatal care in South Africa.

CL1 – P1: "…*I was 24 weeks pregnant…"*

CL2-P2: *"…I was 6 months…"*

This chapter has given details of the results of analysis. The results connect analysis back to the research questions. A total number of 16 participants were interviewed for the research study. The Interview question was structured to understand what influences attendance or non-attendance of ANC by pregnant women. The analysis revealed that there are still a lot of interventions that need to be introduced and inform pregnant women about the aims of ANC, from pregnant women attending ANC to know their gestational age to those that attend to check if they don't have any sickness.

There were pregnant women that attended ANC to get medication that they themselves do not know the benefit of. The importance of ANC should be highlighted. There were many factors that contributed to pregnant women's decision to attend or not attend ANC. While many strategies have been introduced by the Department of Health to improve attendance of ANC, women still need to be educated on aspects of ANC.

4.5 CONCLUSION

The process of data analysis plays a very important role in research. Through analysis the researcher was able to discover the perceptions of pregnant women in relation to attendance or non-attendance of ANC. Factors that influence pregnant women to attend or not attend ANC emerged as themes. Data analysis helped to identify where the gaps are

and what needs to be done in order to motivate good attendance of ANC. However, it was noted that there are still issues regarding attendance where women either have poor attendance or irregular attendance which all translate to not attending according to maternal and child health guidelines (WHO 2016). It became clear that more education for both the pregnant women and midwives is necessary, because there were cases where a midwife contributed to later initiation of ANC as required by the WHO (2016). In the next chapter recommendations are provided which can assist in improving this persistent situation of poor and irregular attendance of ANC. Also, knowledge should be shared between midwives and pregnant women through health talks, and health education.

CHAPTER 5: DISCUSSION OF FINDINGS, RECOMMENDATIONS, AND CONCLUSION

5.1 INTRODUCTION

This chapter presents the discussion of findings, recommendations and conclusion based on the data that was analysed in chapter 4. The findings are discussed according to the themes that emerged. The researcher's interpretation of the findings will also be expressed in this chapter as a way to show how the conceptualised study materialised. The conclusion will also be provided at the end of the chapter.

- *Discussion of findings according to themes*

5.1.1 Protection of the baby and the mother

The first theme which emerged was on protection of the baby and the mother. This theme has three (3) sub-themes, which are protection of the baby through ANC services received, protection of the baby from disease transmission from the mother, and protection of the well-being of the mother.

The participants cited protection as the main reason for their attendance of ANC at the Clinic. They indicated that the protection of both the baby and the mother were of primary importance.

However, while acknowledging protection of both the mother and baby as important, they indicated protection of the baby as being more important than their own protection. This expression of protection of the fetus superseding protection of themselves who are carrying the fetus is suggestive of a different understanding regarding general safety in pregnancy by pregnant women, meaning that their own safety was secondary to the safety of the fetus. This notion of safety of the fetus being more important than the safety of the mother raises a concern because it indicates that pregnant women were not aware that their safety and health is as important as it is for the fetus.

A study conducted on factors affecting utilisation of antenatal care among pregnant women by Ali, Dero, Ali and Ali (2018) put emphasis on the fact that ANC is the care given to pregnant women in order to have a safe pregnancy and a healthy baby. They further state that ANC is also one of the basic components of maternal care on which the life of mothers and babies depends. These women did not realise that their own safety and health supports the health of the fetus and that ANC is a key strategy to improve maternal and infant health.

Some pregnant women who were living with HIV at the time of data collection affirmed that they were attending ANC merely for protecting the baby, meaning they were acknowledging antenatal care services as related to protection of their babies from contracting HIV through the route of mother to child transmission. A study conducted by Osorio, Munyangaju, Nacarapa and Muhiwa (2021) which confirms that early ANC attendance is essential for prevention of mother to child transmission (PMTCT) supports the participants' knowledge that ANC is beneficial for the fetus, as stated by Osorio et al., (2021). Osorio et al., (2021) acknowledged that independent risk factor for HIV transmission were gestational age at first visit, although some of the participants in the currents study did not prioritise the first visit to occur at the said time of 12 weeks or before.

In addition to prevention of transmission of HIV from mother to child, participants also mentioned that interventions by midwives to assess fetal movements, fetal heartbeats and fetal well-being were the most important reason for them to attend ANC. This positive affirmation of attendance of ANC by pregnant women also increased their awareness of available services that further motivated them to attend ANC. This affirmation of positive outcomes of ANC services was confirmed by their willingness to conform to Test and Treat practice as they willingly took necessary HIV related medication as prescribed, thereby ensuring protection of their babies.

