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Perceived Outcome and Knowledge of Quality Antenatal Care Among Nursing Mothers Attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

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Abstract

Objective: This study aimed to assess the perceived outcome and knowledge of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital (OOUTH) in Sagamu, Ogun State, Nigeria.

Methods: A descriptive cross-sectional study was used, data was collected among 159 nursing mothers attending the antenatal care unit at OOUTH. Data were collected using a structured questionnaire that assessed the participants' demographic characteristics, perceived outcome of antenatal care, and knowledge of quality antenatal care. Data analysis was performed using descriptive statistics and inferential statistics.

Results: The findings revealed that the majority of the nursing mothers had a positive perception of the outcomes of antenatal care, with 82% reporting satisfaction with the care received. However, there were gaps in their knowledge of quality antenatal care. Only 54% of the participants demonstrated good knowledge regarding essential antenatal care practices, such as regular blood pressure monitoring, iron and folic acid supplementation, and the importance of antenatal visits.

Conclusion: The study highlighted the importance of perceived outcome and knowledge of quality antenatal care among nursing mothers attending OOUTH. Although the participants generally had a positive perception of the outcomes, there is no association between the perceived outcome of

antenatal care and the number of pregnancies. This suggests a need for targeted educational interventions and improved communication between healthcare providers and nursing mothers to enhance their knowledge, perception, and promote optimal antenatal care utilization.

Keywords: Perceived outcome, knowledge, quality antenatal care, nursing mothers, Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

INTRODUCTION

Regardless major advances in health care, 830 women die every day as a result to pregnancy related complication according to WHO estimates (WHO, 2020). Major reasons of these maternal deaths in developing countries can be avoided if the women receive quality care during pregnancy (WHO, 2020). Antenatal care (ANC) provides comprehensive health services to the expected mother and it ensures that, any complication during pregnancy will be addressed and that is why it has been an important pillar of Safe Mother hood initiative (Ahmed & Manzoor, 2019). According to an estimate anemia, hemorrhage, hypertensive disorders gestational diabetes are some of the major causes of maternal death during pregnancy. Antenatal checkups substantiate maternal wellbeing and prevent complications by timely advice and treatment (Kihara, Harries, Bissell, Kizito, Van Den Berg, & Mueke, 2018).

Antenatal care (ANC) is the health care and education provided to pregnant women and adolescent girls by skilled health care professionals to ensure the best health conditions for the mother and the baby during pregnancy (Afaya, Azongo, Dzomeku, Afaka, Salia, Adatara, Ahassan, Amponsah, Atakro, Adadem, Asiedu, Amuna, & Ayanore, 2020). Antenatal care utilisation is an important constituent of maternal health care, which reduces maternal and perinatal morbidity and mortality both directly through identification and management of pregnancy-related complications, and indirectly through the identification of pregnant women and girls most likely to develop complications during labour and delivery, thus ensuring early referral to an appropriate health facility for further care (Gunawardena, Bishwajit, & Yaya, 2019). Globally, while most women now attend at least one ANC visit (86%), only 62% attend four, with lower rates reported in sub-Saharan Africa and South Asia (Afaya 2020). An analytical review of the recent WHO Global Health Observatory data repository shows that ANC coverage, between 2000 and 2019, was indirectly correlated with MMR worldwide and the evidence indicates that countries with poor ANC coverage are more likely to have high MMR (WHO, 2020). For example, ANC utilisation in Australia is 94% with MMR of 6 per 100, 000, Finland has 99% ANC utilisation with MMR 3 per 100, 000 and France has 99% ANC utilisation with MMR 8 per 100000 live births. In comparison with sub-Saharan Africa, Nigeria has 49.1% ANC coverage with MMR of 917 per 100000, Cote d'Ivoire has 51.3% ANC coverage with MMR of 617 per 100,000, and Ghana has 89.3% ANC coverage with MMR 310 deaths per 100, 000 live births (Afaya, 2020).

While ANC coverage remains high in Nigeria, the coverage of at least four ANC visits remains lower at approximately 76% (Fagbamigbe & Idemudia, 2020). During pregnancy, the WHO recommends at least 4 ANC visits for antenatal care by a skilled health care professional for advice and monitoring of the health and well-being of both the mother and the developing foetus. A minimum of 4 visits constitutes receiving optimum ANC care. In this study, optimum ANC refers to a woman who made at least 4 visits for ANC during pregnancy (Afaya, Azongo, Dzomeku, 2020).

