

# Factors for Late Initiation of Antenatal Care in Kahama Municipal, Tanzania

Hamis Bakari and Gladys Reuben Mahiti

## ABSTRACT

**Background:** Maternal mortality is a major public health issue in developing countries due to its shocking magnitude and lower declining pattern, 295 000 women died of pregnancy or childbirth related complications in 2017. Late initiation of Antenatal Care (ANC) services in most low-income countries like Tanzania has been reported as a major problem which increase maternal mortality rate (MMR). However, different factors for late initiation of antenatal care are not well identified. Therefore, this study aimed to identify factors for late initiation of antenatal care both individual factors and health policy factors as per pregnant women and health care providers opinions in Kahama Municipal, Tanzania.

**Broad Objective:** The study focused on assessment of factors for late initiation of Antenatal Care (ANC) in Kahama Municipal, Tanzania.

**Materials and Methods:** This study was conducted using a qualitative method with exploratory approach which was carried out to explore factors for late initiation of antenatal care in Kahama Municipal. An in-depth interview (IDI) and Focus Group Discussion (FGD) were methods used to collect data. The study comprised of 14 in-depth interviews (IDIs) with pregnant women with age range of 18 years to 49 years attending antenatal care clinics in two health facilities and 4 in-depth interviews (IDIs) with health care providers attending pregnant women during antenatal care clinic visit. Furthermore, two Focus Group Discussions (FGDs), one from each health facility with pregnant women were conducted.

**Data Analysis:** Thematic analysis was conducted through use of inductive approach. The audio recordings were conducted using the Swahili language then transcribed and translated into the English language where themes were obtained after translation.

**Results:** Findings obtained from this study were factors for late initiation of antenatal care as reported by both pregnant women and health care providers. Factors for late initiation of antenatal care were under guidance of Health Behavioral Modal (HBM): Factors mentioned by pregnant women included pregnant women education level, negligence of pregnant women to attend clinic, unplanned pregnancy among couples, distance from pregnant women settlement to the facility, pregnant women misconceptions related to antenatal care services, use of local herbs, pregnancy complications, unfriendly services and unequal gender power relation within a family. Factors mentioned by health care providers based on health policy and managerial factors such as Partner accompanying policy, distant allocation of health facility from people's settlement and unfriendly services provided by health care providers. **Conclusion:** This study focused on assessing factors for late initiation of antenatal care in Kahama municipal council in Shinyanga, Tanzania. Different factors for late initiation of antenatal care were reported which included pregnant women and health care providers. Pregnant women education level, negligence of pregnant women to attend clinic, unplanned pregnancy among couples, and distance from pregnant women settlement to the facility, pregnant women misconceptions related to antenatal care services, use of local herbs, pregnancy complications. Health policy and managerial related factors were partner accompanying policy, unfriendly services, and allocation of health facility.

**Recommendation:** However different improvement made on maternal health services in Tanzania but still some of pregnant women are not utilizing it efficiently because of different obstacles like distance from people's settlement to the health facility, Partner accompanying policy and unfriendly services provided by health care providers. Through such

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**H. Bakari\***

Development Studies Department,  
School of Public Health and Social  
Sciences, Muhimbili University of  
Health and Allied Sciences, Tanzania.  
(e-mail: hamisbakari@gmail.com)

**G. R. Mahiti**

Development Studies Department,  
School of Public Health and Social  
Sciences, Muhimbili University of  
Health and Allied Sciences, Tanzania.  
(e-mail: gmahiti2011@gmail.com)

\*Corresponding Author

**obstacles as a policy maker, I would like to advice Government through Ministry of Health to allocate health facility nearby people's settlement, providing outreach program to educate the community about antenatal care rather than relying on partner accompanying policy and lastly is provision of refresher training related to client's rights during health care services provision to all staff.**

**Keywords:** Antenatal care, health care providers, late initiation, pregnant woman.

## I. BACKGROUND INFORMATION

Maternal mortality is a major public health issue in developing countries due to its shocking magnitude and lower declining pattern, 295 000 women died of pregnancy or childbirth related complications in 2017 [1]. Most of countries with high maternal mortality rate structured a national health policy with high preference of reproductive and maternal health to reduce maternal mortality rate. Furthermore, different interventions were introduced to improve maternal health care services to reduce number of pregnant women suffering from pregnant related complications [2].