Other participants reported that their attending of ANC was for their own personal protection. The pregnant women mentioned that they were being examined physically to ensure that all was well in their pregnancy. In particular, pregnant women who were living with HIV during data collection expressed the opinion that their attendance of antenatal was crucial in preventing HIV transmission to their fetus. Their concern about mother to child transmission of HIV displayed a positive understanding because it indicated that they will follow all guidelines given to them in order to protect the baby. This understanding by participants indicates a positive trajectory towards the lowering of HIV transmission from

mother to child cases. Akal and Afework (2018) found that there were promising findings on knowledge of mothers on mother to child transmission (MTCT) of HIV and level of prevention of mother to child transmission (PMTCT) service utilisation. Munyangaju et al., (2021) also confirm that it is important for ANC attendance to prevent mother to child transmission.

The reported protection of both the baby and the mother through ANC services could mean that there would be fewer complications since these pregnant women were examined and managed according to BANC model by the midwife. This was an advantage because the pregnant women would continue to attend ANC for the sake of protecting themselves as well as their babies. This meant that they would be responsible for the health of their babies and themselves. On the topic of ensuring protection in pregnancy a study on improving male involvement in ANC in low- and middle-income countries to prevent mother to child transmission of HIV was conducted by Clark, Sweet, Nyoni and Ward (2020). The study focused on PMTCT of HIV. It was about ensuring protection of the fetus during the antenatal period (pregnancy), birth and breastfeeding. The study concluded by stating that male involvement in ANC increases the likelihood that women will adhere to prevention advice and comply with HIV treatment which then ensures protection in pregnancy.

5.1.2 Knowledge benefits in relation to pregnancy

The second theme, on knowledge benefits in relation to pregnancy, had two sub-themes which were knowledge received about gestational age and knowledge received about progress of the baby. Knowledge about gestational age was related to receiving information about how far they were in pregnancy, while knowledge about the progress of the baby meant realising if the baby was moving, kicking and healthy. For example, some pregnant women in uMzinyathi district said they attended ANC because they wanted to know the gestation period they were at. They also wanted to know if the baby was growing well. This means that the need for knowledge displayed by the pregnant women as perceived was not only regarded as important, but they also benefited from it. Furthermore, the knowledge that they gained motivated them to attend ANC as required. A study conducted on the tipping point of antenatal engagement by Laisser, Woods, Bedwell, Kasngele (2022) discovered that according to pregnant women in Tanzania and Zambia most women and

their partners knew that engagement in routine antenatal care was associated with positive outcomes for them and their babies.

For the pregnant women, gaining knowledge was not only important for their personal gain but also for sharing with others. This means that the knowledge they gained by attending ANC enabled and empowered them to share amongst themselves. This experience of sharing knowledge gained from attending ANC services is in contrast to the findings of the study which was conducted by Ali, Dero and Ali (2018) on factors affecting utilisation of antenatal care among pregnant women. The findings of this study stated that lack of knowledge about the health care system by pregnant women was associated with inadequate ANC utilisation. In the current study this was not the case because participants indicated that they attended in order to gain knowledge. According to participants in the current study receiving knowledge at the health facility was an important matter to them since it enabled them to gain and share credible information. However, it was not clear whether the shared information was authentic and reliable, because they never mentioned what exactly they share with one another.

Surprisingly, some women mentioned that they attended ANC to receive benefits which related to knowledge, while other women said that they did not attend as required but guessed their gestational age. Guessing of gestational age was a challenge because it led to delayed booking of ANC which constitutes negligence and meant that not all pregnant women desired to be knowledgeable. The findings of the current study are supported by Chimatiro, Hajison, Chipeta and Muulla (2018) who conducted a study on understanding barriers preventing pregnant women from starting ANC in the first trimester of pregnancy. The findings of that study revealed that although women had knowledge about starting ANC in the first trimester, they deliberately started ANC in either the second or third trimester.

5.1.3 Reasons for attending ANC.

The third theme that emerged was reasons for attending ANC. This theme comprised the following subthemes, namely, (i) attending ANC for early identification of abnormalities during pregnancy, (ii) attending ANC for collection of medication and (iii) perceived factors influencing ANC attendance.

Pregnant women reported that their attendance of ANC was because they were concerned about possibly having abnormalities during pregnancy which they might not be aware of.

Their concern was related to their possibly having diseases such as HIV and TB. According to these women, being diagnosed with conditions such as HIV and TB was a cause for concern for most of them. Pregnant women therefore needed to know if there would be anything wrong with the pregnancy.

