

**SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
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**FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE
AMONG PREGNANT ADOLESCENT GIRLS; A STUDY AT LA
NKWANTANANG MADINA**

**BY
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DECLARATION

I, Naomi Blankson, do hereby declare that except for references made to other people's work which I have duly acknowledged, this dissertation is the result of my own work done under supervision and that it has neither in part nor in whole been presented for another degree elsewhere.

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DEDICATION

This research work is dedicated to my husband Daniel Aggrey and to my dear children Akua Asantewaa, Afua Nyamekye and Ama Adom Aggrey for their encouragement and support to pursue this program.



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ABSTRACT

Background: Although every pregnant woman requires good maternal health care for including access to ANC services, pregnant adolescents tend to need more attention and care. This is because adolescents are still developing physiologically, thus immature to adequately carry pregnancy. It is therefore necessary for these pregnant adolescents to seek timely ANC services in order to prevent and manage fetal and maternal complications as well as equip them with health information on how to care for themselves during pregnancy, delivery and after childbirth. This study sought to assess personal, community and institutional factors that influence ANC utilization among pregnant adolescent in La Nkwantanang.

Methods: This study used qualitative approaches including focus group discussions, in-depth interviews and key informant interviews. Thirty-nine (39) participants were used and this included pregnant adolescents, their parents and caregivers as well as midwives in la Nkwantanang. All interviews were audio taped, transcribed and used to generate larger themes. Various themes on factors influencing utilization of antenatal care among pregnant adolescent girls were explored using manual thematic content analysis.

Result: Data analysis revealed that pregnant adolescents delayed in seeking antenatal care because they could not tell they were pregnant early, experienced financial constraints, and attempted to abort the pregnancy. Furthermore, perceived negative attitude of health workers and the fear and shame of being laughed at or insulted deterred them from seeking antenatal care. Family encouragement facilitated their initiation of ANC attendance and friendly attitude of midwives ensured continual attendance.

Conclusion: The findings of this study on factors influencing utilization of antenatal care among pregnant adolescent girls in La Nkwantanang Municipal reveal delayed utilization of antenatal care services among pregnant adolescents. Effective educational interventions should be organised in communities to sensitise them on the need to support and encourage pregnant adolescent girls to seek early antenatal care rather than stigmatize them.



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LIST OF ACRONYMS

ANC	ANTENATAL CARE
CHAG	CHRISTIAN HEALTH ASSOCIATION OF GHANA
ERC	ETHICS REVIEW COMMITTEE
FGD	FOCUS GROUP DISCUSSION
GDHS	GHANA DEMOGRAPHIC AND HEALTH SURVEY
GHS	GHANA HEALTH SERVICE
IDI	IN-DEPTH INTERVIEW
MMR	MATERNAL MORTALITY RATE
SDGs	SUSAINABLE DEVELOPMENT GOALS
UNICEF	UNITED NATIONS CHILDRENS FUND
W.H.O	WORLD HEALTH ORGANIZATION



CHAPTER ONE

INTRODUCTION

1.1 Background

Good maternal health is key in saving the lives of pregnant women in addition to ensuring survival of newborns and better child health outcomes (Ehiri, 2014). Therefore, there is a need to provide access to the needed health care during pregnancy, and of paramount importance is the antenatal care (ANC). This is the first care given to women during pregnancy from healthcare professionals, and it is of utmost importance since it aids in predicting fetal and maternal complications (WHO, 2005). Antenatal services are more positive in preventing any bad effect when it is sought early in the pregnancy and continued until childbirth as it plays important roles in detecting and treating most complications of pregnancy and forms a good base line for proper management during labour and after delivery (Carroli, Rooney, & Villar, 2001).

Antenatal care starts on the first visit early in pregnancy followed by monthly visits in the early stages of pregnancy and subsequently to biweekly and weekly visits in the latter stages of the pregnancy (Chamberlain et al., 2002). During the first ante natal visits, medical and obstetric history is inquired as well as assessment of gestation in order to determine the antenatal care services needed for the presenting pregnant woman (Chamberlain et al., 2002). Furthermore, screening for conditions such as HIV and sexually transmitted infections among others are done in order to assess maternal and fetal wellbeing (Carroli, Rooney, & Villar, 2001). During ANC, the pregnant woman and her care providers establish a delivery plan based on her needs, resources and circumstances (Chamberlain, Morgan, & others, 2002).

Thus, antenatal care constitutes screening for health and socioeconomic conditions likely to cause or increase the possibility of specific side effects of pregnancy outcomes, providing therapeutic interventions known to be effective and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with the emergencies. (WHO, 2007). Antenatal care for pregnant women is an important bedrock in the safe motherhood program formulated by the World Health Organization in 1987 which aims at ensuring women's ability to safely carry pregnancy and deliver healthy infants (Herz & Measham, 1987; WHO, 1996) Although every pregnant woman requires good maternal health care for that matter access to ANC services, pregnant adolescents tend to need more attention and care. This is because the adolescent stage which marks the period in human growth and development between the ages of 10 to 19 years are still developing physiologically (WHO, 2014).

By virtue of their immature physical development, pregnant adolescents are a group with special needs, because their bodies are not yet developed enough to handle pregnancy and childbirth (Chen et al., 2007). It is therefore necessary for these pregnant adolescents to attend antenatal clinic early so that they will be given health information on how to care for themselves during pregnancy, labour and after delivery (Lesser, Anderson, & Koniak-Griffin, 1998). Unfortunately, delay in deciding to seek care is predominant among pregnant teenagers, and this delay subsequently leads to delay in accessing during pregnancy. (Delgado-Rodríguez, Gómez-Olmedo, Bueno-Cavanillas, & Gálvez-Vargas, 1997). Many health problems are particularly associated with adolescent pregnancies including maternal mortality (Chen et al., 2007).

In addition to increased risks of mortality, pregnant adolescents are also at increased risk of other poor maternal and infant outcomes (Ayuba & Gani, 2012) and carry bigger burdens of sexually transmitted infections, violence, poor social support, missed opportunities and psychological problems (Black, Fleming, & Rome, 2012). Ghana Demographic and Health Survey 2014 report record, 14 % women age 15-19 have begun delivering while 11 % have had a baby who is alive (GDHS, 2014). Adolescent pregnancy and motherhood is a big and important socioeconomic and health issue in Ghana (GDHS, 2014). Adolescent pregnancy can cause serious health problems for both the woman and baby, therefore it is important to seek early antenatal care to prevent or manage complication that may arise during pregnancy or childbirth (GDHS, 2014).

1.2 Problem statement

The population of adolescents is very vital in the development of a country. Adolescent health is a growing public health concern all over the world, since adolescents form 20% of every country's population (WHO, 2014). Low and middle income countries have the largest number of adolescents due to interventions of child survival activities and high fertility rates. However, early pregnancy, maternal mortality and HIV/AIDS are some of the problems adolescents face (WHO, 2014). Adolescents who get pregnant to the disappointment of their family and community may become shy, therefore withdraw and stay out of public view. In the process it becomes difficult for them to attend social gatherings including going for antenatal care.

The Demographic and Health Survey in Ghana (GDHS, 2014) showed that a large number of teenagers become pregnant or deliver between the ages of 15 and 19 years and they have high risks of obstetric emergencies. Thus, early Antenatal service provides opportunities to recognize and treat obstetric complications, and enhance the pregnancy outcomes for these pregnant adolescents. Data on pregnant adolescents from the La Nkwantanang Madina municipality for the year 2015 and half year of 2016 revealed that in 2015 ANC registrants in all were 9221; pregnant adolescents between the ages of 10-14 years were 12 in number and those between the ages of 15-19 years were 571 in number. In 2016 half year, ANC registrants were 4296 in total out of which the pregnant adolescents between the ages 10-14 were 12 and those between 15-19 years were 315. This shows the alarming number of adolescent pregnancies being recorded in the municipality.

In Madina polyclinic (Kekele) 160 pregnant adolescents were recorded in the first half of 2016. Out of these 160, 122 (70%) of them reported late in the second trimester, 29 (18%) in the third trimester with only 19 (12%) reporting in the first trimester for antenatal care. These records indicate that majority of pregnant adolescents who attend antenatal care at Madina Polyclinic (Kekele) report late in their first attendance and it is a problem, because ANC is needed for healthy pregnancy and good health of the mother (Chamberlain, Morgan, & others, 2002). Pregnant adolescents need to report early to prevent pregnancy complications as they likely to experience adverse pregnancy outcomes by virtue of their physical immaturity. The best way to avert these problem is by ensuring that these pregnant adolescents receive early focused antenatal care that will address their individual needs.

1.3 Research Questions

- What are the personal factors that influence pregnant adolescent girls in seeking antenatal care?
- What family and community factors influence pregnant adolescent's utilization of antenatal care? adolescent
- What institutional factors influence utilization of antenatal care among pregnant adolescent girl?

1.4 Study Objectives

The study was based on the following objectives;

1.4.1 General objective

The general objective was to assess the factors that influence pregnant adolescent girls in seeking antenatal care.

1.4.2 Specific objectives were

1. To determine personal factors that influence utilization of antenatal care.
2. To explore family and community factors that influence pregnant adolescents' utilization of antenatal care.
3. To determine institutional factors that influence pregnant adolescent girls' utilization of antenatal care.

1.5 Justification

Antenatal care is needed for healthy pregnancy and good health of the mother (Chamberlain, Morgan, & others, 2002). Adolescents especially, whose bodies may not be well developed to carry pregnancy need not delay in seeking antenatal care/services so that complications that could arise during pregnancy or childbirth can be prevented or managed (Lesser, Anderson, & Koniak-Griffin, 1998). Unfortunately, most pregnant adolescent present either in their second trimester or third for antenatal care (Delgado-Rodríguez, Gómez-Olmedo, Bueno-Cavanillas, & Gálvez-Vargas, 1997).

Since antenatal care helps in early detection and management of complications in pregnancy, late presentation by these adolescent can result in birth complications or maternal mortality (Chamberlain, Morgan, & others, 2002). It will therefore be of great importance to find out reasons why pregnant adolescent report late for antenatal care. Findings from this study will provide information on the individual, family and health facility factors that cause late reporting of pregnant adolescents to antenatal care. Furthermore, it can inform the design of effective educational interventions that seeks to educate adolescents of the need for early antenatal care should they become pregnant. Recommendations from this study may be useful in informing policy makers on factors to consider when developing policies in relation to antenatal care services for adolescents.

1.6 Conceptual Framework

Utilization of antenatal care by pregnant adolescent girls may vary based on a number of factors. The conceptual framework in Figure 1 below, designed by the author, describes some

factors that may influence utilization of antenatal service by pregnant adolescent girls in La Nkwantanang Madina. These factors include; personal factors such as the socio demographic factors age, marital status and socio economic status. Institutional factors like staff attitude, location, and cost will influence its attendance as well as family and community factors like support or stigmatization.