During selection of best strategies to reduce maternal mortality in some of affected countries Antenatal care (ANC) was among of maternal health improvement strategy considered to be key strategy to reduce maternal death [3]. Meanwhile, antenatal care is dealing with the routine health control such as identifying health-related risks among pregnant women, pregnancy complications symptoms providing maternal health education to these expected mothers about lifestyle, since first trimester to the postnatal period [3]. Antenatal care also provides an opportunity for pregnant women to connect with health services soon after conceiving which may influence care seeking behaviors and health promotion [4].

Pregnant women are provided with Antenatal Care package during their first attendance to antenatal care clinic which include immunization against tetanus, prophylactic treatment of malaria and worms, and HIV testing and counseling) [5]. Presence of well-equipped Antenatal Care (ANC) clinic assure pregnant woman safe delivery with skilled health care providers such skilled birth attendant [5].

In most countries with high maternal mortality rate Antenatal Care facilitated achieving millennium development goals [4], [6]. Despite that antenatal care play a vital role to reduce maternal death but also time for booking of antenatal care determine health outcomes for both pregnant women and their unborn children [7]. Determination of pregnant woman who initiated antenatal care earlier or late depend on pregnancy duration once she visited antenatal care clinic. Late initiation of antenatal care means a period when pregnant woman attends antenatal care clinic for a checkup after 12 weeks of pregnancy since conception day [8].

Most of studies conducted in Africa indicate that majority of women in sub-Saharan Africa start antenatal care considerably late [4]. Globally, the prevalence of antenatal visit is 97%, and low in sub-Saharan Africa especially in Congo. Furthermore, previous studies have reported that early ANC visit is very low (24%) in low-income countries compared with 81.9% in developed countries [9]. Adding to

the income level of pregnant women, Antenatal Care (ANC) coverage in Africa also has been affected by cultural issues within a community where a pregnant woman lives [7]. Report from a study conducted in Malawi suggested that pregnant women attended antenatal care late because of different cultural beliefs such as fear to disclosure their pregnancy, advice or guidance from potential people within their community, mother-in-law preferences and other traditional related beliefs and practices [10].

Furthermore, literature suggests that husbands can command their wives not to attend antenatal care clinics and making them to deliver at home to avoid their wives from being exposed in front of male health care providers during childbirth [11]. Health care providers working in antenatal care units also reported cultural issues to be factor for late initiation of antenatal care among pregnant women whereby unequal gender power relation in decision- making between male and female and religious beliefs were frequently mentioned [12]. Contrary, a study done in Nigeria described how health policy and health facility management within health system influence late initiation of antenatal care among pregnant women during their pregnancy. Pregnant women in Nigeria complained about distant allocation of health facility from their settlement, Mistreatment done by health facility staff especially nurses during antenatal care clinic visit and partner accompanying policy whereby most of men are not ready to accompany their wives [13].

## II. MATERIALS AND METHODS

### A. Study Design

Method used to conduct this study was Qualitative method using exploratory approach which was done with an intention to get better understanding of factors for late initiation of antenatal care in Kahama Municipal [14]. key informants were Pregnant women and health care providers. Qualitative approach seemed to be suitable in this study because provide an opportunity for interviewee to generate a wide range of opinions and experience that have about factors for late initiation of antenatal care in Kahama Municipal.

### B. Study Area

This study was done in Kahama Municipal. This area had been mentioned as among areas with late initiation of antenatal care among pregnant women as indicated in Kahama Municipal antenatal care clinic attendance report of 2020. Reports from Kahama Municipal reported that 10967 pregnant women were expected to attend antenatal care clinic by the year 2020, 8886 pregnant women (81%) attended both four antenatal care visits but only 3717 pregnant women out of 10967 expected pregnant women

adhered to early initiating of antenatal care. Kahama Municipal is approximately 109 kilometers (68 mi), by road, south-west of Shinyanga with population of 242,208 peoples (Tanzania National Census, 2012).

### C. Study Population

Participants who participated in this study as per study criteria were pregnant women with three to nine months living in Kahama Municipal for not less than 12 months because pregnant women living in Kahama for less than a year will miss some detailed information about late initiation of antenatal care, aged 18 years to 49 years, attending antenatal care clinic as well health care providers working at antenatal clinic for not less than 12 months in Kahama Municipal.