Early attendance of antenatal care was accepted as important not only for early identification of abnormalities associated with pregnancy, but more importantly, as a vehicle that allowed pregnant women to either receive or share knowledge. Receiving and sharing of knowledge would not be possible if a pregnant woman had presented themselves in the third trimester for her very first visit/ booking. A study conducted by Ahmed and Manzoor (2019) on knowledge about ANC among females of childbearing age attests that adequate knowledge about the importance of ANC played a role in prevention of diseases, which confirms that ANC is important for identifying diseases and providing pregnant women with knowledge they can share with each other. Another study that was conducted In Nigeria by Okunowo and Fasesin (2019) stated that some pregnant women who attended ANC benefited from their attendance. The author reported that these women suggested that benefits were the reasons why they attended ANC early in their pregnancy. Notably, some pregnant women were attending ANC for the purpose of being able to identify if there was something wrong with them or if they had any illnesses. This behaviour of the pregnant women is in line with the findings of the study that was conducted by George and Warri (2020) which supports the view that the purpose of initiating antenatal care is to diagnose any pregnancy problems.

According to the findings of the current study pregnant women showed responsibility towards their health and that of their babies. Most of these pregnant women said that safeguarding their babies' health and growth and acquiring the required medication to maintain the health status of their baby is their reason for ANC attend. In addition, pregnant women living with diseases such as HIV/ AIDS and TB also attended ANC to ensure that these diseases were not transmitted to their babies. This notion of responsibility to unborn babies which was shown by pregnant women in the current study coincides with the finding of the study that was conducted by Ala et al., (2021) which said that pregnant women attended ANC to receive supplements. This responsibility of pregnant women was seen as

the influencing factor for them not only to receive supplements but also to attend ANC as required. This was contrary to the finding of the study by Ali et al., (2021) which stated that the knowledge of antenatal care package was limited to “weight measurement and supplements”. Therefore, the findings of the current study show that pregnant women not only attended ANC for mere routine services such as weight measurements and collecting supplements, but also for other benefits such as knowledge sharing, and checking their general health if they have chronic conditions, as well as to know the health status of their babies such as gestational age, baby movements and kicks. Therefore, the findings of the current study provide more reasons why pregnant women would attend ANC in contrast to the mere acquiring of weight measurements and supplements as reported by Ali et al., (2021).

There were participants that were influenced by underlying acute sickness such as flu to start attending ANC, meaning some women knew about their pregnancy status but did not start ANC. Some of the women in the current study did not initiate ANC on time but started ANC when they were unwell. It looked like these pregnant women had to fall sick in order for them to indirectly initiate an ANC booking. Such behaviour of delayed ANC booking by some pregnant women raises concerns because their delayed attendance of ANC could cause pregnancy related complications. Unfortunately, these women would have no sense of awareness of complications that can be caused by delayed attendance of ANC. This lack of awareness regarding delayed ANC booking constitutes negligence about what is at stake relating to their pregnancies. This behaviour by pregnant women would seem to be in line with the finding of the study that was conducted by George and Warri (2020) which stated that many pregnant women considered pregnancy as a normal life event rather than a condition, which could be the reason why they do not prioritise ANC care as required.

In another scenario pregnant women believed that ANC was attended only if there was an abnormality with pregnancy and/ or to collect supplements. Further to this notion of abnormal pregnancy as a reason for attending ANC there was also a belief that a maternity case record was needed only for the purpose of delivery of the baby. The pregnant women felt that it was important for them to receive this maternity case book because it secures a birthing place. This view of the pregnant women of attending ANC only as a way to secure a birthing place indicated that they had a lack of understanding of the purpose of attending ANC. Furthermore, some women indicated that they did not understand the aim of ANC.

The study conducted by Ala, Husain and Husain (2021) found that the reason for pregnant women to present themselves to antenatal care clinics in Pakistan was simply to book the place of birthing. Since these women viewed attending ANC as securing a facility- based birthing place, they did not utilise ANC for improving their health or that of their fetus.

Another study, conducted by Kwasa, Longo- Mbenza and Rupesinghe (2018) on exploring pregnant women's perspectives of late booking of antenatal care services at Mbekweni Health Centre in the Eastern Cape, South Africa found that some women believed that ANC clinics were meant to check their babies, do HIV testing and to obtain the antenatal attendance card, which shows that some pregnant women still attend ANC merely for obtaining maternity case records. This indicates a gap and points to pregnant women needing to be educated on the purpose of ANC.

The need for pregnant women to acquire the maternity case record either for the purposes of securing the birthing place or just merely having it in their position shows that they do not have knowledge of the therapeutic benefits of ANC. The pregnant women were less likely to be able to interpret or understand what was written on the maternity case record, which clearly indicated why pregnant women assume that it is just for securing a birthing place. In its rightful purpose, the maternity case record is meant for use by midwives for pregnancy progress record keeping and for guiding procedures that are needed to be carried out during the ANC visit. The maternity case record is also meant for referral purposes and recording of all the abnormalities found in pregnancy and their management.

