

ABSTRACT

This abstract provides a brief summary of the research study (Nieswiadomy, 2002). The South African report on confidential enquiries into maternal deaths identified delayed and/or infrequent antenatal care as a significant avoidable factor contributing to maternal mortality in South Africa (SA) (Department of Health (DOH), 2001). There are still women in South Africa whose first antenatal care contact with the midwives obstetrical unit (MOU) is in the third trimester of their pregnancy. The aim of this study was to determine the health seeking practices amongst primigravidae at a level 1 MOU, based in a peri-urban area in Gauteng province, SA. The health seeking practice of concern was antenatal clinic attendance.

The research design was qualitative, descriptive, exploratory and contextual. The research method implemented was unstructured individual in-depth interviews. The population consisted of primigravidae who were attending antenatal clinic at a level 1 MOU. The sample consisted of primigravidae who booked at the level 1 MOU's antenatal clinic in the third trimester of their pregnancy. Maximum variety purposive sampling, with inclusion and exclusion criteria, was used and sampling continued until data were saturated. The sample size consisted of 10 participants whereby 2 of them were the pilot study and eight were the interviews that followed the pilot study.

Data were collected by means of individual in-depth interviews. One question was asked: 'What experiences influenced you to go for your first antenatal visit when you did?' Interviews were audio taped, transcribed and analyzed by using Tesch's eight steps of data analysis (Creswell, 1994). Lincoln and Guba's four strategies for trustworthiness were applied and ethical considerations were implemented.

The results were discussed under two themes. Those themes were: needs, and delayed booking. The recommendations were made regarding the recommendations that arose from the study, recommendations for research, nursing practice and nursing education.

DECLARATION

I, Mosibudi Lucia Mohale declare that this research report is my own work. It is being submitted for the Masters Degree at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

Mosibudi Mohale

This ____ day of _____, 2008

Human Research Ethics Committee (medical) number: M05-04-04

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Finally, I extend my greatest gratitude to my father Kenneth, for all his patience, love, support and encouragement.

ABBREVIATIONS

AIDS	Acquired immuno-deficiency syndrome
ARV	Antiretroviral
ATT	Anti-tetanus toxoid
BUPA	British united provident association
CHC	Community health center
DOH	Department of Health
EDD	Estimated date of delivery
GDOH	Gauteng Department of Health
GPG	Gauteng provincial government
HBM	Health belief model
HIV	Human immuno-deficiency virus
IMI	Intramuscular injection
Kg	Kilogram(s)
MOU	Midwives obstetrical unit
PIH	Pregnancy induced hypertension
PMTCT	Prevention of mother to child transmission
Rh	Rhesus factor
RPR	Rapid plasma reagin
SA	South Africa
SANDF	South African National Defense Force
SFH	Symphysis fundal height
SHC	Secondary health care
TT	Tetanus toxoid
USF	University of San Francisco
WHO	World Health Organization

TABLE OF CONTENTS

	Page
ABSTRACT	i
DECLARATION	ii
ACKNOWLEDGEMENTS	iii
ABBREVIATIONS	iv
TABLE OF CONTENTS	v-ix
ANNEXURES	x
LIST OF TABLES	xi
LIST OF BOXES	xii

CHAPTER ONE OVERVIEW OF THE STUDY

1.0	INTRODUCTION	1
1.1	BACKGROUND	2
1.1.1	Definition of antenatal care	2
1.1.2	Purpose of antenatal care	2
1.1.3	Levels of health care	4
1.1.4	Initiation of antenatal care	7
1.1.5	Description of antenatal clinic visits	7
1.1.5.1	The first antenatal visit	8
1.1.5.2	Follow-up visits	9
1.1.5.3	Routine investigations	9
1.1.5.4	Ultrasound scanning	11
1.1.5.5	Medications	12
1.1.5.6	Information for pregnant women	13
1.2	PROBLEM STATEMENT	14
1.3	RESEARCH QUESTION	15
1.4	AIM OF THE STUDY	15
1.5	OBJECTIVES OF THE STUDY	16
1.6	SIGNIFICANCE OF THE STUDY	16