### D. Sample Size and Sample Selection

Sampling technique used in this study was purposive sampling which provided an opportunity for researcher to decide participants to be included in a study depending on study criteria which were Pregnant women attending antenatal care clinic in Kahama, Pregnant women living in Kahama Municipal for not less than 12 months, Participant age is 18 to 49 years, Health care providers working at antenatal care clinic for not less than 12 months in Kahama Municipal.

Selection of Purposive sampling as a technique for recruiting participants allowed selection of participants who were proficient and well-informed about a problem of interest. Preliminary estimated minimum 18 in-depth interview participants from two health facilities (one high level facility and one low level facility) were interviewed regarding saturation principle whereby participant's recruitment included 7 younger pregnant women with age 15 to 24 years from both facilities, 7 older pregnant women with age 25 to 49 years from both facilities. Also 14 participants (7 participants from each facility) were recruited for Focus Group Discussion (FGD).

Pregnant women with age below 18 years were not prioritized because they need assent informed consent from their parents or guardians. The main reason for recruiting participants from these two groups was parity variations among them and different exposure they have on utilization of antenatal care services. Also, four health care providers from two different antenatal care clinics were interviewed to make a total of 18 IDIs until saturation point reached. In addition, participants were recruited from two health facilities with different levels (health center as high level and dispensary as low level) mainly for looking variations on factors associated with early booking during antenatal care clinics [15].

### E. Data collection Methods

Major methods of data collection were in-depth interview (IDI) and Focus Group Discussion (FGD). In depth Interviews (IDIs) were conducted to gather information on factors for late initiation of antenatal care among pregnant women. Also, it was used to explore health care provider's perspectives on factors for late initiation of antenatal care among pregnant women but also health policy related factors which influence late initiation of antenatal care in Kahama Municipal. This method was used to capture

different opinions or information from both pregnant women attending antenatal care clinics soon after being attended. Preliminary estimated minimum 18 in-depth interview participants from two health facilities (one high level facility and one low level facility) were interviewed regarding saturation principle whereby Participant's recruitment included 7 younger pregnant women with age 18 to 24 years from both facilities, 7 older pregnant women with age 25 to 49 years from both facilities. In-depth interview was done in a room around antenatal care clinics to ensure confidentiality [16]. Focus Group Discussion (FGD) was conducted to gather more information from pregnant women about factors for late initiation of antenatal care. Two Focus Group Discussions (FGD), one per each health facility conducted to gather additional information about the phenomena whereby each Focus Group Discussion (FGD) included seven participants (3 younger pregnant women and 4 older pregnant women). It was conducted within a room with some rules which assured participants confidentiality [16].

### F. Data Analysis

Data analysis was done using thematic analysis with inductive approach because it is a good approach to research which focus on investigating a problem through people's views, opinions, knowledge, experiences, or values from a set of qualitative data. Themes were obtained after data collection to avoid interviewer bias. The audio recordings were conducted using the local language then transcribed and translated into the English language [14].

The following steps were considered to ensure the transcriptions are formulated and data analyzed.

### G. Familiarizing with Data

To be familiar with data collected audios were recorded then transcribed which provide an opportunity to get awareness with data collected. Which will allow you to work with your data.

### H. Assigning Preliminary Codes to Data in Order to Describe the Content

Meaning unit obtained from interview quotation were developed into codes to obtain related information concerning the study.

### I. Searching for Patterns or Themes in Codes Across the Different Interviews

Codes which seemed to be similar were merged together into broader theme.

### J. Reviewing Themes for Searching for Patterns in Codes Across the Different Interviews

Reading through all merged codes in order to explore if they match to the broader theme.

### K. Defining and Naming Themes

Description of the theme which basically explains what the theme is about.

### L. Produce your Report

Report explain clear account of what you researcher has done.

TABLE I: EXAMPLE OF CODING PROCESS

MEANING UNIT	CODE	SUB-THEME	THEME
“Here most of them prefer using local herbs example when they feel sick like urinating yellow colored urine, U.T.I always they use local herbs because once you go to hospital you will be given tabs which may cause miscarriage”	Local herbs Miscarriage Hospital drugs causing miscarriage.	Preference use of local. Misconceptions	CULTURAL FACTORS

### M. Trustworthiness of the Study

To assure readers of this study that findings from this study should be trusted, trustworthiness of the study was considered. Most of qualitative study consider four criteria for establishing the trustworthiness which are credibility, dependability, conformability, and transferability and lastly was authenticity. In this study four criteria were maintained as clarified in this section [17].