5.1.4 Delayed attendance of ANC by pregnant women

The last theme that emerged was on delayed ANC attendance by pregnant women. This theme comprised the two following subthemes: (i) unintentional delayed initiation of ANC attendance and, (ii) deliberate delayed initiation of ANC attendance. These sub-themes spoke to pregnant women who wanted to start ANC but could not do so because of different reasons. The theme also applied to those who deliberately did not start attending ANC.

In some facilities pregnant women on chronic medication are required to collect the medication and attend ANC in the same facility. This is done to ensure that pregnant women receive integrated services where all procedures, investigation etc. are performed accordingly, and also that the pregnancy is monitored appropriately. This would include

monitoring of medication to see if they are being taken properly, obtaining of blood results to inform the next step in the management of the pregnant woman and to plan follow- ups.

Some pregnant women that did not collect medication at the same facility that otherwise they would be attending to receive antenatal care services were another cause for a delay in the attending ANC record. This is because pregnant women were required to get a transfer for chronic medication to be received in the same facility where they attended ANC. This process led to the unintentional delay of ANC attendance. The health system has protocols for pregnant women living with chronic conditions to assist their receiving all services in one facility. This is done to minimise the number of visits that would have to be made by pregnant women if they had to collect chronic medication in one clinic and attend ANC in another. Another reason that led to unintentional delayed attendance of ANC was that some women were still getting their menstrual period, which made it difficult for them to identify pregnancy, consequently leading to delayed initiation of ANC visits.

Mismanagement by nurses may have also played a role in delayed attendance of ANC by pregnant women. In one instance, a midwife had said to a pregnant woman she might have instituted an abortion whereas the patient initially came to the clinic for ANC booking she said this because of an unclear pregnancy test results. This action could be bordering on unprofessional practice. The nurse midwife who sent the pregnant woman back because the “lines” in the pregnancy test were not solid/ bold is another example. This type of behaviour goes against the WHO recommendation which says that “a pregnant women must initiate ANC as soon as she realizes she is pregnant”. In such cases it is the nurse that was instrumental in delaying ANC attendance by pregnant women.

A study conducted by Lusambili, Wisofschi, Shumba, Obure, Mulama, Nyaga, Wade (2020) in Kenya on healthcare workers’ perspectives on the influences of disrespectful maternity carefound that the healthcare workers had observed disrespectful maternity care toward ANC patients amongst their own colleagues This means that the health care workers acknowledged unprofessional behaviour on their part in the health care facilities. This behaviour indicates that nurses need to be educated about the proper way of handling pregnant women. In other instances, pregnant women who indicated that they had school commitments as learners also experienced unintentional delayed ANC attendance. However, for pregnant women to start ANC very late and state that school commitment is

the reason for delayed attendance seemed like an excuse rather than a proper reason, particularly given that in SA women's health services also accommodate schoolgirls.

According to the study, participants' fear also played a role in aiding unintentional delayed attendance of ANC. These pregnant women said that they feared what the family and community would say if they found out about their pregnancy status. This indicates how families can have either a positive and or negative influence on ANC booking, especially when they are strict. In some cultures, the extended family becomes part and parcel in the journey of a pregnant woman, especially if she is married. Yet in other families where a pregnancy outside marriage or wedlock is frowned upon it becomes a challenge for a pregnant woman to share anything that is related to the pregnancy. Families and community focused engagement to educate about the support that is required by a pregnant woman could be a good strategy for midwives and community health professional nurses to embark on. This awareness raising is important to make the community aware of the negative effect fear has on the delay of ANC booking. Families and communities should be able to support the pregnant woman and encourage ANC attendance. Kwasa et al., (2018) confirmed that there are pregnant women who delay ANC attendance due to fear. These women hid their pregnancies because they were scared that their sexual relationships would come out in the open.

Although fear may not be directly linked to pregnant women hiding their pregnancies because of family matters, it may also be related to a past negative experience of pregnancy. One pregnant woman confided that she was afraid because with her previous pregnancy she had had an intrauterine death. The reasoning of this participant seemed incredible, because if a woman has had a negative experience with a previous pregnancy, it should motivate them to make sure they attend ANC to exclude such an incident from reoccurring.