1.7	RESERACHER'S ASSUMPTIONS	17
1.7.1.	Meta-theoretical Assumptions	17
1.7.1.1	The Individual, Family and Society	17
1.7.1.2	The primigravidae as holistic beings	18
1.7.1.3	Antenatal care	19
1.7.1.4	Multisectorial and Multidisciplinary health team collaboration	20
1.7.1.5	Conclusion to Meta-theoretical Assumptions	21
1.7.2	Theoretical Assumptions	21
1.7.2.1	The Health Belief Model	22
1.7.2.1.1	Perceived susceptibility	22
1.7.2.1.2	Perceived severity	22
1.7.2.1.3	Perceived benefits	23
1.7.2.1.4	Perceived barriers	23
1.7.2.1.5	Cues to action	23
1.7.2.1.6	Self-efficacy	24
1.7.2.2	Definitions	24
1.8	RESEARCH DESIGN AND RESEARCH METHOD	26
1.8.1	Overview of the research design and research method	26
1.8.2	Trustworthiness	27
1.8.3	Ethical considerations	28
1.9	RESEARCH LAYOUT	28
1.10	CONCLUSION	28

CHAPTER TWO RESEARCH DESIGN AND RESEARCH METHOD

2.0	INTRODUCTION	29
2.1	RESEARCH DESIGN	30
2.2	RESEARCH SETTING	32
2.2.1	The South African Health System	32
2.2.2	Description of the peri-urban area where the MOU is located	33
2.2.3	Description of the MOU where the study was conducted	34

2.2.4	The antenatal clinic's statistics for July 2006	35
2.2.5	The first visit	39
2.2.6	The follow-up visit	44
2.3	RESEARCH METHOD	45
2.3.1	POPULATION	45
2.3.2	SAMPLE SELECTION	46
2.3.2.1	Inclusion criteria	47
2.3.3	DATA COLLECTION	49
2.3.3.1	The instrument	49
2.3.3.2	The procedure	50
2.4	PILOT STUDY-	51
2.5	DATA ANALYSIS	51
2.6	TRUSTWORTHINESS	53
2.6.1	Credibility	53
2.6.1.1	Prolonged engagement	53
2.6.1.2	Triangulation	54
2.6.1.2.1	Data triangulation	54
2.6.1.2.2	Person triangulation	54
2.6.2	Dependability	55
2.6.3	Confirmability	56
2.6.4	Transferability	56
2.7	ETHICAL CONSIDERATIONS	57
2.8	CONCLUSION	59

CHAPTER THREE RESEARCH RESULTS AND LITERATURE CONTROL

3.0	INTRODUCTION	60
3.1	NEEDS	62
3.1.1	Knowledge of healthy baby and healthy pregnancy	62
3.1.1.1	Conclusion to knowledge of healthy baby and healthy pregnancy	64
3.1.2	Explanation of procedures	64

3.1.2.1	Conclusion to explanation of procedures	66
3.1.3	Use of technology	66
3.1.3.1	Conclusion to use of technology	68
3.1.4	Conclusion to needs	68
3.2	DELAYED BOOKING	69
3.2.1	Unplanned and hidden pregnancy	69
3.2.1.1	Conclusion to unplanned and hidden pregnancy	71
3.2.2	Lack of knowledge about when and where to go for antenatal care	71
3.2.2.1	Conclusion to lack of knowledge about when and where to go for antenatal care	76
3.2.3	Poor quality of service provision	76
3.2.3.1	Conclusion to poor quality of service provision	84
3.2.4	Personal factors	85
3.2.4.1	Conclusion to personal factors	87
3.2.5	Conclusion to delayed booking	87
3.3	CONCLUSION	89

CHAPTER FOUR CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

4.0	INTRODUCTION	90
4.1	CONCLUSION	90
4.1.1	Conclusion to need for knowledge of healthy baby and healthy pregnancy in relation to the HBM	90
4.1.2	Conclusion to need for explanation of procedures in relation to the HBM	91
4.1.3	Conclusion to need for use of technology in relation to the HBM	92
4.1.4	Conclusion to Unplanned and hidden pregnancy in relation to the HBM	93
4.1.5	Conclusion to lack of knowledge about where and when to go for antenatal care in relation to the HBM	94
4.1.6	Conclusion to poor quality of service provision in relation to the HBM	95
4.1.7	Conclusion to personal factors in relation to the HBM	97

4.2	LIMITATIONS	98
4.3	RECOMMENDATIONS	99
4.3.1	Recommendations that arouse out of the study	99
4.3.2	Recommendations for nursing practice	103
4.3.3	Recommendations for research	104
4.3.4	Recommendations for nursing education	104
4.4	SUMMARY	104
REFERENCES		105