Conformability deals with ensuring study findings are derived from independent research methods and not of conscious or unconscious bias. In this study Research team ensured conformability through adhering to rules and other investigation principals as indicated within ethical clearance provided [18].

### N. Credibility

This is the most important criterion in establishing trustworthiness which focus on asking the researcher to clearly link the study’s findings with reality in order to demonstrate the truth of the research study’s findings [18]. In this study credibility was ensured through recruitment of detailed research participants whereby researcher provided them with enough information about the study before they consented to participate in this study. All information provided by participants were noted and recorded using tape recorder to avoid missing of potential information.

Transferability comprises study findings and attempts to apply them to other scenarios and contexts. Data collected in this study assured transferability because of direct responses recording which was done accurately from participants. Also, authenticity was made through direct quotations and narratives from participants about factors for late initiation of antenatal care [18].

Dependability refers to the stability of data over time and under different conditions. In this study dependability has been ensured through recruiting and identifying of participants accurately as well as recording their responses accurately [18].

### O. Ethical Considerations

Ethical clearance to conduct this study was sought from Muhimbili University of Health and Allied Sciences (MUHAS) Ref.No.DA.282/298/01. Institutional Review Board. Further permission to conduct the study were requested from KAHAMA Municipal Executive Director, Kahama Municipal Medical Officer and Medical In charge (MOI) from both two health facilities. All the study participants were requested to provide consent to participate in the study after a clear explanation on the nature and

objectives of the study, known benefit and risks of involving in the study and that the study is typically voluntary, and they are free to drop from the study any time if they wish so. To ensure confidentiality of participants the interview guide didn’t show any participant names, and all collected information were safely collected and used only for academic purposes. Participants were recruited after getting services to avoid interference of services provision. Also, participant cultural norms were respected throughout the study.

## III. RESULTS

### A. Socio-demographic Characteristics of the Study Participants

A total of 32 participants were included in this study. Eighteen (18) participants were involved in In-depth interviews as key informants whereas 14 of these were pregnant women aged between 18 and 49 years and four (4) participants were health care providers. The other fourteen (14) participants participated in Focus group discussion (FGD).

64% of all pregnant women who participated in this study had between 2 and 5 parities. Furthermore, 53% of all participants attained primary education to standard seven. All study participants were attending second trimester of antenatal care clinic (ANC) visit.

Among all pregnant women who participated in IDIs and FGDs (n=28), most of them (n=18), (64%) had given birth between 2 and 5 times. Furthermore, more than half (n=15, 53%) had completed primary level education. All of them were attending ANC during their second trimester of gestation.

Four health care providers, two from each health facility participated in IDIs. All of them had attained a diploma level of education, their age ranged between 27 and 41 years. Two of them were females and had more than four years experiences working at antenatal care clinic.

### B. Factors for Late Initiation of Antenatal Care Clinic among Pregnant Women in Kahama Municipal

A number of factors were reported to be reasons for late initiation of antenatal care among pregnant women during their pregnancy. These fall into two main categories; pregnant women factors which included intrapersonal and cultural factors as well as health care provider’s perceptions.

#### C. Pregnant Women Intrapersonal Factors for Late Initiation of Antenatal (ANC) Care

##### 1) Negligence of Pregnant Women to Attend Antenatal Care Clinic

Reports from the interviews conducted with pregnant women attending antenatal care clinic in Kahama Municipal they confessed that most of pregnant women do not attend to antenatal care clinics because of their negligence especially those with more than one child who are too confident that they aware with each and everything taught at Antenatal clinics as one interviewee said:

“As I can say that reasons are the same as I mentioned earlier but the main reason, I can see is laziness and

careless among pregnant women when it comes to issue of attending antenatal care clinics earlier, so they wait until time for delivery to avoid number of routes going and back to antenatal care clinics.” (IDI. No. 10, Kahama Municipal Hospital)

Pregnant woman attending antenatal care clinic added that:

“Nothing else than laziness and ignoring antenatal care services which always it has been done by pregnant women, as I said you may find a pregnant woman with more than one child experienced no complications during previous pregnancy becoming confident that always my pregnancies have been safe.” (IDI. NO.3, Nyasubi health center)

Another participant narrated that:

“Let me say laziness of pregnant women because they just say wait until pregnant mature, so they attend once then they deliver, my neighbor said I can't go to antenatal care clinic early, she just waits until it reaches the time, she will attend only two times then she delivered. So, I can say laziness contribute to late booking of antenatal care clinics.” (IDI.NO.7, Nyasubi Health Center).