The nurses may also be a negative influence behind delayed attendance of ANC because some nurses and midwives fail to properly explain and motivate pregnant women why they should attend ANC services. They do not even emphasise that ANC is rendered at any time during the health facility's working hours. For example, one pregnant woman was advised to start ANC but she did not do so because she thought that ANC was offered in the mornings only. This pregnant woman may not have been given information about attendance of ANC or service times. Failure to inform pregnant women about the service

times offered by health facilities for ANC visits may have aided unintentional delayed ANC attendance in UMzinyathi district. This indicates that the nurses also lack the skill of properly informing the women about ANC services. Sibiya, Ngxongo and Bhengu (2018) concur with the findings of the current study by saying that in their findings there was a lack of information provided to pregnant women about service operation times and days, service provision and ANC attendance. However, in this study, the pregnant women are encouraged to come early at the clinic so that they can fit to the institution's routine of ANC classes that take place in the mornings. These ANC classes educate women on pregnancy and what to expect during gestation period.

Among pregnant women that did not book ANC unintentionally there were those who did not place much importance on ANC services and delayed attendance deliberately. Some pregnant women in uMzinyathi district delayed initiation of ANC through pure negligence, for example, pregnant women who guess their gestational age and stating that they just "thought it was too early" to initiate ANC. Another woman admitted that she did not care much about ANC by saying that "she just doesn't have reason" for not initiating ANC early. This behaviour showed pure negligence from the pregnant women's side. Similarly, a study conducted by Nachinab Adjei Ziba, Asamoahand Attafuah (2019) on exploring determinants of antenatal care services uptake stated that some of the reasons mentioned suggested that the women did not place much importance on ANC.

A qualitative interview study conducted by George and Warri (2020) in Cameroon on perceptions of pregnant women on reasons for late initiation of antenatal care confirms that some of the pregnant women had the perception that the main purpose of early initiation of antenatal care was to know the state of the baby and since the baby was not fully formed in the first trimester, early initiation of antenatal care was perceived as a waste of time or waste of money something which supports this current study on the reason behind delayed attendance.

Lack of knowledge about the risk of pregnancy while using contraceptives also delayed accessing ANC services. Ali et al., (2018) additionally state that inadequate utilisation of ANC seems to be related to unplanned pregnancy and also late recognition of pregnancy. Kwasa et al., (2018) supports this by saying that a number of women claimed that they did not know that they were pregnant. Six of them had been on injectable contraception.

Discussion of finding according to objectives

The research was able to explore using the research question and probing participants were able to share their perception on ANC attendance. Those who were having irregular attendance or attended ANC for wrong reasons showed that they lacked knowledge about the purpose of antenatal care programme. Factors that influence attendance or non-attendance were identified during data collection. The researcher was also able to identify that the midwives also play the role of influencing ANC attendance. According to the findings identified which either influenced attendance or non- attendance, recommendations were made which will be able to both the pregnant women but also the health department (midwives).

5.2 RECOMMENDATIONS

Based on the findings of the study the researcher makes recommendations that are meant to assist in filling the gaps that have been identified during the course of the research study. The recommendations in this particular study are meant to suggest ways that could assist in encouraging attendance of ANC. In line with the objectives of the current study, one of which was to explore the perceptions of pregnant women regarding their attendance or non- attendance of ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal, the following recommendations are made:

1. Pregnant women should be educated in their communities about the importance of early booking of ANC.
2. Benefits of antenatal care and educating pregnant women on the purpose of ANC to improve attendance of ANC should be emphasised.
3. It is important that all the childbearing age women on chronic medication are informed about the steps to take when they fall pregnant to prevent late booking of ANC.
4. Midwives should provide health on importance of attending ANC according to BANC Model Mobile clinics that offer ANC services should be available in higher education institutions to provide ANC services for the women that fall pregnant while attending HEIs. Outreach teams should do awareness campaigns in these institutions and motivate students to start ANC within the recommended period.

5. The outreach teams should also host community dialogue whereby they engage with the community and get their understanding about ANC services. The engagement could help the department of health representatives understand the type of community they are servicing and give them the opportunity to inform them about ANC. They can also educate the community about the barriers to ANC attendance so that the community can be enlightened about the fact that such things as fear could play a role in preventing women for starting/ booking ANC.
6. Counselling should be offered for the pregnant women who have had a previous negative pregnancy experience so that they are encouraged to attend if they fall pregnant again.

7. Refresher courses should be offered to nurses to assist them with understanding the policies that are in use for ANC. This will assist in minimising the malpractice that takes place in some facilities.

5.3 LIMITATIONS

The pregnant women that attend ANC at selected clinics were mostly black women. The study was not able to explore the research topic with other races.

The researcher was unable to collect data in all 4 clinics as proposed, as one clinic cancelled due to unavailability of ANC patients.

The study was conducted in four (3) fixed clinics out of fifty-three (53) of uMzinyathi district.