1.6.1 Personal factors

The age of these pregnant adolescents can influence their initiation and utilization of ANC services because the younger they are the more ashamed they will feel so most of them would be in their school going age. The educational status and the ethnicity of the pregnant adolescents can influence their utilization of antenatal service. In the same way, if they got pregnant out of wedlock they would feel ashamed and not want to be seen thereby affecting their ANC attendance? The unavailability of disposable income will negatively affect the utilization of ANC services by these adolescents.

1.6.2 Institutional factors

The following institutional factors were considered to have influence on pregnant adolescent girls' utilization of ANC services.

1.6.2.1 Service Providers' Attitude

Staff attitude can influence adolescents' utilization of antenatal care services. Unfriendly staff attitudes may negatively affect adolescent perceptions and vice versa. Additionally, when service providers are judgmental towards adolescents who seek services at the antenatal clinic they may feel reluctant to go back due to shyness (Evidence to Action, 2014).

1.6.2.2 Cost of antenatal services

Cost can be a barrier to antenatal services and can thus influence use of antenatal services. Most adolescents are either still in school or are unemployed and as such may still be dependent on their parents or guardians for their upkeep (Kefford, Trevena, & Willcock, 2005).

1.6.2.3 Location of adolescent antenatal clinics

Location may influence utilization antenatal service either positively or negatively. Some adolescents may find location to the health facility a problem due to high transportation cost. However others may prefer a place further away from their localities in order to conceal their identities. Location of a place may be long from distance to their homes, study or work. Health service may be expensive and beyond the capabilities of adolescents making health service not accessible (WHO, 2012).

1.6.3 Family and community factors

Family members who support the adolescent during the pregnancy can also influence them to utilize the antenatal service. Socio economic status of the family can also influence their utilization of antenatal care. Family support like finance and encouragement can influence the pregnant adolescent utilization of ANC services.

1.6.4 Community factors

Community support has a strong influence on the adolescent decision to utilize antenatal services. The community influence them emotionally financially and they advise them to

attend antenatal services. There is also the peer pressure that can influence them positive or negative. The factors discussed variously influence adolescent girls utilization of antenatal care. Some of the factors also influence one another as shown in the figure below.

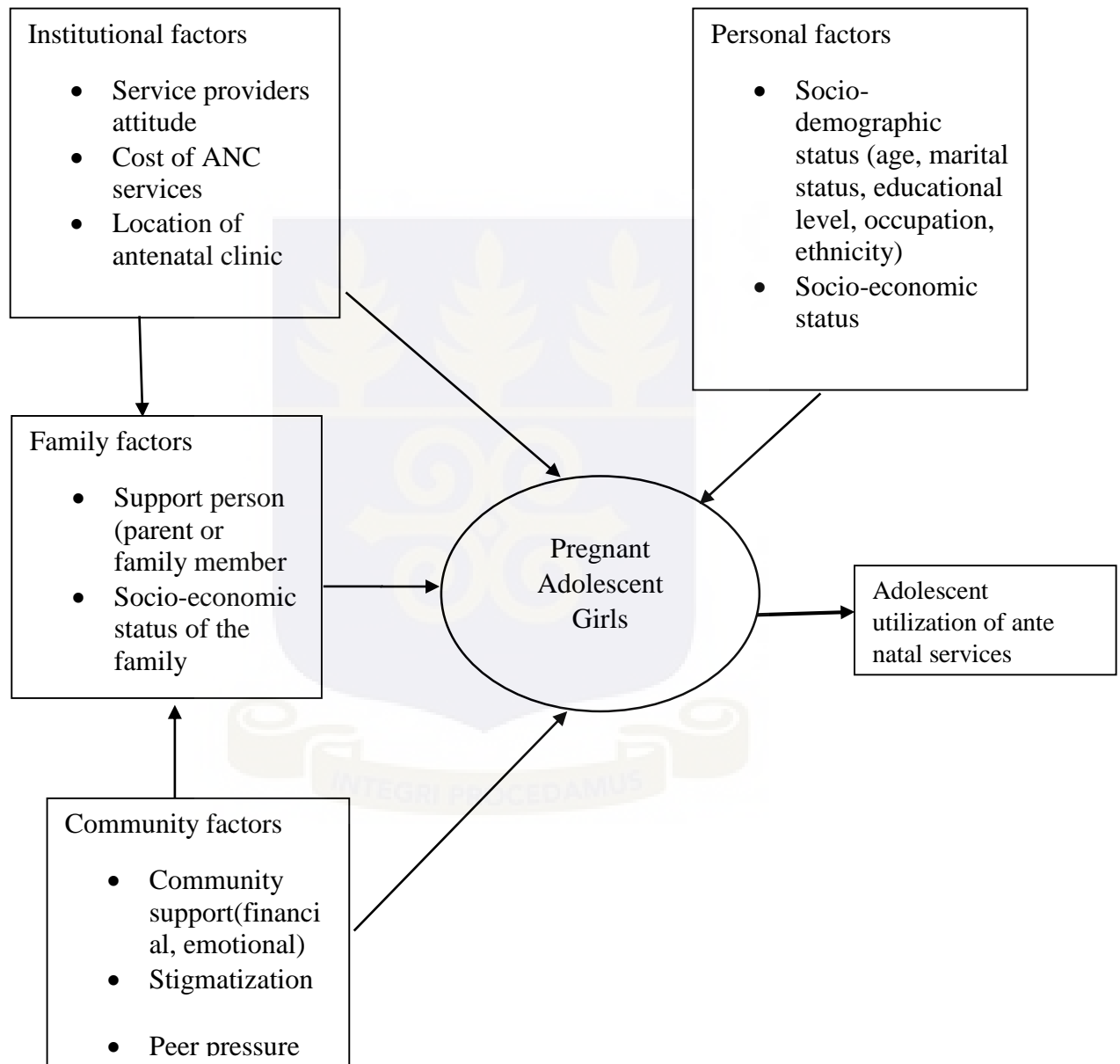


Figure 1: Conceptual Framework of Factors influencing utilization of Antenatal care
Source: Author's own construct.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter reviewed existing literature on the Factors influencing utilization of antenatal service among pregnant adolescent girls. This literature reviewed Antenatal care service, importance of antenatal care, Antenatal care in Ghana and Factors influencing utilization of antenatal care in Ghana and elsewhere.

2.2. Antenatal care

Antenatal care (ANC) is the care a pregnant woman receives during her pregnancy through a series of consultations with trained health care professionals such as midwives, nurses, and sometimes doctors who specialize in pregnancy and child birth (Lincetto, 2010). According to WHO, ANC is the routine health control of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases and a complicating obstetric conditions without signs and symptoms, and to provide education about lifestyle, pregnancy and delivery. Antenatal services also refers to the interventions to reduce maternal and child mortality. It is a planned program of medical management of pregnant women directed towards making pregnancy and delivery a safe and satisfying experience (MOH Uganda 2006).

Studies have shown that most of the maternal and neonatal deaths are preventable (Stevens-Simon, Beach, & McGregor, 2002). Antenatal service is one of the most important strategies for reducing maternal and neonatal morbidity and mortality directly through detection and treatment of pregnancy related illness, or indirectly through detection of women at risk of

complications of delivery and also ensuring that they deliver in a suitably health facility (Anh,2007). Other studies have established the association between antenatal service attendance and reduction of premature birth, low birth weight, congenital malformations, congenital infections, neonatal tetanus, pre-eclampsia and anaemia (Orvos et al., 2002).An analytical review of the World Health Statistics (2014) showed that ANC coverage, between 2006 and 2013 was indirectly correlated with maternal mortality ratio (MMR) worldwide (Bustreo, 2013).

This indicates that countries with low ANC coverage are the countries with high MMR (Bustreo, 2013) For instance, ANC coverage in United Arab Emirates was 100% with MMR of 8 per 100,000 and Ukraine had 99% ANC coverage and MMR of 23/100,000. By comparison with countries in Sub-Saharan Africa, Ghana had ANC coverage of 96% and MMR of 380/100,000, Chad had 43% ANC coverage and MMR of 980/100,000, and Nigeria had ANC coverage of 61% and MMR of over 560/100,000. Perhaps the poor maternal health outcome in Sub-Saharan African countries is due to poor ANC utilization (Ajayi, 2013) although according to Hodgins and D'Agostino (2014), ANC coverage may not provide information on the quality of care provided at the antenatal clinic.

Adolescence is a transitional phase of growth and development between childhood and adulthood and a time when they are prepared by nature to take on the roles of adult at work, reproduction and family life, a discrete period within the life course in which preventive services and clinical services need to be targeted. According to UNICEF (2007), adolescent pregnancy refers to a teenage girl usually within the ages of 13-19 becoming pregnant. The

term usually refers to girls who have not reached legal adulthood, who become pregnant (changes around the world). About sixteen (16) million adolescent girls, age 15 to 19 and some one million girls under fifteen (15) years give birth yearly mostly in developing countries (WHO 2014).

Early child bearing increases the risks of the complications for both mothers and their babies. Pregnancy and childbirth complication are the second cause of death among 15-19 year olds worldwide and in developing countries; babies born to mothers under 20 years of age face a 50% higher risk of being still born or dying in the first few weeks of life. (WHO, 2014) Children of adolescent mothers are likely to have lower school achievement and to drop out of high school, have more health problems, give birth as a teenager and face unemployment as an adult (WHO, 2014). Maternal and neonatal morbidity and mortality have continued to be a major problem in developing countries despite efforts to improve the trend. Globally, more than 500,000 mothers die each year from pregnancy and labour related conditions, and neonatal mortality accounts for almost 40% of the estimated 9.7 million children under-five deaths (UNICEF, 2001). Moreover, 99% of maternal and infant mortality occur in developing countries.

Worldwide, progress has been made in terms of increasing access and use of antenatal care, although the percentage of women who are attaining the recommended minimum 10 of four visits is too low. In addition, the first visit is often made late in pregnancy, whereas maximum benefit requires early initiation of antenatal service (Van der et al.2002). Observed that there was a tendency towards late attendance for the first ANC visit in Kenya. The whole of Sub-

Saharan Africa lags behind other developing regions. Studies have found out many factors that influence the utilization of antenatal care in low and middle income countries, although there are few studies regarding factors affecting the timing of first ANC attendance.

These factors include, level of education of mothers, and husband's education, availability of health service, cost, household income, women's employment, media exposure, and having a history of obstetric complications (Simkhada, Teijlingen, Porter, & Simkhada, 2008) (Achia 2015). Although there is not enough evidence, late booking of antenatal care has been associated with young age, premarital status, unwanted pregnancies, high parity, lack of formal education, single mother, low socioeconomic status, financial constraints and ethnicity (Tariku, Melkamu, & Kebede, 2010; Choté et al., 2011).