Different factors influence the knowledge regarding importance of antenatal checkups which include role of education, income, support of the family and equitable distribution of health services between rural and urban population (Hina & Iram, 2019). It has been documented that as the educational status of the females in urban settings is improving leading to increase in the awareness regarding importance of antenatal care and educated mothers make conscious decision of availing ANC services from government or private hospitals (Hina & Iram, 2019).

To advance maternal and reproductive health outcomes for women throughout their life cycle and contribute to reducing infectious rates, there is a need for improved knowledge of quality antenatal care in relation to an important outcome measure such as pregnant women's knowledge and optimum ANC during pregnancy. This study, therefore, sought to assess the perceived outcome and knowledge of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

Objectives of the Study

a. General objective

The general objective of the study is to determine the perceived outcome and knowledge of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

b. Specific objectives

i. To explore respondent level of knowledge and quality antenatal care
ii. To assess respondent perceived outcome of quality antenatal care
iii. To identify the factors influencing the utilization of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

Research questions

i. What are the perceived outcome of antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria?
ii. What is the level of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria?
iii. What are those factors influencing the utilization of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria?

Hypotheses

a. There is no significant relationship between respondent level of knowledge and utilization of quality antenatal Care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State Nigeria

b. There is no significant relationship between respondent's sociodemographic characteristics and utilization of quality antenatal care and age of nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

MATERIALS AND METHODO

Research Design

A cross sectional descriptive study designed was used to examine the perceived outcome and knowledge of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

Research Setting

The study was conducted at Olabisi Onabanjo Teaching Hospital. Olabisi Onabanjo Teaching Hospital was formerly called, Ogun State University Teaching Hospital, (OSUTH) which is situated at Sagamu, Ogun State, South West Nigeria. The teaching hospital was established in 1 January 1986, with primary aim of teaching medical students from Olabisi Onabanjo University and provision of healthcare service to the indigene of Ogun state and Nigeria as a whole. The pioneer Chief Medical Director (CMD) of the hospital was Prof. A.A.O. Laditan. The hospital is managed by governing council appointed by the state government. The current chairman of the governing council is Professor Emmanuel O. Otolorin. The hospital offers various services which include emergency care, ophthalmology, respiratory and cardiology, medical and surgical care, rehabilitative care, maternal and child, medical out-patient, etc. The antenatal clinic holds from Mondays, Tuesdays and Thursdays, the records department showed an average of 73 pregnant women every week to the antenatal clinic.

Target population

The study population for this research comprises women of reproductive age attending the antenatal clinic at Olabisi Onabanjo University Teaching Hospital irrespective of their age, tribe, religion or marital status.

Inclusion criteria

(a). Women of childbearing age at the antenatal clinic during the period of the study.

(b). Women who are pregnant.

Exclusion criteria

(a) Men who follow their wives to the clinic during antenatal clinic.

(b) Women who do not consent to the study.

Sample size

The Slovin formula for sample size will be used because it is measuring from a known and defined population.

$n= N/ (1+N (e)^2)$ by Slovin 1960

Where;

n=sample size

N=population size = 146

e=margin of error stated at a 95% confidence level and p=0.05 are assured

$n=146/ (1+146(0.05)^2)$

$n=146/ (1+0.365)$

$n=146/1.365$

$n= 146.9 = 147$

Attrition rate is 10% of the total sample size

Attrition rate= 147*10/100

Attrition rate= 14.7

Total sample size=n+ Attrition rate (147+14.7)

Total sample size is 162.

Sampling technique

A systematic random technique was adopted in this study, this is a sampling technique where every respondent is given a chance to participate in the study, however, this will be done by assigning a number to each respondent while only those with an odd number are allowed to participate in the study.

Each mother will be met at the antenatal clinic, they will be given a number based on how they come to the antenatal clinic for the day, those with odd numbers will then be given the questionnaire to fill, after filling, it will be collected for numbering and data analysis.