5.4 CONCLUSION

Antenatal care services are important worldwide, which is why continuous research is being done to improve maternal and fetal health. The life of a pregnant women and the baby she is carrying is very important, and therefore maintaining their health is the first priority. Prevention is better than cure, the importance of early ANC booking could never be stressed enough as it helps prevent development of illnesses that may cause complications during pregnancy. WHO develops policies, guidelines timeously to ensure that pregnant women are offered the best services they deserve. With the development implemented by

the WHO, midwives should also take advantage of these implementations to ensure pregnant women are provided with quality service. The department of health offer refresher courses to keep the midwives up to date with knowledge related to ANC. Women of childbearing age must be taught how to be independent when it comes to their sexual health, they must know what steps they should take if they fall pregnant. This can ensure early ANC booking, a healthy mother, and a healthy baby.

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ANNEXURES

ANNEXURE 1: REQUEST LETTER TO PHC NURSING MANAGER

UNIVERSITY OF ZULULAND

Faculty of Science and Agriculture

Department of Nursing Science

University of Zululand

P.O Box X1001

KwaDlangezwa 3886

To: PHC Nursing Manager

Date

Dear Ms/ Mr

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a registered Masters student at the University of Zululand under the department of Nursing Science and DR N.S.B Linda as my supervisor.

The proposed topic for my study is: Perceptions of pregnant women regarding their attendance of antenatal care at selected clinics in the Umzinyathi district municipality KwaZulu-Natal.

The objectives of the study are:

1. To explore the perceptions of pregnant women regarding their attendance or non-attendance of ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal.
2. To describe factors influencing pregnant women to attend or not attend ANC in selected clinics in the UMzinyathi District Municipality, KwaZulu Natal.
3. To recommend possible ways to improve or maintain attendance of ANC by pregnant women in selected clinics in the uMzinyathi District Municipality, KwaZulu Natal.

I am hereby seeking your consent to conduct my research project. To assist you in reaching a decision, I have attached to this letter

1. A copy of an ethical clearance issued by the University
2. A copy of the research instruments which I intend using in the research

Should you require more information, you can contact me or my supervisor on the following contact details:

Researcher	**Supervisor**
Ms N.T Mathaba	Dr N.S.B. Linda
067 743 1317	0359026513
noxolothule@gmail.com	LindaN@unizulu.ac.za

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation.

Your permission to conduct the study will be appreciated.

Yours sincerely

N.T Mathaba

ANNEXURE 2: PHC NURSING MANAGER PERMISSION LETTER

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

121 Private Bag X2011, Dundee, 3000
2121354 Fax:0342181081 Email: Khumalo. Deliwe @kznhealth.gov.za
Mckenzie Street, Dundee, 3000

Dundee Hospital Primary Health Care

Enquiries: Mrs ID
Date: 14th March 2022

Miss N.T. Mathaba
P.O Box 151
Durnacol
3082

Dear Madam

RE: PERMISSION TO CONDUCT A DATA COLLECTION RESEARCH AT UMZINYATHI DISTRICT/ ENDUMENI SUB-DISTRICT FACILITIES

I Mrs I.D. Khumalo have pleasure to inform you that permission has been granted to you Miss Mathaba N.T. Student No: 201236687 to conduct a research on data collection at four Endumeni Sub-district clinics, namely, Empathe, Sakhimpilo, Siphimpilo and Glenridge under the auspices of Dundee District Hospital. The title of your research study: "EXPLORING PERCEPTIONS OF PREGNANT WOMEN REGARDING THEIR ATTENDANCE OF ANTE-NATAL CARE SELECTED CLINICS AT UMZINYATHI DISTRICT MUNICIPALITY IN THE KWAZULU-NATAL PROVINCE".

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The District Office/ facility will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office/facility.

Yours Sincerely

ID Khumalo
Assistant Nursing Manager (PHC)

ANNEXURE 3: DOH DATA COLLECTION PERMISSION LETTER

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email: [redacted]
www.kznhealth.gov.za

DIRECTORATE:
Health Research & Knowledge Management

NHRD Ref: KZ_202204_008

Dear Ms NT Mathaba
(UNIZULU)

Approval of research

1. The research proposal titled **'Exploring perceptions of pregnant women regarding their attendance of ante-natal care at selected clinics in the Umzinyathi District Municipality, KwaZulu Natal'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby **approved** for research to be undertaken at Empathe, Sakhimpilo, Siphimpilo and Glenridge clinic.

2. You are requested to take note of the following:
   a. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
   b. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
   c. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
   d. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za*
   e. *Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.*

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

13/04/2022.