#### 2) Distance from Pregnant Women Settlement to the Health Facility

Pregnant women attending antenatal clinic reported that distance from people's settlement to the health facility is one among of challenges for them to initiate antenatal care late, sometimes they refuse to attend antenatal care clinics because they don't have fare even transport to reach those health facilities.

Pregnant woman interviewed clarified that:

“Another factor I can say is distance, there are people who come from far away from these health facilities, so they skip to attend antenatal care clinic earlier to avoid some cost which will be used for fare even time to be consumed during going to health facilities then back home.” (IDI. NO.10, Kahama Municipal Hospital).

Adding on this, another participant said that:

“Here at Kahama distance from the village we are living to health facility is still far and our main means of transport is bicycle which also are not available in excess.....” (IDI. NO. 11, Kahama Municipal Hospital).

Another pregnant woman added that:

“..... for the first, second and third pregnancy I managed to attend because we were living nearby the health facilities but for this one is not frequently attending because of distance.” (FGD. NO.2, Nyasubi Health Center).

#### 3) Pregnant Women Education Level

Education level attained by a pregnant woman as well as people around that pregnant woman was reported to be both assisting early initiating of antenatal care clinic and late

initiating of antenatal care clinic. For those who have enough knowledge or well-educated about antenatal care clinic they attend soon as they conceive but for those who are not aware about antenatal care clinic it is a challenge to convince them to attend.

One participant visited antenatal care clinic at Nyasubi Health Center narrated that:

“Firstly, they teach us importance of men to get education related to reproductive health which will make easy for him to understand you once you start addressing your problems related to pregnancy but if he is not well - educated about it will be difficult for him to understand you especially those men who are very stubborn.” (IDI. NO.3, Nyasubi Health Center).

Contrary to previous participant, another pregnant woman shared her knowledge about late initiation of antenatal care clinic (ANC).

“I understand that when you detect that you have already conceived it is a right time for you to attend antenatal care clinic though sometimes, we start attending when it is about three months and sometimes nurses say wait until unborn baby start moving but once you get any complication even before that time you may attend the clinic rather than waiting to the suggested date.” (IDI. NO. 1, Nyasubi Health Center).

#### 4) Pregnancy Complications

Pregnant women participated in this study reported that they have been witness to their fellow pregnant women who don't attend antenatal care clinic until they face pregnancy complications.

One pregnant woman attending antenatal care clinic heard saying that:

“Ooh for those who attend late I can say they have confidence because they experienced more than one parity, so they take it as normal situation even if they attend late nothing will happen to them which will be related to pregnancy complications because they have never experienced it.” (IDI. NO.6, Nyasubi Health Center).

Another pregnant woman from Focus Group Discussion (FGD1) argued that:

“Number six I can add on issue of experience that people who have more than one parity, and they didn't experience any complications .....” (FGD. NO.1, Kahama Municipal Hospital).

The same participant added:

“Once I conceived this third pregnancy it was difficult for me to detect it until I felt some complications which demanded me to attend hospital for diagnosis where I was tested pregnant positive.” (FGD. NO.2, Nyasubi Health Center).

### 5) Unplanned Pregnancy among Couples

Pregnant women interviewed in this study reported that unplanned pregnancy among couples or partners affected child spacing and parenting issues which later on pregnant women became scared to attend antenatal care clinic because they feel shame once they will meet nurses for the first trimester visit while her last baby is still nine months old.

*“It may happen you got a baby last year and your baby is still young accidentally this year again you conceive it becomes difficult to face the same nurses for antenatal care clinic because you will be feeling ashamed.”* (IDI. NO. 3, Nyasubi Health Center).

### D. Pregnant Women Cultural Factors for Late Initiation of Antenatal Care (ANC)

#### E. Unequal Gender Power Relation within a Family between Male and Female

Some of pregnant women complained about resources ownership within the family but also issue of decision making. Results from this study indicate that gender power relation in decision-making between women and men at family level is not at equilibrium point whereby women wait to be guided by their husband on when to attend antenatal care clinics as well as allocation of family resources to finance antenatal care clinic attendance.

Pregnant woman explained that that:

*“If there is no peace within the house it may influence because you may be talking to him about attending antenatal care clinic early, but you get yourself ignored without knowing that it is better to attend antenatal care clinic earlier, some of pregnant women decide even to find fake letter from their local leaders so that they can be attended during antenatal care visit.”* (IDI. NO.7, Nyasubi Health Center).