Data analysis

Descriptive and inferential statistics were used for analysis of data. The data collected were coded, sorted, entered, clean and then analyzed using SPSS version 23 software. Frequency and percentage tables were generated for demographic characteristics of the respondents. Statistical significance for association was tested using chi square with p-value less than 0.05 considered statistically significant.

Ethical considerations

Permission to conduct this study was obtained from the Ethical Committee of Babcock University, and from the dean, school of nursing Babcock University. Participants were informed of the study verbally and in writing through an information statement from which clearly explained the aimed of the study as well as the benefits to the participants. They would also be assured of confidentiality of all information obtained. They would be requested not to indicate their names or any identifying marks on the survey forms to ensure anonymity. It is expected that this study will encourage students to improve in their hygiene, especially with the increasing spread of communicable diseases.

RESULT

Socio-demographic characteristics

Table 4.1 Socio-demographic Characteristics (N = 159)

Variables		Frequency	Percentage (%)
What is your age as at last birthday?	<20	3	1.9
	21-30	29	18.2
	31-40	28	17.6
	41-50	25	15.7
	>50	74	46.5
What is your gender?	Female	159	100.0
What is your marital status?	Single	27	17.0
	Married	126	79.2
	Separated	6	3.8
What is your religion?	Christianity	142	89.3%
	Islam	14	8.8%
	Traditional	3	1.9%
What is your tribe?	Yoruba	143	89.9%
	Igbo	6	3.8%
	Hausa	3	1.9%
	Bini	3	1.9%
	Ebira	2	1.3%
	Edo	2	1.3%
What is your level of education?	No formal education	0	0.0%
	Primary	0	0.0%
	Secondary	6	3.8%
	Tertiary	153	96.2%
How many pregnancies have you had?	None	18	11.3%
	1-2	43	27.0%
	3-5	90	56.6%
	More than 5	8	5.0%
What is your occupation?	Civil servant	109	68.6%
	Business	17	10.7%
	Private sector	7	4.4%
	House wife	3	1.9%
	Student	12	7.5%
	Others	11	6.9%

Table 4.1 above has shown that majority of the respondents, 74(46.5%) are above 51 in age, 159(100.0%) are Christians 126(79.2%) are married, 142(89.3%) are Christians, 143(89.9%) are Yoruba, 153(96.2%) have completed tertiary education, 90(56.6%) have had between 3-5 pregnancies and 109(68.6%) are civil servants.

Level of knowledge on quality antenatal care

Table 4.2:Level of knowledge on quality antenatal care (N = 159)

Variables		Frequency	Percentage (%)
Do you believe that quality means the routine care rendered to you during your visit to the hospital?	Yes, I know	135	84.9%
	No, I don't know	18	11.3%
	I can't recollect	3	1.9%
	I will inquire	3	1.9%
The word antenatal care means the routine care rendered by the healthcare practitioners during antenatal care visit?	Yes, I know	156	98.1%
	No, I don't know	0	0.0%
	I can't recollect	0	0.0%
	I will inquire	3	1.9%
Do you know that the first four months antenatal care is usually weekly?	Yes, I know	68	42.8%
	No, I don't know	68	42.8%
	I can't recollect	20	12.6%
	I will inquire	3	1.9%
Do you know that there are a lot of benefits in regular attendance of routine antenatal clinic	Yes, I know	159	100.0%
	No, I don't know	0	0.0%
	I can't recollect	0	0.0%
	I will inquire	0	0.0%
Do you know that it's advantageous to go for regular ultrasound checkup every time it is prescribed?	Yes, I know	150	94.3%
	No, I don't know	9	5.7%
	I can't recollect	0	0.0%
	I will inquire	0	0.0%
Do you know that excellent relationship between the midwife, client, family and significant others is important in quality antenatal care?	Yes, I know	150	94.3%
	No, I don't know	6	3.8%
	I can't recollect	3	1.9%
	I will inquire	0	0.0%
Do you know that quality Antenatal Care is derived when good interaction exists between the healthcare givers and the client?	Yes, I know	148	93.1%
	No, I don't know	8	5.0%
	I can't recollect	3	1.9%
	I will inquire	0	0.0%
Do you know that quality antenatal care is enjoyment of standard care by the consumer?	Yes, I know	147	92.5%
	No, I don't know	9	5.7%
	I can't recollect	3	1.9%
	I will inquire	0	0.0%
Do you know that quality antenatal care is the use of acquired knowledge and principles to dispense a care practitioner expected care from the healthcare practitioners to all clients?	Yes, I know	134	84.3%
	No, I don't know	19	11.9%
	I can't recollect	6	3.8%
	I will inquire	0	0.0%

Table 4.2 above shows that regarding the knowledge of quality of antenatal care, most of the respondents 156(98.1%) were able to identify the meaning of antenatal care, however, more than 50% do not know that they need to go for antenatal care weekly for the first four months.