Dr E Lutge
Chairperson, Health Research Committee

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 4: UNIVERSITY ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE
(Reg No: UZREC 171110-030)

RESEARCH & INNOVATION
Website: http://www.unizulu.ac.za
Private Bag X1001
KwaDlangezwa 3886
Tel: 035 902 6324/6374
Email: MangeleS@unizulu.ac.za/

PROVISIONAL APPROVAL - ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2021/153								
Project Title	Exploring perceptions of pregnant women regarding their attendance of ante-natal care at selected clinics in the uMtinyathi district municipality, KwaZulu-Natal.								
Principal Researcher/ Investigator	N.T Mathaba								
Supervisor and Co-supervisor	Dr N.S Linda								
Department	Nursing Science								
Faculty	Science and Agriculture								
Type of Risk	Medium Risk- Data collection from people								
Nature of Project	Honours/4th Year		Master's	x	Doctoral		Departmental		

The University of Zululand's Research Ethics Committee (UZREC) hereby grants provisional approval pending gatekeeper/permission letter from the following institution(s):

a) uMzinyathi District Municipality

The Researcher may therefore NOT commence with data collection until gatekeeper/permission letter is obtained. The letter can be sent to MangeleS@unizulu.ac.za so that final approval letter will be issued for data collection to commence.

SPECIAL CONDITIONS: (1) Principal researcher must provide gatekeeper/permission letter of where the research will be conducted and submit to UZREC to acquire full approval certificate of 1-year.

The UZREC wishes the researcher well in conducting research.

Prof. Nokuthula Kunene
Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation
10 January 2022

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-030
18-01-2022
RESEARCH & INNOVATION OFFICE

ANNEXURE 5: INTERVIEW GUIDE

UNIVERSITY OF ZULULAND

TITLE: PERCEPTIONS OF PREGNANT WOMEN REGARDING THEIR ATTENDANCE OF ANTENATAL CARE AT SELECTED CLINICS IN THE UMZINYATHI DISTRICT MUNICIPALITY KWAZULU-NATAL

Number of the participant: _____

Date: _____

Venue: _____

Time: _____

Level of study: _____

Main interview question: What is your perception about ANC at selected clinics in the UMzinyathi District Municipality, KwaZulu-Natal?

Follow up questions will come after the participant answered the main question.

Should the participants be completely dry the following interview guiding questions will be used in this sequence:

1. Tell me what are your reasons for ANC attendance?
2. What are the benefits of attending ANC? What have you benefited on attending ANC?
3. At what gestational age did you attend first visit ANC or how many weeks pregnant were you during your first visit?
4. What made you attend ANC at that gestational age**?**

Name: Noxolo T Mathaba (Researcher)

Student number: 201236687

Cell Number: 067 743 1317

Email: noxolothule@gmail.com

Name: Dr. NSB Linda (The supervisor)

Tel: 035 902 6513 (Department of Nursing Science)

Email: LindaN@unizulu

ANNEXURE 6: CONSENT FORM (ENGLISH)

UNIVERSITY OF ZULULAND

INFORMED CONSENT FOR PARTICIPANTS

TITLE: PERCEPTIONS OF PREGNANT WOMEN REGARDING THEIR ATTENDANCE OF ANTENATAL CARE IN SELECTED CLINICS IN THE UMZINYATHI DISTRICT MUNICIPALITY KWAZULU-NATAL.

I (name of participant) _____ have been informed about the study by **Noxolo Thule Mathaba (THE RESEARCHER)**

I understand the purpose, procedures, and risk-benefit ratio of the study.

I have been given opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedurals that I would usually be entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures. I understand that I will be given a copy of this informed consent. I understand that if I have any questions or complaints about my rights as a study participant, of if I may have concerns about any aspect of the study or the researcher/s then I may contact UZREC. Contact details are as follows: 035 902 6355.

Participant signature: _____

Witness signature: _____

Date: _____

ANNEXURE 7: CONSENT FORM (ISIZULU)

UNIVERSITY OF ZULULAND

IFOMU LOKUNQUMA UKUHLANGANYELA

Isihloko socwaningo: UKUHLOLA UKUQONDA KWABESIFAZANE ABAKHULELWE MAYELANA NOKUSEBENZISA INSIZA ZOKUNAKEKELWA KWABAKHULELWE EMTHOLAMPILO.

Mina (Igama) _____ ngiyavuma ukuthi UMncwaningi (**Noxolo Thule Mathaba**) ovela ku mnyango wemfundo ephakeme yokugogoda abahlengikazi, Enyuvesi yase Zululand [ONGOYE] uletha isicelo semvume yokho ukuba ubambe iqhaza kuloluhlelo lolucwaningo olulotshwe ngenhla.