Unintended pregnancy also has an influence on antenatal care use; this may lead mothers to attend antenatal care late or to not attend at all (Altfeld, Handler, Burton, & Berman, 1998). Tariku et al., (2010) also mentioned that the quality of antenatal care might have an influence on utilization of antenatal care, leading to infrequent or late first visits to antenatal care. Pregnancy during adolescence is further complicated by physiological and psychological immaturity of the teenage girl and delay in deciding to seek care. Delay in deciding to seek care results in adolescent missing the opportunity to receive lifesaving care, because they are unable to recognise the signs of life-threatening complications of pregnancy and childbirth (Stevens-Simon, Beach, & McGregor, 2002). Educating women and the community at large about signs of life-threatening complications during pregnancy and about when and where to seek care is key to reducing this delay (Stevens-Simon, Beach, & McGregor, 2002).

In Ghana, Antenatal service is given at every health centre/hospital and it is clear that its availability is acceptable to pregnant women. To add on the challenges they face, there are no known services set aside for pregnant adolescent girls. People who support the adolescent during the pregnancy can also influence them to utilize the antenatal service. Socio economic status of the family can also influence their utilization of antenatal care by these adolescents.

2.3 Importance of antenatal care

Antenatal care contributes to good pregnancy outcomes and often times benefits of antenatal care are dependent on the timing and quality of the care provided, (WHO, 2014). It has been shown that regular antenatal services is important to establish confidence between the woman and the health care professional who is, to individualize health promotion messages, and to identify and manage any maternal complications or risk factors (Banda, 2013). During antenatal service, essential services such as tetanus toxoid immunization, iron and folic acid tablets, and nutrition education are also provided (Atuyatumbe et al., 2015).

Antenatal care is needed for healthy pregnancy and good health of the mother (Chamberlain, Morgan, et al., 2002) and therefore, lack of antenatal care has been identified as one of the risk factors for maternal mortality and other adverse pregnancy outcomes in developing countries (Banda, 2013). Moreover, many studies have demonstrated the association between lack of antenatal care and prenatal mortality, low birth weight, premature delivery, pre-eclampsia, and anaemia (Chaibva, 2009). All these results point to the important role of antenatal care in identifying and mitigating the potential complications during pregnancy.

Furthermore, a study conducted in Canada by (Heaman, Newburn-Cook, Elliott, & Helewa, 2008) on inadequate prenatal care and association with adverse pregnancy outcome indicated that preterm birth, low birth weight, small-for age gestational and increased mortality rate were associated with inadequate prenatal care. Findings in a study conducted in India, where an increase in low birth weight infants, more infant deaths, and more neonatal deaths were common among those who do not attend ANC (Singh, Pallikadavath, Ram, & Alagarajan, 2014).

2.4 Antenatal care in Ghana

According to the Ghana Demographic and Health Survey (2014), the major objective of antenatal care (ANC) is to identify and treat problems such as anaemia and infections during pregnancy. It is during an antenatal care visit that screening for complications and advice on a range of issues, including birth preparedness, place of delivery, and referral of mothers with complications, occurs. Furthermore, the following key findings were generated: Ninety-seven percent of women in Ghana receive antenatal care from skilled health care professionals and this percentage has increased steadily from 82 percent in 1988 to 97 percent in 2014. Also, a large proportion of pregnant women in Ghana (87 percent) had four or more antenatal care visits for the most recent live birth, an increase from 78 percent in 2008.

The World Health Organization recommends that a pregnant woman without complications should make at least four antenatal care visits, the first of which should take place during the first three months. A large proportion of pregnant women in Ghana (87 percent), therefore, had four or more antenatal care visits for the most recent live birth, 92 percent in urban areas

and 83 percent in rural areas. This is an increase from 78 percent of pregnant women as reported in the 2008 GDHS (Ghana Demographic and Health Survey) which means more citizens are making greater efforts to take care of themselves during pregnancy.

The quality of antenatal care is measured to a large extent by the essential service package provided to pregnant women. The components of this package include prevention and management of anaemia and malaria, which are achieved through screening and appropriate management. Micronutrient supplementation, tetanus immunisation, and monitoring of certain vital signs to help in the early detection and management of complications that may arise. Pregnancy complications are a primary source of maternal and infant morbidity and mortality. Therefore, ensuring that pregnant women receive information on the signs of complications is an important component of good antenatal care.

2.5 Factors influencing utilization of antenatal services

According to Simkhada, Teijlingen, Porter, & Simkhada, (2008), many factors influence late initiation or utilization of ANC. Some of the identified factors contributing to late ANC include: Personal factors, family and community factors, institutional factors, unavailability of services, cost of services, and lack of media exposure, low social economic status and others.

2.5.1 Personal factors

Demographic and Social cultural factors

ANC utilization can be influenced by demographic and socio-cultural factors (Banda, 2013). Maternal age has been shown to both negatively and positively influence utilization of ANC

in general. Younger women may be less likely to use either antenatal care or delivery care, or to have their infants immunized. According to (Adamu & Salihu, 2002), delay in seeking care, in reaching adequate health facilities, and in receiving appropriate care at facilities is a well-known barrier to care for all women. This may be especially pronounced for young women, who may have little knowledge and experience in seeking care.

Furthermore, Mlilo-Chaibva clearly states that a woman's age might influence her patronization of antenatal services because adolescent pregnant girls tend to be shy due to the fact that they are attending school, they are unmarried or they are afraid to be prejudiced (Chaibva 2009). Also the client's level of education could also influence pregnant adolescents' utilization of the health facilities as well as the understanding of the importance of seeking health care promptly because low educational status has been identified as a major barrier to the utilization of health care services, especially ANC (Chaibva, 2009). Other demographic factors such as marital status, occupation, religion, family size and ethnicity also statistically significantly influence utilization of ANC.

Studies on social factors influencing utilization of ANC demonstrates that, desirability of pregnancy, is a statistically significant determinant of ANC use. Religious beliefs in certain societies may pose barriers to the utilization of ANC services because some religious communities might believe in prayer and prefer home deliveries with no ANC from skilled health personnel (Chaibva, 2009). Social support has been reported to affect attitudes and behaviours, including satisfaction with pregnancy and parenting.

Obstetric related factors

Adolescents who are pregnant for the first time face higher risks of obstetric complications than women aged 20 or older ((McIntyre, 2006). Parity refers to the number of pregnancies a woman has had that have each resulted in the birth of an infant capable of survival (Books, 2014). Study done in England and Wales (Kupek, Petrou, Vause, & Maresh, 2002) shows that primiparous women of high obstetric risk were 13.4% more likely to initiate antenatal care after 10 weeks of gestation than a low risk reference group, and 34.3% more likely to initiate antenatal care after 18 weeks of gestation. This association between high obstetric risk status and late initiation of antenatal care was not replicated among multiparous women.

2.5.2 Family and community factors

Limited economic power may be an impediment in seeking ANC services among pregnant adolescents, since most of them might be school going and financially dependent on parents, spouses or boyfriends and might be unable to afford ANC fees and the basic requirements for delivery in a hospital (Chaibva, 2009) High antenatal fees charged for antenatal care services are high and as such these adolescent girls cannot afford and therefore settle for cheaper services of traditional birth attendants (TBAs) which are also normally paid in kind (Ikamari, 2004). This has serious implications for the pregnant adolescents' health because home care and home deliveries without ANC may contribute to poorer pregnancy outcomes for the adolescent mother and her baby.

2.5.3 Institutional factors

Certain characteristics of the service provider are key in provision of adolescent utilization of Antenatal services. These are technical competence, understanding and considerate, dedicated to duty, non-judgmental and trustworthy. These create good rapport and relationship between them (WHO et al., 2012). However, service provider's attitude could be a barrier to pregnant adolescent utilization of Antenatal care.

2.5.4 Health facility related factors

To ensure women accesses quality care adequate number of trained health workers, sufficient equipment and supplies; and adequate referral or reliable transportation to a hospital or other health facilities in the event of an emergency (Banchani & Tenkorang, 2014). Studies clearly indicate that countries with high maternal, perinatal and neonatal mortality have inadequate and poor quality health service, which can be associated with reduced utilization of health service. Distance to the health facility is inversely associated with ANC utilization (Glei et al., 2003). Moreover, uncomfortable transport, poor road conditions and difficulties in crossing big rivers have also been shown to be barriers to utilization of Antenatal care. From the reviewed literature, it is evident that adolescent mothers are faced with numerous challenges.

CHAPTER THREE

METHODS

3.1 Introduction

This chapter describes the research design and methodology. This includes the study area, study population, sample and sampling technique, data collection, analysis and ethical considerations.

3.2 Study Design

The research design and methodology used for this study was guided by the aspiration to achieve the specific objectives and answer the research questions. This study, employed qualitative research approaches. Focus group discussions, key informant interviews and in-depth interviews were used for the data collection on the factors influencing utilization of antenatal care among pregnant adolescent girls in La Nkwantanang.

3.3 Study Area

The study was conducted in the La Nkwantanang-Madina Municipality in the Greater Accra Region. It is one of the new Municipal Assemblies created in 2012. It was carved out of the Ga East Municipality. The La Nkwantanang –Madina Municipality is located at the northern part of the Greater Accra Region. It covers a total land surface area of 70,887 square kilometers and bordered in the west by the Ga East Municipal, in the east by the Adentan Municipal, in the south by Accra Metropolitan Area and the north by the Akwapim South. La Nkwantanang Madina Municipality is generally urban (84%). It has 5 sub municipals, they are Pantang, Danfa, Nkwantanang, Taatanaa and Social Welfare. The population of La

Nkwantanang-Madina Municipal according to the 2010 Population and Housing Census, is 126,492 representing 2.8% of the region's total population. Females constitute 51.5 percent and males represent 48.5 percent. The population of the Municipality is youthful (38.7%) depicting a broad base population pyramid which tapers off with a small number of elderly persons (5.0%). The Fertility Rate for the municipality is 2.5. The General Fertility Rate is 71.7 births per 1000 women aged 15-49 years which is the second highest for the region. The Municipality has a total of Forty-three (43) health facilities. The government institutions include; 1 health center, 19 CHPS zones, 1 hospital and 2 polyclinics. There are also 23 private and 1 Christian Health Association of Ghana (CHAG) facility in the municipality; Pentecost Hospital. The two polyclinics are Madina polyclinic Kekele and Madina polyclinic Rawlings circle. There is also a specialized psychiatrist hospital at Pantang. The Municipality is in the process of turning the Kekele polyclinic into a Municipal Hospital. The ANC registrants for 2015 was 9221 with attendance being 46070. The study was carried out at the Madina Polyclinic (Kekele) and the Nkwantanang Sub-Municipal

3.4 Study Population

The study population consisted of pregnant adolescent girls aged 10 to 19 years who were attending antenatal care at the Madina Polyclinic Kekele, and reside at Nkwantanang sub municipal. Also families or primary care givers of pregnant adolescent girls, midwives who provide services to them at the antenatal clinic and some community members were interviewed.