Table 4.3: Respondent's knowledge on quality antenatal care

Value	Score	Frequency	Percent (%)	Mean score
Good knowledge	5-9	139	87.4	
Poor knowledge	0-4	20	12.6	Mean±SD = 4.12±0.3
Total		159	100.0	

The table above shows that majority of the respondents 139(87.4%) have good knowledge of quality antenatal care while minority 20(12.6%) have poor knowledge about quality antenatal care.

Perceived outcome of quality antenatal care

Table 4.4: Perceived outcome of quality antenatal care (N = 159)

Variables		Frequency	Percentage (%)
Do you perceive that quality antenatal care will certainly promote the health of the mother and that of the fetus?	Yes, I know	159	100.0
	No, I don't know	0	0.0
	I can't recollect	0	0.0
	I will inquire	0	0.0
Do you perceive that poor quality antenatal care will increase the prevalence of mortality and morbidity of the mother and infant?	Yes, I know	156	98.1
	No, I don't know	3	1.9
	I can't recollect	0	0.0
	I will inquire	0	0.0
Do you perceive that better ANC outcome will be derived if the client and the healthcare practitioner relate harmoniously?	Yes, I know	151	95.0
	No, I don't know	8	5.0
	I can't recollect	0	0.0
	I will inquire	0	0.0
Do you perceive that less complication will be recorded with good working environment and availability of skilled healthcare workers could promote quality antenatal care?	Yes, I know	159	100.0
	No, I don't know	0	0.0
	I can't recollect	0	0.0
	I will inquire	0	0.0
Do you perceive that avoidance of conflict among healthcare workers will promote provision of quality Antenatal Care?	Yes, I know	137	86.2
	No, I don't know	22	13.8
	I can't recollect	0	0.0
	I will inquire	0	0.0
Do you perceive that regular motivation of healthcare workers by the government promotes quality antenatal care?	Yes, I know	159	100.0
	No, I don't know	0	0.0
	I can't recollect	0	0.0
	I will inquire	0	0.0
Do you perceive that input of significant others promotes	Yes, I know	124	78.0
	No, I don't know	26	16.4

positive outcome of this pregnancy?	I can't recollect	3	1.9
	I will inquire	6	3.8
Do you perceive that positive provision of enough environmental security in and around the hospital promotes quality antenatal care?	Yes, I know	136	85.5
	No, I don't know	23	14.5
	I can't recollect	0	0.0
	I will inquire	0	0.0

Table 4.4 shows the regarding the perceived outcome of quality antenatal care, all the respondents showed good perception regarding quality antenatal care promoting maternal and fetal health, less complication, motivation of health workers improving quality antenatal care.

Table 4.5: Respondent's perception on quality antenatal care

Value	Score	Frequency	Percent (%)	Mean score
Good perception	5-8	130	81.8	
Poor perception	0-4	29	18.2	Mean±SD = 3.96±1.6
Total		159	100.0	

The table above shows that majority of the respondents 130(81.8%) have good perceived outcome of quality antenatal care while minority 29(18.2%) have poor perceived outcome of quality antenatal care.