Ngiyavuma ukuthi ngazisiwe kabanzi ngocwaningo, futhi ngichazeliwe ngoLimi lwesiZulu engilaziyo, engilizwayo, nengilikhulmayo ukuba ngamukele lesisicelo. Ngiyavuma ukuzibophezelo kuloluhleo locwaningo Ngakho-ke ngiyavuma ukuzubandakanya no mncwaningi kulolocwaningo uluhlosiwe.

Ngiyawazi amalungelo ami ukuthi ngivuma ngothando futhi angiphoqiwe ukuzibandakanya nalolu cwaningo

Ngiyakuqonda ukuthi ngizwile ngehloso yocwaningo ezithi:

1. Inhloso yocwaningo ukuhlola nokuchaza kabanzi ukuqonda kwabesifazane mayelana nokusebenzisa insiza zokunakekelwa kwabakhulelwe emtholampilo.

2. Inyuvesi yakwaZulu inikezele ngemvume kubenzi balolu cwaningo ukuba benze loluhlelo futhi ngiyibonile leyomvume/ngingacela ukubona isitifiketi semvume.

Ngiyanquma ukubamba iqhaza ngoku _____

Ngiyavuma ukubamba iqhaza kulolucwaningo ngokunikezelo ngemininingwane yami

Sayinda: _____

Fakazi: _____

Usuku: _____

ANNEXURE 8: LETTER OF INFORMATION

UNIVERSITY OF ZULULAND

Title of the Research study: Perceptions of pregnant women regarding their attendance of antenatal care in UMzinyathi District Municipality KwaZulu Natal.

Principal researcher: N.T Mathaba

Supervisor: Dr N.S.B Linda

Purpose of the research: To explore the perceptions of pregnant women attending ANC at UMzinyathi District Municipality and to further describe the influencing reasons behind ANC attendance or non-attendance.

Procedure Outline: Pregnant women that will participate in the research study or in the data collection process will be interviewed using semi structured in-depth interviews. The interviews will be conducted face to face and permission to audio record the session will be requested from volunteering participants.

Time required: The interview will take approximately 30 minutes

Risks: None

Benefits:

- Development of recommendations to assist in improving ante natal care services.
- Sharing of knowledge with participants after the interview session.
- Identification of challenges that lead to poor ANC attendance or non-attendance.

Compensation/Remuneration: None

Confidentiality: No names of the participants will be written on the research documents. The audio recordings will be kept safe and only the researcher and

supervisor will access them. After the research project is completed and accepted the recordings will be destroyed.

Participants will be assigned with codes that cannot be linked to them.

Participation and withdrawal: Your participation in this study is completely voluntary, and you may refuse to participate or withdraw from the study without penalty or loss of benefits to which you may otherwise be entitled.

Contact person:	N.T Mathaba (Master's Degree Student)	Cell: 067 743 1317
	Dr N.S.B Linda (Research Supervisor)	Tel: 035 9026513

You can also contact about your rights in this research, for questions, concerns, suggestions, or complaints that are not being addressed by the researcher, or research-related harm: University of Zululand Research Ethics Committee [UZREC], Research and Innovation Office:

035 902 6887 or the researchers Department or supervisor.

ANNEXURE 9: GLENRIDGE CLINIC DATA COLLECTION WITHDRAWAL LETTER

PO BOX 161

Durnacol

3082

121 Private Bag X12011

Dundee

3000

22 June 2022

Dear Madam/ Sir

RE: WITHDRAWAL FROM DATA COLLECTION AT GLENRIDGE CLINIC

This letter serves to report that I have visited Glenridge clinic for data collection on the following dates 2nd of June 2022, 7th June 2022 and 15th June 2022. I was however unsuccessful in collecting data due to the unavailability of patients coming in for antenatal care visits. Due to inconvenience towards the research study time frame I am no longer able to continue, therefore I am requesting acknowledgment on this matter. This will be used in reporting methodology changes to the research ethics committee.

Yours Sincerely

NT Mathaba

201236687

ID Khumalo

Assistant Nursing Manager

ANNEXURE 10: CONFIRMATION OF EDITING

Date: 14/12/22

To Whom It May Concern

I am writing to confirm that the Master's dissertation entitled:

PERCEPTIONS OF PREGNANT WOMEN REGARDING THEIR

ATTENDANCE OF ANTE-NATAL CARE AT SELECTED CLINICS IN THE UMZINYATHI DISTRICT MUNICIPALITY KWAZULU-NATAL

by

Noxolo Thule Mathaba

has been edited for English language grammar and spelling.

N.B. This letter is issued on the understanding that all requested reformulations and clarifications, and all suggested corrections and amendments have been addressed by the candidate to the satisfaction of the supervisor.

Dr John Boughey (D. Phil., D.Ed., M.A. App. Ling., P.G.C.E. TEFL/TESL., M.A. (Hons) Eng. Lang. & Lit.)