ARTICLE

PERCEIVED ENABLERS OF FOCUSED ANTENATAL CARE UTILISATION BY HIV-POSITIVE WOMEN

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ABSTRACT

Increasing the utilisation of focused antenatal care by HIV-positive women is critical in the prevention of mother to child transmission of HIV and the pregnancy-related morbidity and mortality. The individualised and integrated principles guiding the focused antenatal care have the potential for enhancing the quality of care received by pregnant women; consequently, high utilisation of antenatal care services might lead to a low rate of mother-to-child transmission of HIV and a better pregnancy outcome. The study used an exploratory, descriptive qualitative design with individual semi-structured face-to-face interviews. Eighteen interviews were conducted with HIV-positive pregnant women who attended at least two antenatal care visits at the selected health facility. Nine enablers of focused antenatal care derived from the analysis of data. These enablers were related to (1) the relevance of the information to the needs of HIV-positive women, (2) the performance of healthcare providers, and (3) the quality of the provider-client interactions. The findings suggested that interventions aimed at improving the utilisation of focused antennal care by HIV-positive pregnant women should pay a particular attention to their perceived emotional vulnerability and personal desires.

Keywords: focused antenatal care, HIV-positive women, enabler of antenatal care utilisation

UNISA university of south africa PRESS

Africa Journal of Nursing and Midwifery
Volume 19 | Number 1 | 2017 | pp. 15–27
https://upjournals.co.za/index.php/AJNM/index

https://doi.org/10.25159/2520-5293/184
ISSN 2520-5293 (Online), ISSN 1682-5055 (Print)

INTRODUCTION AND BACKGROUND

Focused antenatal care (FANC) is an integrated and individualised approach to antenatal care (ANC) that emphasises quality over quantity of visits. It involves a minimum of four antenatal care visits and the provision of individual counselling, targeted assessments, the provision of safe, cost-effective and evidence-based interventions (Vogel, Habib, Souza, Gulmezoglu, Dowswell, Carroli, Baaqeel, Lumbiganon, Piaggio and Oladepo, 2013). In Swaziland, the basic focused antenatal care package includes identification and monitoring of the pregnant woman and her expected child; identification and management of pregnancy-related complications; identification and treatment of underlying or concurrent illness; screening for pregnancy-related conditions and diseases; preventive measures; health education, counselling and support to the woman and her family (Swaziland Ministry of Health, 2010). FANC is based on the understanding that most pregnancies are not associated with complications. Hence the shift from the 'high or low risk approach' to 'individualised, targeted approach' that aims to identify complications as they arise (Gross, Schellenberg, Kessy, Pfeiffer, and Obrist, 2011).

It is acknowledged that the utilisation of antenatal care services may reduce the risk of a woman dying during the course of the pregnancy and the rate of mother-to-child transmission of HIV (Desera, Seme, Assefa, Teshome and Enqusellasie, 2014; Kyei, Chansa and Gabrysch, 2012; WHO, 2013). In 2011, data indicated that one in 69 pregnant women in Swaziland had the risk of dying during the course of the pregnancy, 25% of maternal deaths were due to HIV-related complications, and 5 to 10% of HIV infection among children was transmitted from mother-to-child during pregnancy (Swaziland Ministry of Health, 2011). However, the implementations of the integrated and individualised approach to antenatal care cannot necessarily act as an enabler of antenatal care services utilisation among HIV-positive women. The understanding of the consumers' views regarding factors that facilitate the utilisation of maternal healthcare services is critical in enhancing interventions aimed at increasing the utilisation of maternal health services (Bredesen, 2013). Individual factors and providers-related factors can influence these views (Amin, Shah and Becker, 2010). With regard to HIV-positive women, stigma and discrimination may influence their decision to use the available antenatal care services. The perceived enablers of focused antenatal care utilisation by HIV-positive women were explored and described from the views of the HIV-positive women themselves.

STATEMENT OF THE RESEARCH PROBLEM

The benefits of focused anatenatal care for the well-being of the pregnant women and the new-born babies are well documented in the literature. In Swaziland, the Ministry of Health viewed the implementation of the focused antenatal care as a significant intervention in the prevention of mother-to-child transmission of HIV

and an enabler to utilisation of antenatal care by pregnant women. However, there is limited evidence on what HIV-positive women view as enablers of focused antenatal care utilisation in Swaziland. Understanding the enablers of focused antenatal care utilisation from HIV-positive women perspectives would assist policy makers and health care providers to focus resources and interventions on these factors.

PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the enablers of focused antenatal care as perceived by HIV-positive women in Swaziland.

DEFINITIONS OF KEYWORDS

Focused antenatal care (FANC) is an integrated and individualised approach to antenatal care that emphasises quality over quantity of visits. Its major goal is to assist pregnant women maintain normal pregnancies through individualised and integrated assessment and care (WHO, 2003).