#### 1) Pregnant Women Misconceptions Related to Antenatal care Services

Pregnant women coming from rural areas surrounded by witchdoctors reported some misconceptions like witchcraft affecting inborn movement within the uterus and excessive breeding influenced by drugs provided at antenatal care during delivery among pregnant women as well as community in general which resist them to attend antenatal care clinic early once, they conceive.

A participant quoted explaining about witchcraft narrated that:

*“Due to report i have from street,there are witchcraft who eat both babies and inborn,so they believe that once you start visiting antenatal clinic nurses will take you pictures which later on will be exposed that is where your inborn become exchanged with either snake or another animal without knowing then time for delivery you find yourself giving birth of snake instead of baby because your baby has ready been taken.”*(IDI. NO. 14, Kahama Municipal hospital).

Another pregnant woman reported on the same issue that:

*“.....there is issue of witchcraft, you may find that I have conceived but I don't want even my cousin to be aware because I have details that she is a member of such things.....”* (IDI. NO.12, Kahama Municipal Hospital).

#### 2) Pregnant Women Preference to use Local Herbs

Some of pregnant women living with elders or their grandmother were advised to use local herbs to protect unborn child rather than going to hospital. Use of local herbs by pregnant women during and before conceiving also was influenced by the community where this pregnant woman coming from. Preference uses of local herbs lead to late initiation of antenatal care because they waited until the situation became worse.

Young pregnant woman reported that:

*“Here most of them prefer using local herbs example when they feel sick like urinating yellow colored urine, U.T.I always they use local herbs because once you go to hospital you will be given tabs which may cause miscarriage.”* (IDI.NO. 2, Nyasubi Health Center).

Another participants said that.

*“This happens to those who don't go to church because they have their beliefs that once they conceive, they must go to witchdoctor to be checked if her unborn is safe then witchdoctor provide them with local herbs to be used to protect unborn baby or sometimes to protect pregnancy against miscarriage.”* (IDI. NO. 15, Nyasubi Health Center).

### F. Health Policy and Managerial Factors for Late Initiation of Antenatal Care

#### 1) Partner Accompanying Policy

National health policy guideline introduced Focused antenatal care guidelines as a tool for National health policy implementation Partners should attend antenatal care clinic together for diagnosis as it has been practiced in many areas in Tanzania. Most of the men don't participate antenatal care clinic attendance when their wives or partners are pregnant with a lot of reasons like being busy, fearing to be tested HIV and polygamous marriage.

Health care provider as participants in this study commented that:

*“You may find pregnant woman waiting her husband who is busy but also not ready to attend by that day which is not right because we need them together so as we can diagnose them and provide them with their result as well as pregnancy progress.”* (IDI NO.1, Heath Care Provider-Kahama Municipal Hospital).

Another health care provider from Nyasubi health center added that:

*“There are some cases where it may happen pregnant woman partner is in official marriage with another woman*

so it is difficult for him to attend antenatal care clinic with that pregnant woman fearing that he will be exposed. What we do in such situation is directing them back to their local leaders so that they can be given official letter to be attended.” (IDI NO. 4).

#### G. Unfriendly Health Services Provided at Antenatal Care Clinic

National health policy in different countries insist recruitment of well skilled personnel who are committed to deliver services with high quality but what is happening in the ground is not the same as proposed.

One pregnant woman from Nyasubi health center complained about health care providers. Most health care providers who attend pregnant women since antenatal care clinic to delivery time are not friendly, they treat them like they are in fight.

“Ehee people do not prefer attending antenatal care clinic earlier to avoid health care providers disturbance, people are ready to attend clinic once then they will come to deliver rather than attending clinic each month to avoid nurses’ disturbances.” (IDI. NO.1, Nyasubi Health Center).

The same participant added some information:

“They treat people harsh, you may find pregnant women don’t have clothes to wear during clinic visit so sometimes they wear t-shirt, once they reach nurses offices, they become insulted you just conceive while you don’t have even clothes, you look dirty .....” (IDI. NO.1, Nyasubi Health Center)

Participant number three from Nyasubi health center group discussion had the same opinions as follows:

“..... second pregnancy came accidentally while I was still parenting another child that is why I was scared to attend antenatal care clinic because of fearing embarrassment from nurses.” (FGD. NO.2, Nyasubi Health Center).