3.5 Inclusion Criteria and Exclusion criteria

Inclusion criteria for participants of the IDIs were pregnant adolescent girls aged between 10-19 years who resided in the Nkwantanang sub- municipals and attend antenatal clinic at Madina Polyclinic Kekele. Inclusion criteria for the family members and care givers were family members of the interviewed pregnant adolescent girls who consent to participate in the study. Similarly, midwives in the antenatal clinic who provide service for the pregnant adolescent girls and consented to participate in the study were included. Inclusion criteria for participants of the FGDs was community members who had adolescent girls between the ages of 10-19years in their household and reside at Nkwantanang sub municipal who consented to participate in the study.

The exclusion criteria for the IDI were females below ten (10) years and those above the ages 19 years, pregnant adolescents who do not reside in Nkwantanang sub municipal, and do not attend antenatal clinic at Madina Polyclinic. The exclusion criteria for the FGD was community members who did not have pregnant adolescent girl in their household and those who do not reside in Nkwantanang Sub Municipal. Exclusion criteria for family or care givers for the IDI was centred on family members or care takers of the adolescent who did not reside in Nkwantanang Sub Municipality. Finally, midwives who did not provide antenatal care for pregnant adolescent girls were excluded.

3.7 Sampling and Sampling Procedure

Purposive sampling was used in the selection of pregnant adolescent girls attending antenatal clinic to participate in the in-depth interviews. Client records of the pregnant adolescent girls

interviewed were taken to ascertain their age and when they first started attending ANC and at which trimester they started the ANC the level of saturation was reached when 15 of them were interviewed. Qualified pregnant adolescent girls who were attending ANC and agreed to the interview were interviewed at a convenient location on the Polyclinic premise. In addition, five midwives and one clinical psychologist in the ANC unit of the Madina Polyclinic Kekele were purposively sampled and interviewed. Two focus group discussion (FGD) were conducted with community members who have adolescent girls in their household. Six IDIs were conducted among family members or primary caregivers of some of the pregnant adolescent girls interviewed.

3.8 Data Collection

This study used both IDIs, KIIs and FGDs in the data collection process. In-depth interviews were conducted among 15 pregnant adolescent girls at Madina polyclinic Kekele. Participants were informed about the study and the informed consent form was given to them to go sign. They were encouraged to ask questions for clarifications and answers were provided for such questions. Those who met the inclusion criteria and as well as agreed to participate in the IDI were asked to sign informed consent forms after which a copy was given to them. The interview guide elicited responses on how they found out they were pregnant, family and community reaction to their pregnancy, their first ANC reporting day and experiences at the health facility during their ANC sessions. During the process of the interview, participants were encourage to express their views freely. Interviews lasted between 20 to 30 minutes. Interviews were tape- recorded with notes being taken by two trained research assistants.

In-depth interviews were conducted among six primary care givers or family members of the 15 pregnant adolescents. The participants were duly informed about the study and the informed consent was read to them. They were encouraged to ask questions for clarifications and answers were provided for such questions. Those who met the inclusion criteria and agreed to participate in the IDI were made to sign or thumbprint informed consent forms. A copy of the consent form was given to them. Interview guides were used to collect data from participants. The questions asked elicited responses on their reaction towards pregnant adolescents in relation to their pregnancy, family or community support or neglect and their ANC attendance.

During the process of the interview, participants were encourage to express their views freely. Interviews lasted between 20 to 30 minutes. Five out of the eight midwives and a clinical psychologist in the antenatal clinic were interviewed using a KII guide. The midwives were informed about the study and the informed consent was read to them. They were also encouraged to ask questions for clarifications and answers were provided for such questions. The interviews took about 20 to 30 minutes, and it was tape recorded with notes being taken by research assistants.

Two FGDs were conducted with community members in La Nkwantanag who had female adolescents or pregnant adolescents. The FGD participants had the study being explained to them after which they were given the consent forms. Those who consented to participate in the study either signed or thumb printed the consent form after which a copy was given to them to keep. Each respondent was selected according to their inclusion and exclusion status

and with the help of the opinion leaders, it was stressed during the recruitment of FGDs that, participation is completely voluntary and that participants’ answers were treated confidential and anonymous. The FGD was conducted in the local dialect Twi for the understanding of the participants. The discussion was tape-recorded and notes were taken by a trained research assistants. Areas that were explored in the FGDs were factors that influence adolescent utilization of antenatal care, barriers to the services – environment, service delivery and service provider or midwives. When the data reached the level of saturation where the responses were similar to the previous studies, the data collection was stopped

Table 1: Study Participants

Focus Group Discussion and In-depth Interviews (N=39)							
	In Depth Interviews		Focus Group Discussion			Key Informant Interviews	
Participants	Number of Participants	Location	Number of FGDs	Number of Participants	Location	Number of Participants	Location
Community members of adolescent girls			2	6 each making 12	Madina Nkwantang Community.		
Midwives at the ANC clinic						5	Madina Polyclinic
Clinical psychologist						1	Madina Polyclinic
Pregnant adolescents	15	Madina Polyclinic					
Parents and care givers of pregnant adolescents	6	Madina Polyclinic					

Table 1 presents the characteristics of the participants who participated in the various interviews conducted in the research. Twenty-one (21) in-depth interviews were conducted, fifteen (15) of them were with pregnant adolescents attending ANC at Kekele polyclinic and four (6) were conducted with their primary care givers. The pregnant adolescents interviewed were between the ages of 17 to 19 years old, and pseudo names were to identify them. Six (6) Key Informant Interviews were conducted with some health care providers, five (5) of whom were midwives and one (1) a clinical psychologist at the antenatal clinic.

3.9 Quality Control

To ensure good quality of data collected research assistants were trained on research ethics and the interview guides. The study instruments were piloted in Ga East Municipal which has similar characteristics as the La Nkwantanang Madina Municipal. The purpose of the pilot was to find the suitability of the questions, time needed to conduct the FGDs and IDIs, and to determine how valid and reliable the questions will be. After the pilot test, the tools were finalized. Each day, data collected were replayed and listened to by the principal investigator to ensure that all information has been properly obtained. Errors and omissions detected were discussed with the respective research assistants and corrections effected in subsequent ones.

3.10 Data Processing and Analysis

The data generated from the Focus Group Discussion (FGDs) and in-depth interviews were tape recorded and notes taken alongside Recorded interviews were transcribed verbatim... The transcribed data was read over and over again to identify words, concepts and themes that appeared frequently. Manual thematic content analysis was employed in the analysis of the

data for this study Themes, concepts and words that were recurrent were identified were grouped into major themes and sub themes to reflect the emerging experiences of the participants. The identified themes were categorized under the study objectives which were to identify personal, family and institutional factors influencing the utilization of ANC among pregnant adolescents.

3.11 Limitations of the study

The study sought to interview all the caregivers of the pregnant adolescents interviewed but this was very difficult as most of the pregnant adolescents came for the ANC services alone and were not willing to help us locate their caregivers. The researchers had to interview a limited number of caregivers than anticipated.

3.12 Ethical Consideration

Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee. Permission was also obtained from the La Nkwantanang Madina Municipal Health Director, and the Midwife in Charge of the Antenatal clinic. Adolescents between the ages of 18 and 19 years were given a consent form to sign and those between 10 – 17 years were given an assent form to sign and their parents given a parental consent form to sign. The process of the focus group discussion and in-depth interviews was explained to respective participants. Discussions and issues from participants and respondents was treated with confidentiality hence names were not required in any of the data collection forms. Consent were sought from participants before every discussion using consent forms. Study participants were informed of their right to withdraw from the study at any point in time if they so please. There were no

potential risks and direct benefits for participating in this study. However, the information given could help to improve adolescent pregnant girl's access to antenatal care (ANC). The participant in the focus group discussion were refreshed with a bottle of Coca-Cola and a packet of biscuits each. Each participants had the right to withdraw from the study anytime of the study and with no repercussions.



CHAPTER FOUR**RESULTS****4.1 Introduction**

This chapter presents results on the characteristics of the study participants and themes that emerged from the IDIs, KIIs and the FGD conducted. The themes have been categorized under personal, family and institutional factors that influence ANC utilization by pregnant adolescent girls. Emergent themes included late identification of pregnancy, shame and fear of being insulted for getting pregnant, financial constraints, attempts to abort pregnancy, and perceived negative attitudes of health care workers.

Table 2: Characteristics of the Pregnant Adolescents Girls Interviewed

	CHARACTERISTICS	NUMBER
AGE	15	0
	16	0
	17	6
	18	0
	19	9
MARITAL STATUS	Married	0
	Single	15
LEVEL OF EDUCATION	None	0
	Primary	1
	JHS	14
	SHS	0
	Others	0
RELIGION	Christian	14
	Moslem	0
	Traditional	0
	Others	1
WHO THEY STAY WITH	Both Parents	2
	Single Parent	8
	Other family members	2
	Others	3

The adolescents that were interviewed were all students before they got pregnant, none of them was working. None of the adolescents interviewed has ever had a child and none of them has gone back to school. Three of the students are cohabiting with their boyfriend.

The midwives interviewed were all trained midwives and they had worked from three (3) to seven years (7) as a midwife in Madina polyclinic (kekele). The Primary caregivers of the adolescents who were interviewed were six in the number, four (4) female and two (2) were males. The males were the boyfriends of the two adolescents.

Two Focus group Discussions were conducted. One of the group was made up of men and the other was made up of women. Each FGD was made up of eight members, and they live in Nkwantanang community, in the La Nkwantanang Madina Municipality. The participant of the FGDs were between the ages of Thirty (30) and Forty-five (45) years old, and they were traders.

4.2 Factors influencing utilization of antenatal care among pregnant adolescent girls

The factors that influence pregnant adolescent girls' utilization of ANC are presented as follows.

4.2.1 Personal factors

The personal factors that influence utilization of antenatal care among adolescent girls are outline below. All names mentioned in this study are pseudonyms

a. Late identification of pregnancy (Lack of knowledge).

Findings from the various interviews and discussions suggest that most of the pregnant adolescents were unaware of their pregnancy state until the pregnancy was advanced with overt signs like protruding stomach. All the pregnant adolescent interviewed in this study stated that this was their first pregnancy so they were oblivious to its signs. They further indicated that the pregnancies were unplanned so they were not expectant of it thus unaware of the symptoms it presented. For most of them the pregnancy was detected by their friends from school and their parents or caregivers, however, they expressed disbelief when they were prompted of their pregnant state. This was captured with the following quotes from IDIs with pregnant adolescents and parents or caregivers as well as KIIs with some midwives

“I did not even know I was pregnant, it was my mother who saw that I was pregnant and when she saw it the pregnancy was 26 weeks old. During that period when I walk a short distance I feel tired and my breast had become big and I kept eating within short intervals so my mother asked me what was wrong with me and I said I was ok but then she said I was pregnant. I told her she was telling lies so she asked me to buy the pregnancy test and when I did the test at home I saw that I was pregnant” (Ama, a 17 year old pregnant adolescent)

“I did not even know, it was my grandmother who noticed it. During that time I was sick and the sickness was not getting any better so my grandmother said I was pregnant and I told her she was telling lies so my aunty was also pregnant and she went to buy a pregnancy test for herself and me and when we tested the line was two on the test kit but I still said I don't believe I am pregnant so we bought another pregnancy test again and the line was two showing that I was pregnant” (Abena, a 17 year old pregnant adolescent).