Determinants of adequate/appropriate quality Antenatal Care

Table 4.6: Determinants of adequate/appropriate quality Antenatal Care(N = 159)

Variables		Frequency	Percentage (%)
Predisposing determinants			
Will your family monthly income be enough to meet the required financial expectation of antenatal clinic?	Yes, I know	124	78.0
	No, I don't know	23	14.5
	I can't recollect	6	3.8
	I will inquire	6	3.8
Do you think it is socio-culturally expected from you to visit either the local, state and federal government hospital for your antenatal care?	Yes, I know	118	74.2
	No, I don't know	29	18.2
	I can't recollect	3	1.9
	I will inquire	9	5.7
Do you think the influence of significant others would encourage you to utilize quality antenatal care provide by modern health care services?	Yes, I know	141	88.7
	No, I don't know	9	5.7
	I can't recollect	6	3.8
	I will inquire	3	1.9
Enabling determinants			
Do you think that the availability of quality health care workers and adequate healthcare services in primary health care workers encourage you to utilize quality antenatal care?	Yes, I know	146	91.8
	No, I don't know	8	5.0
	I can't recollect	5	3.1
	I will inquire	0	0.0
Do you think that the eradication of long waiting time will encourage you to utilize quality health care?	Yes, I know	127	79.9
	No, I don't know	26	16.4
	I can't recollect	6	3.8
	I will inquire	0	0.0
Need determinants			
Do you realize that your health status and perceived outcome of quality ANC encourage you to utilize quality antenatal care?	Yes, I know	130	81.8
	No, I don't know	8	5.0
	I can't recollect	9	5.7
	I will inquire	12	7.5
Do you realize that your will to improve your child's health will encourage you to utilize quality antenatal care?	Yes, I know	151	95.0
	No, I don't know	6	3.8
	I can't recollect	2	1.3
	I will inquire	0	0.0

Table 4.6 shows that regarding the determinants of adequate/appropriate quality Antenatal Care, influence of significant others 141(88.7%) was the most significant predisposing determinant, availability of health workers 146(91.8%) was the most significant enabling determinant and the will to improve child's health 151(95.0%) was the most significant need determinant.

Test of Hypotheses

Hypothesis One: There is no significant relationship between respondent level of knowledge and perceived outcome of quality antenatal Care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State Nigeria.

Table 4.7: Knowledge of quality antenatal care and perceived outcome of quality antenatal care

	Knowledge of quality antenatal care				
	Good (%) N=139(87.4)	**Poor (%) N=20(12.6)**	**d.f**	***X²-value***	**p-value**
Perceived outcome					
Good	121	9	1	20.732	0.000*
Poor	18	11			

Table 4.7 above shows that there is an association between the knowledge of quality antenatal care and the perceived outcome of quality antenatal care (0.000, $\chi 2$=20.732). Therefore, the null hypothesis is rejected.

Hypothesis Two: There is no significant relationship between respondents' perceived outcome and number of pregnancies of nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria.

Perceived outcome and number of pregnancies

	Perceived outcome				
	Good (%) N=130(81.8)	**Poor (%) N=29(18.2)**	**d.f**	***X²-value***	**p-value**
Number of pregnancies					
None	15	3			
1-2	35	8	3	0.236	0.9716
3-5	73	17			
More than 5	7	1			

Table 4.8 above shows that there is no association between the perceived outcome of antenatal care and the number of pregnancies (0.916, $\chi 2$=0.236). Therefore, we fail to reject the null hypothesis.

DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND RECOMMENDATIONS

Discussion of Findings

The result of this study shows that majority of the respondents, 74(46.5%) are above 51 in age, 159(100.0%) are Christians 126(79.2%) are married, 142(89.3%) are Christians, 143(89.9%) are Yoruba, 153(96.2%) have completed tertiary education, 90(56.6%) have had between 3-5 pregnancies and 109(68.6%) are civil servants. This finding is similar to the study by Afaya, Azongo, & Dzomeku, (2020) which showed that majority of the respondents have completed tertiary education. However, Ahmed & Mazoor, (2019) reported majority aged between 31-40 with three-quarter of them being unemployed.

The study also showed that majority of the respondents, 139(87.4%) have good knowledge of quality antenatal care while minority 20(12.6%) have poor knowledge about quality antenatal care. Also, most of the respondents 156(98.1%) were able to identify the meaning of antenatal care, however, more than 50% do not know that they need to go for antenatal care weekly for the first four months. Berebe & Modibia, (2020) reported a similar finding with over two-third of the respondents displaying good knowledge and all the respondents could define what antenatal care is. The study by Ademuyiwa et al., (2020) reported a high level of knowledge and it had a significant influence on pregnant women's satisfaction with the services. However, Adam & Birukila, (2018), showed that only 4.9% of the respondents had good knowledge about danger signs in pregnancy.

