

# **Perception of the Content and Satisfaction with Antenatal Health Education Among Pregnant Women Attending Antenatal Clinics in a Metropolitan City in Nigeria**

## **Introduction**

Maternal antenatal health education (AHE) forms the foundation of every childhood development, and a healthy child begins with a healthy mother, and a healthy pregnancy. The National Guidelines for Antenatal Care for Service Providers promoted by USAID states the following as the essential components of AHE, including nutrition, hygiene, physical activity and rest, early and exclusive breastfeeding, danger signs, smoking, alcohol, and substance use, as well as safe sex in pregnancy. Despite the availability of guidelines, content of AHE is defined by the health facility. This study described the content of AHE and perceived satisfaction of pregnant women from AHE in Ibadan, Nigeria.

## **Methods**

This was a cross-sectional study that utilized mixed methods. Quantitative data were collected using a validated questionnaire (with Cronbach alpha of 0.87) from 240 systematically selected pregnant women from three purposively sampled secondary and tertiary healthcare facilities. Qualitative data were collected from nine nurses through an in-depth interview with a guide developed to facilitate the conversation. Quantitative data were presented in frequency and percentages, and we conducted thematic analysis for qualitative data.

## **Results**

The mean age ( $\pm$ SD) of the respondents was 31.1 ( $\pm$ 5.1) years, mean age of the providers was 35.2( $\pm$ 5.9) years. The average length of professional experience in the nursing and midwifery position was 12.2 $\pm$ 4.6 years.

The responsibility for allocation of duty for each session of AHE was reported to be taken by the most senior colleague at the antenatal clinic. However, in his/her absence, the colleague next in rank takes this responsibility. Any of the nurses on duty during the defined period could also volunteer for the AHE shortly before the stipulated time. The decision on the content of health education to be taught during each session of AHE could be done by the nurse on duty (who teaches any topic on which she has high level of proficiency), the clinic's teaching schedule (that contains

a list of topics to be covered at each session), and the department. Nurses at the three selected health facilities stated that their facilities have a list of contents (guide) which pregnant women are expected to be exposed to throughout pregnancy. However, only nurses at one facility were able to produce the guide when it was requested.

Nurses at the three facilities mentioned likely topics a pregnant woman will be exposed to throughout pregnancy if she is consistent in keeping to her antenatal appointments throughout pregnancy. These include topics related to maternal health and fetal development, labour and delivery, care of the newborn and family, and puerperium. Among the pregnant women, 226 (94.2%) reported being taught maternal immunization in pregnancy. Of these women, 212 (93.8%) were taught the doses of immunization a pregnant woman is expected to take while 214 (94.7%) were educated on the need to complete their immunization after delivery. Also, 231 (96.3%) reported being educated on prevention of malaria in pregnancy. Of these women, 229 (99.1%) were taught how dangerous malaria could be in pregnancy, 226 (97.8%) were taught that malaria could be prevented using insecticide treated nets and 216 (93.5%) were educated on the effective use of these nets.

Two hundred and nine (87.1%) of the respondents reported being taught HIV and prevention of mother-to-child transmission (PMTCT). Also, 180 (75%) of the 240 respondents reported being educated on major ailments in pregnancy. Of these women, 211 (87.9%) respondents confirmed being taught signs and expectations during labor and 114 (47.5%) reported being educated on the need for referral. Also, Of the 240 respondents, 218 (90.8%) reported being taught about breastfeeding during AHE. In addition, 214(89.2%) of the 240 respondents acceded to being educated on immunization of the newborn. Of the 240 respondents, 127(52.9%) reported being educated on dangerous cultural practices related to pregnancy, delivery, and care of the newborn. Of these women, 96 (75.6%) were taught about drug use for the newborn baby, 99 (78.0%) were taught about treatment of anterior fontanelle, and 177 (73.8) reported to have been taught care of the cord of the newborn. Overall, 89.6% pregnant women were satisfied with the content of AHE.

AHE sessions are scheduled to be held early in the day. Most times, these women are present before the nurses. Due to the knowledge of how important and how interactive AHE sessions are, many pregnant women try all they can to attend the AHE. The nurses on duty at the antenatal clinic monitor the attendance of pregnant women through the following methods: active or

passive. In active monitoring, pregnant women submit their antenatal clinic cards, and the nurses write notes indicating the presence of the pregnant women at the AHE and what they were taught on that day. In passive monitoring however, no record is kept of whether or not pregnant women attended the teaching session, but the nurses only assume that all the pregnant women who are present at the ANC attended the AHE session for the day.

Nurses mentioned the methods and materials employed in conveying health information to pregnant women. This included lecture, demonstration with dolls, flip charts, and posters. These are needed to ensure adequate understanding of the topic being discussed.

Divergent opinions were expressed by nurses on the factors considered in the choice of content, structure and modalities of AHE. These factors included the conditions noticed among pregnant women, gestational age of the women, their economic status, and prevalent conditions in the community or country. In choosing a topic for HE or moving from one topic to another, the nurses consider different factors to ensure that all the women groups benefit from the teaching. These include socioeconomic status, prevalent condition in the community, such as the COVID-19 pandemic or religious fast, and gestational age. In other health facilities, environmental factors or factors related to the pregnant women themselves are not considered while drafting the outline of the AHE. Factors relating to the nurse handling the AHE session or the ANC setting are the only factors considered.

## **Conclusion**

Pregnant women education is a reality in antenatal clinics in selected health facilities. Content of AHE varies from facility to facility though with many similarities. Major focus is on maternal and fetal health content compared to parenting contents. Though pregnant women reported high satisfaction with teaching, recommendations were made for improvement. This calls for balance between contents of AHE and incorporation of their desires into the teaching sessions to enhance the delivery and application of information given.