Pregnant adolescent's inability to tell or know that they are pregnant and thus seek care early was also reiterated by the midwives and the clinical psychologist who have both worked at the Kekele Polyclinic for about three years. They explained that the pregnant adolescents

usually live in a state of denial and don't want to believe that they are pregnant even after they have been told by other people that they are. These are highlighted in the narratives below;

“these adolescents usually come to the clinic for ANC during their second trimester and this is because they usually do not know they are pregnant and even when they are prompted by their parents or relatives they don't want to accept or believe they are pregnant so when they start growing the big tummy that is when they come to the realization that they are actually pregnant and start seeking care from the clinic” (KII, Midwife Kekele polyclinic).

“When I see from their records that they did not start the ANC early in the pregnancy, I ask them about it and most of them tell me they did not know they were pregnant and that they thought they were just sick. Some even say they thought they had malaria” (KII, Clinical psychologist Kekele polyclinic).

b. Shame and fear of being insulted for getting pregnant

Among the personal factors accounting for delay in seeking ANC by the pregnant adolescents interviewed in this study was the shame they feel for being pregnant. The pregnant adolescents expressed sentiments of shame and fear. Most of the pregnant adolescents in this study were students so they were particularly ashamed and afraid of meeting their classmates or even teachers. For this reason they hide from public places of which attending ANC was one of them.

“they (pregnant adolescents) are usually ashamed of meeting their peers like their class mates or even their school teachers so because of that they will not go out and usually hide indoors without even going to the hospital for fear of meeting someone they know” (participant in a female FGD).

“Hmmm, they said I should come but I was scared, my mother said I should come for the ANC but I told her I was afraid of people laughing at me. I was afraid the older pregnant women or the nurses saying why I have gotten myself pregnant young” (Afia, a 17 year old pregnant adolescent).

Their sense of shame and fear also extended to people in their communities, because they felt they will be disappointed in them for getting pregnant young or while in school. Furthermore, the thought of coming to meet older pregnant women at the ANC clinic when they report was also a source of fear for these pregnant adolescent as seen in the submissions below;

“I was afraid that the people in my neighborhood will insult me and say why I have gotten myself pregnant this young” (Akua 17 year old pregnant adolescent).

“Yes, I have a friend who got pregnant, so I asked her, her experience and she told me that when I come I will see my age mates who are also pregnant coming for ANC, so I mustered courage and came. But the first day I came I was using something to cover my face because I was shy” (Kukua, a 17 year old pregnant adolescent).

One pregnant adolescent recounts an incidents where community members pass comments about how she has gotten herself pregnant instead of concentrating on schooling and this makes her sad as well as shy away from the public. She said when I hear comments like that I feel like crying and don't want to go to the clinic.

“I think it is the shyness that will prevent them from coming for the ANC because when you sit in a bus people can even say that you are a small girl who has gotten pregnant. Sometimes when I walk in my neighborhood, people pass comments like you who said you want to be a nurse and now you have gotten yourself pregnant so when I hear comments like that I feel like crying and don't want to get out” (Adjoa, a 17 year old pregnant adolescent).

“they feel shy of their colleagues seeing them pregnant and coming for ANC or even the older pregnant women saying that why have they gotten themselves pregnant young but I have not heard such complaints here though” (KII, Midwife at Kekele Polyclinic).

c. Financial constraints

Financial constraints emerged as one of the significant reasons why pregnant adolescents could not access ANC early. With most of the pregnant adolescents being students they do not have the money on their own to start ANC even after they find out about their pregnancy. They either have to depend on their parents or the person responsible for the pregnancy, and if they are not able to get such support, it results in delay in seeking ANC. Although there is free maternal care under the Ghana Health Insurance Scheme, the midwives explained that some laboratory investigations and scans are not covered under the scheme therefore these payments are barriers to ANC utilization by the pregnant adolescents. Additionally, financial constraints also hinders consistent attendance of ANC as pregnant adolescents explained that they are not able to attend all their scheduled ANC meetings because they did not have money.

“the pregnancy was about a month and a half old but because money was a problem we couldn’t start immediately so we waited for some time before starting with the ANC but there was this nurse who come home to teach us (biblical teaching) and when she came and found out that we had not started the ANC, she advised us to start” (IDI, caregiver of pregnant adolescent).

“I came here two months ago and I was about five months pregnant back then. When I came that day the money I had was not enough so she said I should go and come back the next day and I couldn’t get the money I did not return, it is today that I got some money to come and today too she is saying I should go and do a scan and bring it on Wednesday so I am going home to see if I can get some of the money for the scan, if I get it I will come but if I don’t I will wait till I get it before I come” (Akose, a 19 year old pregnant adolescent).

The midwives also affirmed the fact that financial constraints were among the barriers that cause delay in coming for ANC services by these pregnant adolescents. She also said they do not have money to pay for their Laboratory result and other things like their transportation

“they usually have financial problems because you know most of them are students and the pregnancy was not planned so they don’t have money to come

they either have to depend on their parents or the person who impregnated them” (KII, Midwife Kekele Polyclinic).

“They usually come during the second trimester and the reasons they give are that they did not have money and you know the health insurance doesn’t cover everything. Some of the labs and scan must be paid for and even the transportation for coming here all require money that most of them don’t have” (KII, Midwife Kekele Polyclinic).

4.2.2 Family factors

The family factors that influence the utilization of ANC by pregnant adolescents was both negative and positive with their influence either encouraging access to ANC services early and regularly or late.

a. Attempts to abort the pregnancy

Findings from the various interviews and discussions revealed that attempts to abort pregnancy was one of the reasons for the delay in seeking ANC services by pregnant adolescents. It is only when attempts to abort the pregnancy fails that they start seeking antenatal care. In this study, parents and family members were fingered as the ones attempting to abort the pregnancies to enable the adolescents further their education. Some of the adolescents however, were advised by their friends to use some over the counter medicines to abort the pregnancy.

“I reported for ANC when the pregnancy was five months even though I found out I was pregnant in the third month because my mother wanted to abort the baby for me but we couldn’t do it. we went to so many places to abort the baby, firstly we went to my hometown and the man said he is no more doing the abortion and then we went to Hohoe Municipal Hospital and they said the man is no more working there so we came to Korle Bu and it was a holiday so the man was not there so they said we should come the next day so when we got home I told my mother I will not have the abortion anymore “(Ama, a 17 year old pregnant adolescent).

“Majority of them (pregnant adolescents) come during the third trimester because they normally attempt to abort the pregnancy and if it fails then they come” (KII, Midwife Kekele Polyclinic).

“I kept feeling sick and nauseous so my friends were teasing me saying I was pregnant but I thought they were joking so when I finally decided to do the pregnancy test, I found out that I was pregnant, ...I think I was about three months pregnant so I was advised by a friend to buy this medicine called cytotek to abort the pregnancy but when I did it, it did not work so I told my mother about the pregnancy and we started the ANC in the fifth month of pregnancy” (Serwaa, 17 year old pregnant adolescent).

b. Encouragement to seek ANC services by family members

Family members support through encouraging and sometimes escorting the pregnant adolescents to ANC services was documented in IDIs, KIIs and FGD. Mothers ranked highest among the family members who encouraged these pregnant adolescents to attend ANC services. Below are quotes from the transcripts...

“My mother told me that if I don’t come for the ANC and it is time for me to deliver the baby, when I go the nurses will insult me so that is why I decided to come” (Esi, 17 year old pregnant adolescent).

“My mother has been the one pressuring my boyfriend to provide the money for us to come to the hospital, so the first day I came for ANC, I came with my mother but subsequently I have been coming alone” (Abena, a 17 year old pregnant adolescent).

4.2.3 Institutional factors

a. Perceived negative attitude and behavior of health workers

Most of the pregnant adolescents’ harbored fears of being insulted, shouted at or reprimanded for getting pregnant at a young age by health workers and this was one of the reasons why they delayed in seeking ANC. They indicated that they had heard stories of how nurses insult pregnant adolescents who attend ANC so that was ignited their fear of attending ANC

services. Some of them had to come with their caregivers because of this fear they harbored. Some of the pregnant adolescents stated that if they had been insulted when they came for the ANC they would not have come for the subsequent visits.

“I heard that when you are a child and you get pregnant when you come to the hospital the nurses will insult and shout at you for getting pregnant young so I thought that is what they will do to me (Adzoa, a 17 year old pregnant adolescent).

“The first time I came for the ANC my aunty came with me and when it was my turn to enter and see the nurse I was afraid the nurse will insult me so I told my aunty to go inside and tell the nurse that someone is here to see her” (Mansa, a 17 year old pregnant adolescent).

“There is nothing that can scare me now, at first I was scared when I come to the hospital the nurses will insult me for getting pregnant at this young age but when I came and they did not insult me, I am no more afraid. If they had insulted me I would not have come for the ANC again and that would have been my hindrance” (Afia, a 17 year old pregnant adolescent).

Although the pregnant adolescents had negatives perception about the care and treatment that will be meted out on them by the health workers (midwives), the contrary was experienced. All the pregnant adolescent interviewed stated how they were treated with respect and care whenever they came for ANC at Kekele. They said the nurses at Madina polyclinic are very good and they take their time to explain things to the pregnant women, today they even talked about the effects of taking good care of them.

“the nurses were very friendly, the things they say that when you come the nurses will insult you and shout at you were not true because when I came the nurses did not do that to me” (Akua, a 17 year old pregnant adolescent).

“When I came for the clinic for the first time they were very friendly laughing with me so when I coming I don't feel ashamed anymore” (Ama, a 17 year old pregnant adolescent).

“The nurses are very friendly to my daughter when she comes for ANC and if they continue being this friendly, other pregnant adolescents will feel comfortable coming for the ANC” (IDI, caregiver of pregnant adolescent).

The midwives also said they are aware of the special needs of these adolescents and the fact that they are going through enough psychological problems due to their situation so they do not treat them badly. Rather, they encourage them to always come for ANC. The midwives encourage the pregnant adolescents to come early on their scheduled days so that they can be attended to quickly for them to go back home.

“Well, normally we try to attend to them early so that they don’t mingle with the older pregnant women. All this is to reduce the shyness and the stigma attached to adolescent pregnancy. As for my clients I tell them to come early and when they do I attend to them before the other clients I don’t make them queue” (KII, Midwife Kekele Polyclinic).