HIV-positive woman is a woman who has been tested positive for the Human Immunodeficiency Virus (HIV), and has been found positive (Swaziland Ministry of Health, 2010).

Enablers of antenatal care utilisation are conditions, factors or behaviours that facilitate the utilisation of antenatal care services during the course of pregnancy at a health facility (Andersen, 1995).

RESEARCH METHODOLOGY

Design

The study used an exploratory, descriptive qualitative design with individual semi-structured face-to-face interviews. An exploratory, descriptive qualitative design is an interpretative methodological approach that depicts more subjective knowledge from real life situation (Burns and Grove, 2011:4–20). The researchers believed that enablers of focused antenatal care among HIV-positive women can be well understood through the HIV-positive women's actual experiences with FANC and these experiences are best captured through a qualitative inquiry.

Setting

The study took place at a public referral hospital in Swaziland that has an approved bed capacity of 350 and serves a population estimated at 350 000.

Population and sampling

The researcher used the antenatal care and the delivery registers of the hospital to identify the participants.

Purposive sampling was used to select HIV-positive pregnant women of at least 18 years old who had attended at least two ANC visits during the course of their current pregnancy, and were willing to be interviewed.

Data collection

Eighteen semi-structured individual face-to-face interviews were conducted between September and October 2014. This number was determined by data saturation (Polit and Beck, 2012:521–524). Semi-structured interviews allowed the researchers to structure the questions according to the purpose of the study while allowing the participants to express their personal perspectives within these structures (Creswell, 2013).

The participants determined the time and place of the interviews. All interviews began like a social conversation and gradually moved to become highly interactive. Participants were asked to describe what they think facilitate the utilisation of focused antenatal care by HIV-positive women from their own experiences. The researchers used probing questions when appropriate to enhance the richness of data. Field notes were used to capture body language and facial expression of the interviewees.

Each interview lasted about 45 minutes. The interviews were digitally recorded, checked for quality, transcribed, and key findings discussed within 24 hours. The recorded interviews were strictly handled by the researchers.

Data analysis

Data were analysed using thematic comparative content analysis method described by Creswell (2013:179–188). An inductive approach was used in order to identify concepts that emerged from data. Similar concepts were highlighted with the same colour. The quotes from which the concept emerged were also given the same colour. At the end of this exercise, the identified concepts were copied and pasted into the second column of the table. Similar concepts were grouped together in the third column. The fourth column contains the number of times that a concept emerged from the data. These groups of concepts were examined to derive possible themes, which were captured in the fifth column. Each theme was captured with the emerged concepts. In the last column, the researchers captured a possible category with the related interpretation after consulting the literature.

Scientific rigour

Scientific rigour was achieved through the application of strategies described in Creswell (2013:179–188). An independent coder examined the different phases of data analysis to ensure dependability. This arrangement allowed data to be coded and recoded several times. Credibility was ensured through prolonged engagement, the neutrality of the researcher during the interviews, member checking, careful handling of emotional expressions, reflexibility and triangulation of data, using independent coding, and peer evaluation.

The researchers allowed the participants to freely describe their views and avoided being judgemental. Data were coded and recoded several times and compared with the identified categories by an independent coder.

ETHICAL CONSIDERATIONS

The study received ethical approval from the Research and Ethics Committees of the University of South Africa and the Ministry of Health and Welfare of the Kingdom of Swaziland. The researchers adhered to all ethical issues related to human research. Participants were informed about the study (aim, objectives, significance, data collection process, and implications of the results), their rights to free participation, confidentiality, privacy, and their right to withdraw from the study at any time. A consent form was read and signed by each participant before the interview.

Data collected were treated with confidentiality and anonymity throughout the management and analysis processes. The transcribed interviews did not have any form of identification that could be traced back to the participants. The researchers used alphabetical letters and numerical numbers to code the transcripts.

FINDINGS

Participants

Participants' age varied from 19 years to 36 years with a mean of 27.6 years. The parity ranged from one to four. The number of antenatal care visits of the participants in the six months prior to the study ranged from two to six. With regard to marital status, nine participants were married and nine were single. All eighteen participants were educated and three had tertiary education. Eleven were employed and seven were unemployed.

Enablers of focused antenatal care utilisation by HIV-positive women

Three main categories of potential enablers derived from the thematic comparative content analysis of the participants' descriptions of what they think facilitate the utilisation of FANC from their experiences: relevance of the information to the needs of HIV-positive women, performance of healthcare providers, and the quality of the provider-client interactions. Table 1 provides a summary of these main categories with the related themes.