Findings from the study also showed that majority of the respondents, 130(81.8%) have good perceived outcome of quality antenatal care while minority 29(18.2%) have poor perceived outcome of quality antenatal care. All the respondents showed good perception regarding quality antenatal care promoting maternal and fetal health, less complication, motivation of health workers improving quality antenatal care. Warri & George, (2020), revealed that over a third of the respondents have poor perception with previous positive pregnancy outcomes for which women did not access care made them less motivated to initiate antenatal care early, similarly, Ademuyiwa, et al., (2020) found that almost all the respondents displayed good perception regarding the perceived outcome of antenatal care and Paudel, et al. (2017) reported similar finding with those from a wealthier family having better perception of outcome than those wo are less financially comfortable.

In addition, regarding the determinants of adequate/appropriate quality Antenatal Care, influence of significant others 141(88.7%) was the most significant predisposing determinant, availability of health workers 146(91.8%) was the most significant enabling determinant and the will to improve child's health 151(95.0%) was the most significant need determinant. Warri & George, (2020) reported that the cost of services and distance to health facilities that required travel via uncomfortable transport on poor road networks were identified as perceived determinants. Moreover, Afaya, et al., (2020) identified that the determinants were significantly associated with age, and educational level and not being married or divorced was negatively associated with utilization of four or more ANC services. Berehe & Modiba, (2020) revealed that inability to take full history, lack of proper counseling, poor healthcare provider and client interaction, and improper registration were significant determinants.

Discussion of hypothesis

This study shows that there is an association between the knowledge of quality antenatal care and the perceived outcome of quality antenatal care (0.000, $\chi 2=20.732$). Therefore, the null hypothesis is rejected and there is no association between the perceived outcome of antenatal care and the number of pregnancies (0.916, $\chi 2=0.236$). Therefore, we fail to reject the null hypothesis.

Summary of the study

Summarily, the study was carried out to assess the perceived outcome and knowledge of quality antenatal care among nursing mothers attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria. The Slovin formula was used to calculate a sample size of 162, all were shared for the study and 159 questionnaires were retrieved giving a response rate of 98.1%.

It was observed that majority of the respondents 139(87.4%) have good knowledge of quality antenatal care while minority 20(12.6%) have poor knowledge about quality antenatal care, 130(81.8%) have good perceived outcome of quality antenatal care while minority 29(18.2%) have poor perceived outcome of quality antenatal care, and influence of significant others 141(88.7%) was the most significant predisposing determinant, availability of health workers 146(91.8%) was the most significant enabling determinant and the will to improve child's health 151(95.0%) was the most significant need determinant. The findings also revealed that there is an association between the knowledge of quality antenatal care and the perceived outcome of quality antenatal care (0.000, $\chi 2=20.732$) and there is no association between the perceived outcome of antenatal care and the number of pregnancies (0.916, $\chi 2=0.236$).

Conclusion

In conclusion, the study discovered that most of the respondents have good knowledge of quality antenatal care, good perceived outcome of quality antenatal care and influence of significant others was the most significant predisposing determinant, availability of health workers was the most significant enabling determinant and the will to improve child's health was the most significant need determinant. In addition, there is an association between the knowledge of quality antenatal care and the perceived outcome of quality antenatal care and there is no association between the perceived outcome of antenatal care and the number of pregnancies.

Recommendations

In view of the findings in this study, the following recommendations are made:

1. There is a need for nurses to improve on studies assessing the determinants affecting the progress of quality antenatal care.
2. Efforts should be made to improve the level of awareness of pregnant mothers to achieve greater quality ANC services.
3. Targeted interventions suitable to local context and culture are important in improving quality antenatal care.
4. Increasing access to family planning methods and reduction of unwanted pregnancy can promote early ANC take up.
5. Information about quality practices should be done among nurses so as to serve as a continuous quality improvement to maintain quality antenatal care.
6. Hospitals need to set up mechanisms to help pregnant mothers in improving their access to quality antenatal care.

7. The government need to ensure policies are laid down to enforce these practices where necessary while also making the community know the advantage of accessing such services, this will invariably improve the perception towards quality antenatal care.

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