“I was taught to give the pregnant adolescents special care because they are young and they are shy and the pregnancy at that age is also stigmatized so we don’t have to shout at them but treat them nicely” (KII, Midwife Kekele Polyclinic).

Some of the participants in the FGD for community members made mention of how some health workers (nurses) reprimand or treat these pregnant adolescents when they come for ANC. Some of the participants in the FGD recounted how rude the nurses behave towards them sometimes. A few of them however expressed support of such behavior since it will deter pregnant adolescents from getting pregnant with others saying it will prevent them from coming for ANC.

“some the nurses are good and others are not, even for us older pregnant woman sometimes they talk to us rudely and you will even regret getting pregnant so if a pregnant adolescent goes and they do that to her she will not go and get pregnant again” (Participant in female FGD).

“I think that the way these pregnant adolescents have rushed and gotten themselves pregnant I will be happy if the nurses reprimand them or shout at them so that they will not repeat it the next time” (Participant in female FGD).

On the other hand, some participants in the FGD expressed the opinion that being rude or reprimanding these pregnant adolescents when they come for ANC will deter them from coming or even push them to go and abort the baby. The community members also think that the nurses should counsel the adolescent about adolescent pregnancy and its complications and consequences. Others also think that the nurses should not pamper the adolescent when they come for Antenatal care.

“I got pregnant when I was an adolescent and the nurses can say things like you don't sleep instead of you sleeping you go and do adult things and don't learn so if they say these things to you sometimes you may not feel like going again or decide to abort the baby” (Participant in female FGD).

“I think the nurses should talk and advice these young ones lovingly because they are young if you insult them or shout at them when they come to the clinic it might deter them from coming and they may not come for care again which can affect the health of the baby” (Participant in female FGD).

The adolescents, caregiver's, community members and the midwives who were interviewed express their views about how the adolescent should be treated when they attend antenatal clinic. They want the nurses to take the opportunity to counsel the pregnant adolescence on pregnant and how its affect individual life.

CONCLUSION

The results from this study revealed the relationship between personal factors, family and community factors and institutional factors that influence the utilization of antenatal service among pregnant adolescent girls as indicated in the conceptual framework in Figure 1.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This study investigated factors influencing utilization of antenatal care among pregnant adolescent girls at La Nkwantanang Madina. The results from this study reveal that personal, family and institutional factors influence the utilization of antenatal care among these pregnant adolescent. Every pregnant woman needs to have access to good maternal care to ensure the safe delivery of a healthy baby and a healthy mother (Ehiri, 2014). Therefore, antenatal care which is the first form of care given to pregnant women cannot be overlooked as it aids in detecting and treatment of complications of pregnancy (Ehiri, 2014). Though every single pregnant woman needs to seek early ANC, the care required by pregnant adolescents is distinct since their bodies are not fully matured to handle pregnancy (Black, Fleming et al. 2012). It is therefore essential for these pregnant adolescents to attend antenatal clinics early in the pregnancy so that they can be given the needed care and health information on how to care for themselves during pregnancy (Lesser, Anderson, & Koniak-Griffin, 1998).

5.1 Personal factors that influence utilization of antenatal care

Findings from the various interviews with pregnant adolescents, their care givers and health workers revealed late attendance of ANC among the pregnant adolescents. The pregnant adolescents usually started ANC in their second or third trimester. This is however not surprising because a comparative analysis on the use of maternal health services in sub-Saharan Africa revealed that pregnant adolescent commenced ANC even later than adult mothers (Magadi, Agwanda et al. 2007).

Moreover, several studies have showed that generally, most women in sub Saharan Africa start antenatal care late, usually in the later part of the second trimester or third trimester (Okunlola, Ayinde et al. 2006, Kiwuwa and Mufubenga 2008, Ndidi and Oseremen 2010, Gross, Alba et al. 2012). Late identification or recognition of pregnancy was one of the personal factors linked with late utilization of antenatal care among pregnant adolescent in this study. Most of these pregnant adolescents explained that they did not know they were pregnant. They either had to be prompted by their friends, parents or community members. As a result, they usually found out about their pregnancy in the later part of the first trimester or the second trimester thus accounting for the delay in seeking ANC services. This is in line with findings by Gross and colleagues who identified late recognition of pregnancy as one of the reasons for delayed ANC attendance among adolescent and older pregnant women (Gross, Alba et al. 2012).

Similarly, other studies conducted in various African countries have showed a link between late recognition and uncertainty of pregnancy and late ANC attendance (Myer and Harrison 2003, Launiala and Honkasalo 2007). The late recognition of pregnancy among this study group could be because of their inexperience since this was mostly their first pregnancy. This, coupled with the pregnancy being unplanned makes them oblivious to the signs of pregnancy. Pregnancy out of wedlock in the African society attracts stigma and shame, this is particularly exacerbated if that is the case of a pregnant adolescent who is expected to be in school or learning a vocation.

Most of the pregnant adolescents in this study were either in school or learning a vocation, therefore they felt they will be seen as disappointments by people who know them. They were particularly ashamed of meeting their school mates, teachers or older community members, for that matter they hid from public view and this prevented them from seeking timely ANC. Their feelings of shame could also be because they think people might perceive them to be promiscuous and pass comments to such effect. Atuyambe and colleagues explain that pregnant adolescents are usually subjected to stigmatization and the shame they feel due to this results in poor health seeking behavior including attendance of ANC (Atuyambe, Mirembe et al. 2008).

Among the personal factors for the delayed utilization of ANC services by the pregnant adolescents in this study was the lack of finances. This is because most of the pregnant adolescents in this study were schooling or learning a trade prior to getting pregnant, thus they do not have money to support themselves as they were dependent on their parents, guardians or caregivers. The men responsible for the pregnancy in most instances are equally adolescent boys who do not have the financial means to support them. With parents and guardians being disappointed in the fact that the girls have gotten pregnant while in school tend to ignore their needs such as money for health care.

Some of the adolescent girls were even sent to go and live with the family of the boys responsible for their pregnancy. With these financial constraints, the pregnant adolescents are disadvantaged when it comes to going for ANC services. Although, Ghana has a free maternal health care policy and every woman can access maternal care with the Ghana National Health Insurance Scheme, there are costs that are incurred during these health visits (Bosomprah,

Ragno et al. 2015). Pregnant women pay for some medicines and laboratory tests although covered by the NHIS, but service providers say the actual cost is higher than the NHIS flat rate therefore the clients have to pay the difference.

Furthermore, some of the pregnant women are resistant to the common antibiotics covered under the NHIS and so treatment of infections requires more expensive antibiotics which clients have to pay for (Bosomprah, Ragno et al. 2015). Besides, money is needed for transportation to the facility. All these are evidence of the financial burden these pregnant adolescents could face. The financial constraints also affected the regularity of ANC attendance, with some of the pregnant adolescents in the study saying that if too much money is demanded from them during ANC sessions they will not come for the services.

These findings are in tandem the results of the study conducted in Egypt on Determinants of Antenatal Care Utilization in Menofia Governorate, where financial constraint was the most important factor in the non-utilization of ANC services (Farahat, Esam et al. 2012). The cost of the service including transportation and necessary laboratory tests were major factors prohibiting ANC utilization (Farahat, Esam et al. 2012). Similar findings were documented in India and rural Mali where financial difficulty prevented early and regular utilization of ANC services by pregnant women (Pallikadavath, Foss et al. 2004; Gage 2007).

5.2 Family and community factors that influence utilization of antenatal care

Unplanned and unwanted pregnancies are usually subjected to abortions. Particularly, pregnant adolescents who were not cohabiting all expressed sentiments of not wanting to get pregnant and thought of aborting it. The world health organization estimates that roughly 3 million unsafe abortions occur among girls aged 15 to 19 each year, most of which lead to maternal deaths and health problems (WHO, 2012). Some of the pregnant adolescents for fear of dying could not pursue the abortion but others with the help of their parents attempted it but its failure resulted in their attendance of ANC services late.

Family encouragement, especially those from mothers were instrumental in influencing the initiation of ANC by the pregnant adolescents. There were several instances where mothers were mentioned as encouraging their pregnant adolescents to attend ANC services even though they expressed fears of shame and stigma about going. In some instances they were escorted to the ANC services by their family members to mitigate the shame they feel. This could be attributed to the fact that mothers and older women know the significance of ANC thus encourage their wards and younger ones to seek it early in pregnancy.

5.3 Institutional factors that influence utilization of antenatal care

Several studies have documented rude attitude of health workers towards clients and this extends to antenatal care as well (Jewkes, Abrahams et al. 1998, Pretorius and Greeff 2004, WHO, 2005; Atuyambe, Mirembe et al. 2009). Lack of respectful health care from providers, such as doctors and midwives, may lead to dissatisfaction with the health system, diminishing the likelihood of seeking antenatal (ANC), delivery and postnatal services (WHO, 2005). The pregnant adolescents in this study also expressed fears of being insulted, shouted at or rebuked

for getting pregnant young. These fears they harbored deterred them from initiating ANC in time. The perceived fear of negative attitude of health workers by the pregnant adolescents could be because they may have heard of such experiences by their family members or friends.

A systematic review on attitudes and behaviors of maternal health care providers in interactions with clients showed the predominance of negative attitudes and behaviors, like verbal abuse, rude behaviors and neglect (Mannava, Durrant et al. 2015). These negative attitudes and behaviors were exhibited by health professional like doctors, nurses, midwives and paramedics, mainly in public rather than privately owned health facilities (Mannava, Durrant et al. 2015). Contrary to the perceived negative attitude of the health workers, the pregnant adolescents in this study did not receive any negative or harsh treatment from the health workers. Rather, they were given very friendly reception by the midwives at the Madina Polyclinic.

5.4 Conclusion

The study conceptualized that personal factors (age, marital status and socio-economic), community factors (stigma, peer pressure), institutional factors (attitude of health workers, cost of ANC) and family factors (socio-economic status and support) will influence utilization of ANC services by pregnant adolescents as indicated in Figure1. The findings of the study showed that the young age of pregnant adolescents, stigma, perceived attitude of health workers and financial constraints influenced their utilization of ANC services as conceptualized.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Summary of the study

This study sought to find out factors influencing utilization of antenatal care among pregnant adolescent girls in la Nkwantanang Madina. The objectives of the study were to identify personal, family/community factors as well as institutional factors affecting the utilization of antenatal care among pregnant adolescents. The study employed qualitative research method, where focus group discussion, in-depth interviews and key informant interviews were used to elicit responses to answer the research questions.

6.2 Conclusion

The findings revealed delayed initiation of antenatal care services among pregnant adolescents and this is due to personal, family/community and institutional factors.