#### 1) Allocation of Health Facility in Relation Community Settlement.

Allocation of health facility determine people’s utilization of health care services which also is accompanied by national health policy objective is to improve quality and coverage of reproductive health care services for all groups. This objective is partially achieved because some of rural areas are not provided with sufficient infrastructure to expand service delivery especially referral of complicated maternal cases.

Pregnant women attending antenatal care clinic reported health facility to be located far from their settlement as a challenge for them to attend antenatal care clinics. Some of pregnant women do not have even access to bicycle as means of transport which require them to walk for more than one hour to reach nearby health facility. Health care provider whose her client encountered this challenge narrated that:

“Another reason is for those who come from far away from this health facility for example pregnant woman from Kitwana must use bicycle or motor bike and it will depend on accessibility of bicycle as well as her income level which delays them to attend, you may attend antenatal care clinic, but she fails to get five hundred shilling for transport.” (IDI. NO.1, Health Care Provider-Kahama Municipal Hospital).

## IV. DISCUSSION

### A. Pregnant Women Factors for Late Initiation of Antenatal Care

#### 1) Pregnant Women Intrapersonal Factors for Late Initiation of Antenatal (ANC) Care

##### a) Negligence of Pregnant Women to Attend Antenatal Care Clinic

Finding from this study noted that negligence of pregnant women to attend antenatal care clinic was one among factors for late initiation of antenatal care and the main reason for their late attendance was to avoid number of visits as frequently attendance make them tired, In addition, they considered themselves as experienced mothers who don’t need frequently attendance to antenatal care clinic. Similarly, study conducted in Lindi rural and Tandahimba district Tanzania reported the similar scenario that women attending antenatal care clinic were positive about early booking of antenatal care but the main reason for them to attend late was laziness to attend all visits to clinic [19]. The same study done in Geita indicated that some of pregnant women were not ready to attend antenatal care clinic due to their negligence which was associated with number of parity [20].

##### b) Unplanned Pregnancy among Couples

Unplanned pregnancy which occurred unintentionally among couples also was mentioned as among the factors for late initiation of antenatal care because they were fearing to be insulted by nurses once they attend antenatal care clinic. Similarly, to studies done in Africa on early booking of antenatal care also reported that mothers who had unplanned pregnancy booked antenatal care late [21]. Also, adolescent girls and unmarried teenagers who conceived out of their plan also delayed antenatal care clinics to hide their pregnancy so as to keep themselves safe from being excluded from school and shame of people finding out [22].

##### c) Distance from Pregnant Women Settlement to the Health Facility

Most of pregnant women living far from health facility experienced a lot of obstacles to reach the health facility. Majority of them complained about fare to reach the health facility and transport as reasons for their delays. Similarly, findings were reported from a study done in Dar es salaam, Tanzania whereby pregnant women with low economic status living far from health facilities couldn’t manage to pay fare and they decided to wait until delivery time [4]. The same study conducted in rural Tanzania reported that distance from the village where the pregnant women live to the facility is an obstacle to them to attend antenatal care clinic earlier [23].

#### d) Pregnant Women Education Level

Maternal health education specifically early booking of antenatal care varied among pregnant women. Pregnant women with awareness on importance of antenatal care attended earlier to get services for safe delivery but for those who were not knowledgeable it was difficult to see them visiting antenatal care clinic. Similarly, to this study, a study conducted in Tanzania argued that pregnant women who had high education level were ready even to set appointment with health care providers so that they can be attended [24]. Furthermore, similar results from various studies revealed that for the older pregnant women, use of reproductive health services was hampered by low level of education they have [22].

#### e) Pregnancy Complications

Pregnant women with pregnancy complications background initiated antenatal care clinic earlier compared to those with no complications who believed that they have enough experience about reproductive health. However, a study done by Hilda reported that some women had already experienced some complications in the past yet still they delayed starting to attend ANC and chose home delivery [4]. Contrary to this a study done in Malawi indicated that pregnancy complications were not an issue compared to maternal health awareness [25].

### 2) Pregnant Women Cultural Factors for Late Initiation of Antenatal Care (ANC)

#### a) Unequal Gender Power Relation between Male and Female

Different cases mentioned by pregnant women reasons for late initiation of antenatal care clinics were gender power relations related to decision-making among spouses. Similarly, studies done about power in family decision making between male and female reported that men dictated family decision-making as they believe that they are powerful to women [26].