ANNEXURES

		Page
Annexure A	Participant's information letter	122
Annexure B	Participant's voluntary informed consent form	124
Annexure C	Participant's voluntary audio-taping consent form	125
Annexure D	The research interview question	126
Annexure E	A letter to the MOU's Nursing Services Manager to request permission to conduct the study at the MOU	127
Annexure F	Transcribed in-depth interview with a first time pregnant woman- Interview number three	129
Annexure G	Transcribed in-depth interview with a first time pregnant woman- Interview number four	135
Annexure H	Permission letter from the MOU's Nursing Services Manager	142
Annexure I	Clearance letter from the University of the Witwatersrand's Ethics committee	143
Annexure J	Permission letter from the University of the Witwatersrand's Post-graduate committee	144

LIST OF TABLES

	Page
Table 1.1 Research design and research method	27
Table 2.1 Parity of women who attended antenatal clinic throughout the month of July 2006	36
Table 2.2 Gestational age of women below 18 years at first antenatal clinic visit	36
Table 2.3 Gestational age of women above 18 years at first antenatal clinic visit	37
Table 2.4 The number of first antenatal clinic visits below 20 weeks gestation by women over 18 years of age	37
Table 2.5 The number of first antenatal clinic visits above 20 weeks gestation by women over 18 years of age	38
Table 2.6 Description of the research sample	48
Table 3.1 Themes and sub themes identified on what influenced first time mothers to go for their first antenatal clinic visit when they did	62
Table 4.1 Application of the HBM to the needs for knowledge of healthy baby and healthy pregnancy	91
Table 4.2 Application of the HBM to the need for explanation of procedures	92
Table 4.3 Application of the Health BBM to the need for use of technology	93
Table 4.4 Application of the HBM to unplanned and hidden pregnancies	93
Table 4.5 Application of the HBM to lack of knowledge about when and where to go for antenatal care	95
Table 4.6 Application of the HBM to poor quality of service provision	97
Table 4.7 Application of the HBM to personal factors	98
Table 4.10 Recommendations arising out of the study	100

LIST OF BOXES

	Page
Box 2.1 List of pre-existing risk factors in antenatal care	40
Box 2.2 List of risk factors that arise during antenatal care	41

LIST OF CORRECTIONS MADE

I have made the following corrections as advised by the examiners:

Chapter one

Page

1. SA is written in full (South Africa) before being used as an abbreviation
2. MOU is written in full (Midwives obstetrical unit) before being used in abbreviation
3. Primary health care course is defined
4. The monitoring of haemoglobin is described and the intervention thereof
5. All the reasons for an ultrasound scan are explained
6. The information given about future pregnancies is described
7. The sentence 'as well as members of different South African tribal groups' used instead of listing the patients attending antenatal clinic
8. The term health care providers is added to the list of definitions
9. It is written clearly that PIH is used as an example
10. The use of the health belief model is justified under the theoretical assumptions

Chapter two

Page

1. The term variable is not used in this research
2. The source of the statistics provided is mentioned in the beginning of the statistics
3. The medical officer is described according to his qualifications
4. The percentages given is supplemented by numbers
5. The concepts of trustworthiness are explained and applied to the study
6. The name of the university ethics committee is corrected
7. The ethical concepts are described and their application to the study is explained.

Chapter three

Page

1. Tanil has been changed to Tamil
2. Teso district is described under problem statement
3. The themes and sub themes are merged as follows

Old themes	New themes and sub themes as merged
Needs	<u>Needs</u> <ul style="list-style-type: none">• Knowledge of healthy baby and healthy pregnancy• Explanation of procedures• Use of technology
Motivation	<u>Delayed booking</u> <ul style="list-style-type: none">• Unplanned and hidden pregnancies• Lack of knowledge about when and where to go for antenatal care• Poor quality of service provision
Delayed booking	
Bad treatment by health care providers	
Concerns	

	• Personal factors
--	--------------------

Chapter four

Page

1. The conclusion is drawn according to the merged themes
2. Limitations were revised
3. Recommendations were revised

References

The reference has been edited and the Havard method of referencing is used.

General corrections

Table of contents has been amended
 Numbering of sections and sub sections is consistent
 The term primiravida is used throughout the research. The term first time mother is not used.
 All tables are accompanied by a brief discussion