This delay was due to the inability of pregnant adolescents to identify pregnancy signs early. Furthermore, they also felt ashamed and were afraid of being laughed at by their peers or rebuked by older adults for getting pregnant young. They therefore avoided contact with people and they did this by mostly staying indoors and not going out therefore they could not seek timely ANC. Financial constraint was one of the reasons why the pregnant adolescents could seek ANC early as most of them were students prior to getting pregnant.

The family factors identified as influencing ANC attendance by pregnant adolescents in this study was the attempt of parents to abort the pregnancy for the girls to enable them continue with their schooling. However, the family, especially mothers were reported to be very influential in advising early ANC attendance.

Health workers were perceived by pregnant adolescents as unfriendly and rude and this prevented them from accessing ANC in time however, the contrary was experienced when they attended the ANC services.

6.3 Recommendations

Based on the findings of this study, it is recommended that;

1. Health facilities should have separate days to attend to pregnant adolescents or set specific times where only pregnant adolescents will be attended to in order to avert the shame of meeting known adults at ANC centres when they access care.
2. Reproductive and sexual health education should be intensified in schools by Social Welfare and Public Health Nurses to enable adolescents acquire the needed knowledge to prevent unplanned pregnancies as well as seek timely ANC to avoid complications.
3. Effective educational interventions should be organised in communities with the focal points being on educating the public on the dangers on adolescent pregnancy. Additionally, they need to support and encourage pregnant adolescents to seek early health care rather than stigmatize them.

4. Parents should be sensitized by health workers to have sex education with their adolescent girls in order to create a rapport where they can educate them to abstain from sex which could lead to pregnancy and STIs as well as support them when they get pregnant to facilitate timely ANC attendance.



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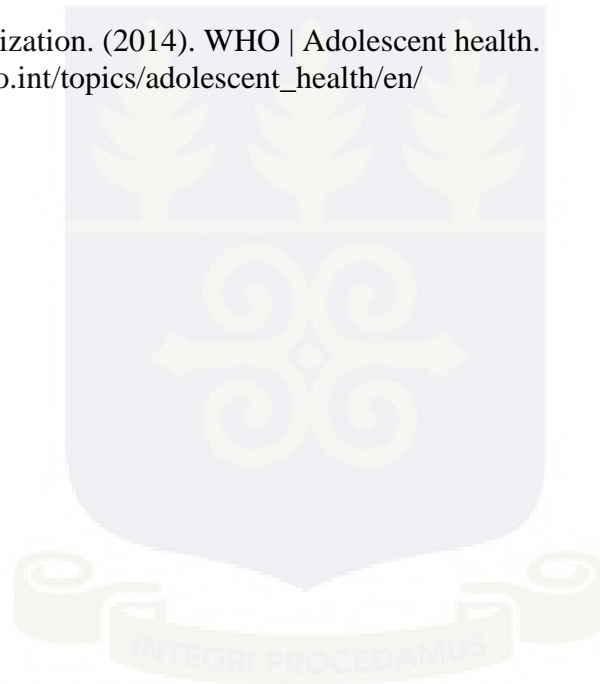
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APPENDICES

APPENDIX 1: CONSENT FORM

CONSENT FORM FOR FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE AMONG PREGNANT ADOLESCENT GIRLS; A STUDY LA NKWANTANANG MADINA

Title of study: Factors influencing utilization of antenatal care among pregnant adolescent girls; a study at la nkwantanang

Introduction and nature of the study: Good day! My name is Naomi Blankson. I am a student from the School of Public Health, University of Ghana, Legon. I am conducting a study to find out the **Factors influencing utilization of antenatal care among pregnant adolescent girls; a study at la Nkwantanang Madina**. If you decide to participate, we will ask you to participate in a discussion/interview about your experiences, knowledge among others. The interview is expected to last 30-40 minutes and, to help me remember all that you say, I will, with your permission, tape record the interview. I will also have an assistant with me to take notes as the interviews are going on.

Possible Risks and Discomforts

We do not anticipate any physical risk for participating in the study. The topics discussed during the interviews may be sensitive and may be uncomfortable for you to discuss. During the interview, you do not have to answer any questions that you do not want to answer. If you are not comfortable with the questions asked, you can withdraw from the study at any time. Your participation in the study will not affect your right to health care provision.

Possible Benefits

Though there is no direct benefit to you as an individual, your participation will help in making recommendations useful in informing policy makers on factors to consider when developing policies in relation to antenatal care services for adolescents.

Additional Cost

There is no cost for participating in this study.

Confidentiality

All of the information that we collect during the study including any personal information about you will be confidential. We will not write your name on any of the information we collect and your personal information will be stored separately from study data. We will assign you an identification number and only this number will link you to the data we collect. Only study personnel will have access to the data, which will be kept in a secure location and password protected computer. This information will be destroyed five years after completion of study. No paper trail is stored.

Voluntary Participation/Withdrawal

Your participation is completely voluntary. You have the right to withdraw from the study at any time by notifying the study personnel.

Alternatives to Participation

Your participation in the study is completely voluntary.

Contacts for Clarification

If you have any questions about the study, you can contact the principal investigator, Naomi Blankson on 020-8192402 (email address: naomiaggrey@gmail.com); the study primary supervisor. Mr Kwabena Opoku-Mensah (Email address: kwabenaopokumensah@ug.edu.gh)

0246-191891, and secretary to the GHS Ethical Review Committee, Madam Hannah Frimpong on 0507041223.

VOLUNTEER AGREEMENT

The above document describing the purpose, benefits, risks and procedures for the study has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date Name and signature/thumb print of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the purpose, benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date Name and signature of witness/thumb print of volunteer

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date Name and Signature of person who obtain consent

APPENDIX 2: INFORMED CONSENT FORM FOR ADOLESCENTS AGED 18 - 19 YEARS.

Project Title

Factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls; a Study at La Nkwantanang Madina

Institutional Affiliation

Department of Social and Behavioural Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Naomi Blankson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls; A Study at La Nkwantanang Madina** in a view to inform policy on the services.

Procedure

We will be conducting an In depth interview with adolescents to find out Factors Influencing Utilization of antenatal care among Pregnant adolescent girls as well as interview some service providers and family members in the municipality. You will be selected for an interview and we will be grateful on your opinion on the subject. There are no right or wrong answers. Your assistance in providing responses to the questions will help us better understand the factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls in the Municipality. In order for me to remember all that you say, I wish to seek, with your permission to tape record the interview. I also have an assistant with me to take notes as the

interviews goes on. All that you say would be kept confidential and nothing you say will not be traced back to you. The interview will last between Thirty to forty five minutes. You are free to opt out at any stage of the interview without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you will provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say will be treated as strictly confidential and will be used only for the purpose of the research. Your name will not be used in any publication and no one would be able to trace back to you whatever you said. All information collected will be stored in locked cabinets and will be destroyed after 5 years.

Compensation

There will be no compensation for participation in the study.

Dissemination of Results

The final report of the study will be disseminated to the La Nkwantanang Madina Municipal Health Directorate and the communities that will be involve in the study. This research will be review and approve by the Ghana Health Service Ethics Review Committee (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Naomi Blankson, SPH, UG on +233 208192402.

Volunteer Agreement Form

Ideclare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participate in the study.

Signature/ Thumb print of respondent.....

Date.....

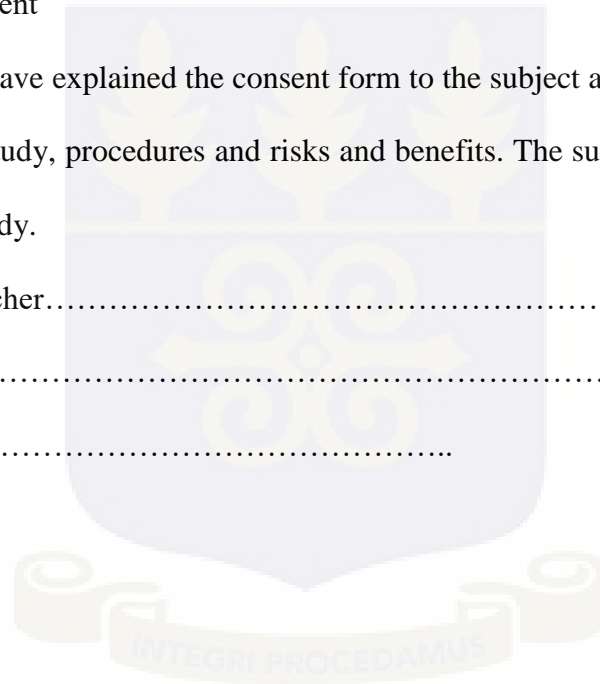
Interviewer's statement

I, the undersigned, have explained the consent form to the subject and he/she has understood the purpose of the study, procedures and risks and benefits. The subject has freely agreed to participate in the study.

Signature of Researcher.....

Name of Researcher.....

Date.....



APPENDIX 3: ASSENT FORM FOR ADOLESCENTS AGED 10 TO 17 YEARS.

Project Title

Factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls; a Study at La Nkwantanang Madina

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Naomi Blankson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the **topic Factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls; a Study at La Nkwantanang Madina** in a view to inform policy on the services.

Procedure

We will be conducting an In depth interview with adolescents to find out Factors Influencing Utilization of antenatal care among Pregnant adolescent girls as well as interview some service providers and family members in the municipality.

You will be selected for the interview and we will be grateful for your opinion on the subject. There are no right or wrong answers. Your assistance in providing responses to the questions will help us better understand the **factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls** in the Municipality. To help me remember all that you say, I will, with your permission, tape record the interview. I will also have an assistant with me to take

notes as the interviews are going on. All that you say would be kept confidential and nothing you will say will be traced back to you. The interview will last between Thirty to forty five minutes. You are free to opt out at any stage of the interview without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say will be treated as strictly confidential and will be used only for the purpose of the research. Your name will not be used in any publication and no one will be able to trace back to you whatever you will say. All information collected will be stored in locked cabinets and would be destroyed after 5 years.

Compensation

There will be no compensation for participation in the study.

Dissemination of Results

The final report of the study will be disseminated to the La Nkwantanang Madina Municipal Health Directorate and the communities that will be involve in the study.

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Volunteer Agreement Form

I.....declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participate in the study.

Signature/ Thumb print of respondent.....

Date.....