#### b) Pregnant Women Misconceptions Related to Antenatal Care Services

Pregnant women living in Kahama Municipal especially those with high number of parities discouraged young pregnant women to attend antenatal care clinic. Women with more than one parity advised pregnant women not to attend antenatal care clinic until unborn child start moving within the stomach which is not right as they are supposed to start antenatal care clinic soon as they detect their pregnancy, some of them feared to expose their pregnancy because of witchcraft. Similar finding to this as reported in a study done in Dar es salaam reported that pregnant women who were attending antenatal care for the first pregnant delayed because of advice from their relatives who had experience of smooth pregnancy and delivery [4]. Contrary to this a study conducted in Mozambique argued that misconceptions contribute a little bit to late initiation of antenatal care compared to poor health care services provided [27].

#### c) Pregnant Women Preference Use of Local Herbs

Most of pregnant women especially those from rural areas were reported to prefer local herbs than early booking of antenatal care. Majority of them proposed use of local herbs because of influence from their elders. Similarly, study

conducted in Ethiopia about herbal medicine use among pregnant women revealed that pregnant women with illness background during pregnancy preferred use of local herbs than early booking of antenatal care [28]. Furthermore, a study conducted in Malawi indicated that some of pregnant women initiated antenatal care late because they had alternatives like use of local herbs so as to protect their unborn child [25].

### 1) Health Policy and Managerial Factors for Late Initiation of Antenatal Care

#### a) Partner Accompanying Policy

National health policy guideline introduced Focused antenatal care guidelines as a tool for National health policy implementation Partners should attend antenatal care clinic together for diagnosis as it has been practiced in many areas in Tanzania. Most of the men don't participate antenatal care clinic attendance when their wives or partners are pregnant with a lot of reasons like being busy, fearing to be tested HIV and polygamous. Partner accompanying as result of this investigation was reported by health care providers that most men escape to accompany their wives to antenatal care clinics as per Focused antenatal care guideline. Similar to study conducted in Geita Tanzania, women argued that their husband were scared with HIV testing during antenatal care visit which created an opportunity for some men who were ready to be hired for the task of acting as pregnant woman's husband [20].

#### b) Unfriendly Health Services Provided at Antenatal Care Clinic

National health policy in different countries insist recruitment of well skilled personnel who are committed to deliver services with high quality but what is actually happening in the ground is not the same as proposed [29]. Relationship between health care providers and their clients seemed to be another challenge which hinder some of pregnant women to attend antenatal care clinic. Similarly, to this finding, a study done in Tanzania about women perspectives on maternal health services utilization reported that pregnant women claimed how staff did not help them ,women complained of being left alone during delivery, negative gestures and angry facial expressions towards patients in need of help [23]. Different from this finding, a study which was conducted in Geita Tanzania argued that some of pregnant women preferred to look smart during antenatal care clinic so that they can be appreciated by health care providers which made pregnant women with no clothes to feel discriminated [26].

#### c) Allocation of Health Facility in Relation to Community Settlement

Allocation of health facility determines people's utilization of health care services which also is accompanied by national health policy objective is to improve quality and coverage of reproductive health care services for all. This objective is partially achieved because some of rural areas are not provided with sufficient infrastructure to expand service delivery especially referral of complicated maternal cases [30].

Results from our study suggest that both health care providers and pregnant women were unsatisfied with distance from pregnant women settlement to the health



facility allocation. Similar finding to this were analyzed in as study done in Bolivia which revealed that pregnant women were not able to do early booking of antenatal care because of distant allocation of health facility which was associated with poor transport system in rural areas [22].

## V. CONCLUSION

The study focus was to assess factors for late initiation of antenatal care in Kahama municipal council in Shinyanga, Tanzania. Findings from this study identified factors for late initiation of antenatal care from both pregnant women and health care providers in Kahama Municipal. Pregnant women factors were education, negligence of pregnant women, unplanned pregnancy, distance, misconception, use of local herbs, pregnancy complications, partner support, health care providers mistreatment and gender power relations while health policy factors were Partner accompanying policy, unfriendly services, and distant allocation of health facility. Despite that the government invested a lot on maternal health in order to provide them free of charge through exemption during pregnancy but still there is a need to consider these factors for late initiation of antenatal care and aligning them with health policy to reduce number of maternal mortalities in Tanzania.

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## CONSENT FOR PUBLICATION

Not applicable.

## CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

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