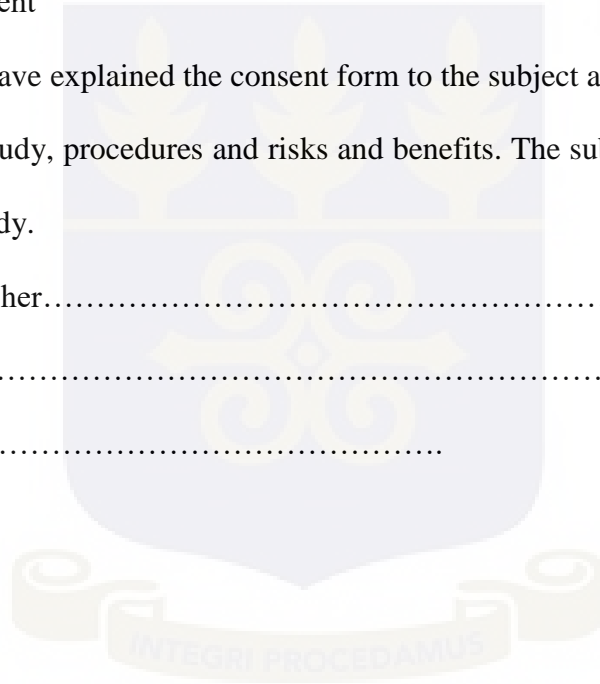
Interviewer's statement

I, the undersigned, have explained the consent form to the subject and he/she has understood the purpose of the study, procedures and risks and benefits. The subject has freely agreed to participate in the study.

Signature of Researcher.....

Name of Researcher.....

Date.....



APPENDIX 4: PARENTAL CONSENT FORMS

PARENTAL CONSENT FOR PARENTS OF ADOLESCENTS AGED 10 TO 17 YEARS

Project Title

Factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls; a Study at La Nkwantanang Madina

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Naomi Blankson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls; A Study at La Nkwantanang Madina** in a view to inform policy on the services

Procedure

We will be conducting an In depth interview with adolescents to find out Factors Influencing Utilization of antenatal care among Pregnant adolescent girls as well as interview some service providers and family members in the municipality.

Your child will be selected for the interview and we will be grateful for her opinion on the subject. There are no right or wrong answers. Your child's assistance in providing responses to the questions will help us better understand the **factors Influencing Utilization of Antenatal Care among Pregnant Adolescent Girls** in the Municipality. To help me remember all that you say, I, with your permission, will tape record the interview. I also have

an assistant with me to take notes as the interviews are going on. All that your child will say will be kept confidential and nothing your child will say will be traced back to her. The interview will last between Thirty to forty five minutes. Your child is free to opt out at any stage of the interview without any consequences to her.

Risks and Benefits

Your child will not suffer any harm by participating in this study. If she has any emotional pain from answering any of the questions, we will refer her to a psychologist for counseling. Your child will not benefit directly from this study, but the answers she provides will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever your child will says will be treated as strictly confidential and would be used only for the purpose of the research .her name will not be used in any publication and no one will be able to trace back to your child whatever she will say. All information collected will be stored in locked cabinets and will be destroyed after 5 years.

Compensation

There will be no compensation for participation in the study. .

Dissemination of Results

The final report of the study will be disseminate to the La Nkwantanang Madina Health Directorate and the communities that will be involve in the study.

This research will be review and approve by the Ghana Health Service Ethics Review Board (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Naomi Blankson, SPH, UG on +233 208192402.

Volunteer Agreement Form

Ideclare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to for my child to participate in the study.

Signature/ Thumb print of parent.....

Date.....

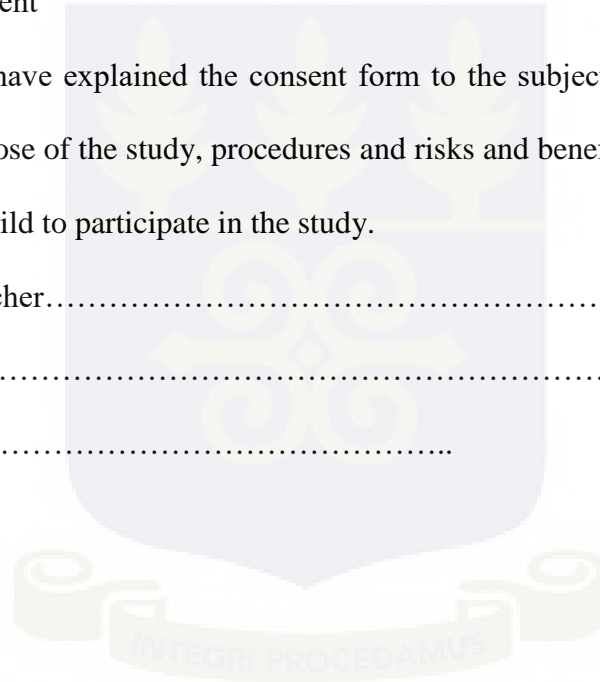
Interviewer's statement

I, the undersigned, have explained the consent form to the subject's parent and he/she has understood the purpose of the study, procedures and risks and benefits. The parent has freely agreed for his/her child to participate in the study.

Signature of Researcher.....

Name of Researcher.....

Date.....



APPENDIX 5: IN-DEPTH INTERVIEW GUIDE

IN-DEPTH INTERVIEW GUIDE FOR PREGNANT ADOLESCENT GIRLS ON FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE AMONG PREGNANT ADOLESCENT GIRLS; A STUDY AT LA NKWANTANANG MADINA

Personal factors that influence utilization of antenatal care.

1. Please how old is your pregnancy?
2. Tell me about your experience of finding out you were pregnant.
3. How old was your pregnancy when you attended antenatal care for the first time?
4. What made you attend at that time you started? Probe (financial reasons, denial of pregnancy, contemplating abortion, shame or shyness and family support of)
5. Why did you decide to come for antenatal clinic
6. What is the ideal month for a pregnant woman to attend antenatal clinic
7. How often do you come for antenatal care and why?
8. Have you sought any care from other sources other than this facility? Probe Herbal, spiritual or TBA

Family and community factors that influence pregnant adolescents' utilization of antenatal care.

9. What was the reaction of your family when they learnt you were pregnant?
10. Did anybody in your family encourage you to go for antenatal care? Probe on who
11. Do you get support from your family during your current pregnant state? Probe of financial, emotional and psychological support.

Institutional factors that influence adolescent pregnant girl's utilization of antenatal care.

12. How do you perceive the services that you get at this ANC clinic?

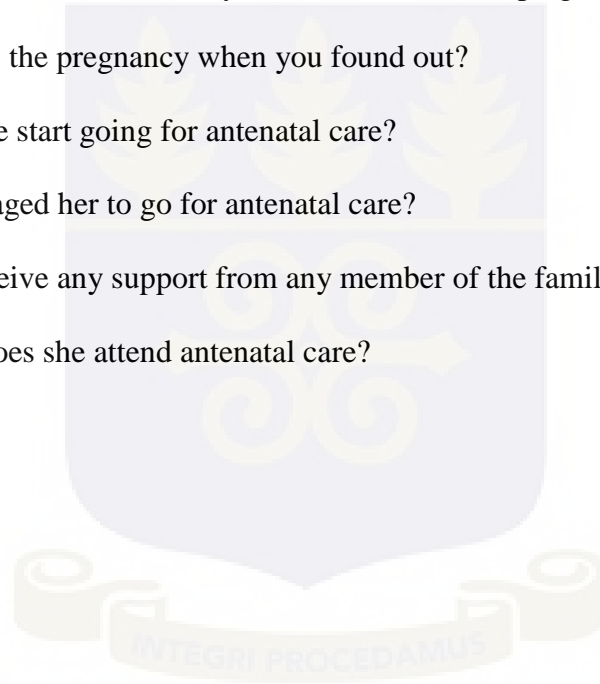
13. How do you perceive the behavior of the health staff? Probe: Friendly, judgemental or unfriendly



IN-DEPTH INTERVIEW GUIDE

IN-DEPTH INTERVIEW GUIDE FOR THE FAMILY OR PRIMARY CAREGIVERS OF ADOLESCENT PREGNANT GIRLS. FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE AMONG PREGNANT ADOLESCENT GIRLS; A STUDY AT LA NKWANTANANG MADINA

1. How is the pregnant lady related to you
2. What was your reaction when you found out she was pregnant?
3. How old was the pregnancy when you found out?
4. When did she start going for antenatal care?
5. Who encouraged her to go for antenatal care?
6. Does she receive any support from any member of the family since she got pregnant?
7. How often does she attend antenatal care?



APPENDIX 6: KEY INFORMANT INTERVIEW GUIDE FOR THE MIDWIVES

**FACTORS INFLUENCING UTILIZATION OF ANTENATAL CARE AMONG
PREGNANT ADOLESCENT GIRLS; A STUDY AT LA NKWANTANANG
MADINA**

Code of Respondent.....

Profession.....

Position.....

Date of Interview.....

Municipal.....

Sub municipal.....

Name of Health facility.....

Service provider characteristics

How long have you been working in this polyclinic?

Did your basic nursing/midwifery include adolescent health?

Have you attended any adolescent health training?

Are you comfortable given services to pregnant adolescents in this clinic? Probe for reasons

How do you feel about providing antenatal care services to pregnant adolescents?

Problems of Adolescents

What are some of the problems of Pregnant Adolescents in this area?

Type of Services

What type of services do you offer here?

What services do you provide apart from Antenatal service?

Do you provide Youth Friendly Services in this sub-municipality?

If yes, what services are offered there?

Do you provide Ante natal service for pregnant Adolescent.10-19 years in this facility?

How many people visit the Antenatal clinic in a day/week/month/year?

Would you say that, antenatal services are well patronized?

What are your experiences with pregnant adolescents who visit the clinic?

What are some of your challenges?

What can be done to improve antenatal services in this clinic?

Adolescent utilization

What do you think are the factors that influence utilization of antenatal service among pregnant adolescents?

What comments have they passed on waiting time, costs, location etc.?

Do you think the adolescents prefer the antenatal service to be near or far from where they stay?

Any reason for your answer?

Do you feel that pregnant adolescents have needs for antenatal services and yet are not coming to clinic? Probe for reasons.

Recommendations

What changes would you like to see in this clinic concerning adolescent utilization of antenatal care?

How can we make or encourage adolescents to visit the clinic if they need to discuss reproductive health problems or matters with you?

Thank you.

APPENDIX 7: FOCUS GROUP DISCUSSION GUIDE

**FOCUS GROUP DISCUSSION GUIDE FOR THE COMMUNITY MEMBERS OF
ADOLESCENT PREGNANT GIRLS. FACTORS INFLUENCING UTILIZATION
OF ANTENATAL CARE AMONG PREGNANT ADOLESCENT GIRLS; A STUDY
AT LA NKWANTANANG MADINA**

Do you have adolescent girl in your house?

What about adolescent pregnant girl?

How is the pregnant lady related to you?

What was your reaction when you found out she was pregnant? (Probe for reasons)

How old was the pregnancy when you found out?

When did she start going for antenatal care?

Who encouraged her to go for antenatal care? (Probe for reasons)

How often does she attend antenatal?

Who encouraged her to go for antenatal care? (Probe for reasons)

What is the community perception about pregnant adolescents?

Does she receive any support from any member of the family, care giver or the community, since she got pregnant how? (Probe for reasons)

How do they relate to pregnant adolescent? (Probe for reasons)

What action did the community do in support of adolescent?

APPENDIX 8: ETHICAL CLEARANCE