Table 1: Categories and related sub-categories of the enablers of FANC utilisation by HIV-positive women

Categories	Subcategories
Relevance of the information to the needs of HIV-positive pregnant women	Information on compliance to anti-retro-viral treatment
	Information on the prevention of pregnancy related complications
	Information on safer sexual practices
Performance of healthcare providers	Promptness of providers
	Perceived quality of care
Quality of provider-client interactions	Respect
	Friendliness
	Non-discrimination
	Emotional support

Category 1: Relevance of the information to the needs of the HIV-positive pregnant women

As illustrated in Table 1, three subcategories: information on compliance to anti-retroviral treatment, information on the prevention of pregnancy-related complications, and information on safer sexual practices were the three subcategories that emerged under the relevance of the information as an enabler of FANC utilisation by the participants.

Information on compliance to anti-retroviral treatment

The relevance of the information on compliance to anti-retroviral treatment as an enabler of FANC utilisation was mainly underlined by the desire to have a baby free

of HIV. This view was best captured by a participant who attended two visits prior to the interview:

> From my own experience, the information regarding the compliance to ARV treatment is a main facilitator for FANC utilisation by HIV positive pregnant women. My dream is to have a healthy baby. I was excited to receive the information to achieve this dream during the antenatal care visits. It was important for me to know that I should take my ARV treatment regularly, respect the doses, and follow the correct diet for the sake of my baby and my own quality of life.

Information on the prevention of pregnancy-related complications

The relevance of the information regarding the prevention of pregnancy-related complications as an enabler of FANC utilisation was underlined by the desire to fulfil the womanhood. Participants felt that the information received during the antenatal care was paramount for the achievement of their needs to have children.

> Although I wanted to have a child as a woman, I was convinced that my baby will die during pregnancy because of my HIV status. But what motivated me the most was the information on how a HIV positive can prevent pregnant related complications and have a normal pregnancy and deliver a normal baby [meaning HIV negative]. alcohol and smoking during pregnancy. I would know all these if I did not attend the antenatal care.

Information on safer sexual practices

The importance of the information on safer sexual practices as an enabler of antenatal care utilisation was underlined by the need to fulfil the sexual need. This sexual need was reinforced by the popular belief that attributes sexual intercourse during pregnancy to normal delivery.

> You know what ... people forget that a HIV positive woman has sexual need as any other woman. For me, the provision of information regarding safe sexual intercourse as a HIV positive woman during pregnancy is the main facilitator to attend the antenatal clinics'.

Category 2: Performance of healthcare providers

As indicated in Table 1, promptness of providers and the perceived quality of care were the two subcategories identified under the performance of healthcare providers as enablers of focused antenatal care by HIV-positive pregnant women.

Promptness of healthcare providers

Promptness refers to the waiting time between the completion of the administrative procedures and the attendance by the first healthcare professional. From the participants, healthcare professionals, specifically nurse-midwives were always prompt to attend to them. This promptness of nurse-midwives made them forget about the long hours spent in the queue and with the administrative procedures.

> Another main facilitating factors for the utilisation of focused antenatal care visits for me is the readiness and the speed at which nurse-midwives attend to you. Once you get your file, you always find a nurse-midwife ready and quick to attend to you.

Perceived quality of care

This theme emerged from the integration of antenatal care activities and the follow-up care and treatment for HIV. This combination gave the participants the feeling of receiving quality care as they are exposed to professionals with different expertise.

> You are given enough attention by staff at the clinic. It makes one feel confident as they do different things [referring to procedures] at each treatment room you go. It really makes me believes that no one is neglected .... For [me], this is an important facilitating factor for the utilisation of focused antenatal care by HIV positive woman.

For others, it created the feeling of trust toward the services as illustrated in the following:

> I like the attention given to us in the clinic. For each visit, you are seen by more than one professional. Unlike being seen by one person who will take care of everything. It motivates me to attend all my ANC appointments.

Category 3: Quality of provider-client interaction

This category emerged from the participants' views on the nature of their interactions with the healthcare providers during the provision of antenatal care. As illustrated in Table 1, four themes: respect, friendliness, non-discrimination, and emotional support emerged as enablers of FANC utilisation from the thematic content analysis of data.

Respect

Participants felt that coming to the hospital was not a waste of time as they were treated with respect by the care providers. This treatment with respect acted as an enabler to FANC utilisation. This view was articulated by all the 18 participants. It was well captured in the following extract:

> I always look forward to my next appointment because of the treatment I receive from the staff. They talk to you with respect; they don't shout at you or ill-treat you.

Friendliness

This category refers to the easiness to interact with the providers. Participants found the healthcare providers to be very friendly and easy to interact with. This friendliness as viewed by all 18 participants as an enabler to FANC utilisation.

> I am happy with the attitude of the staff at the ANC clinic. It really motivates some of us to keep our appointments. They are very sociable and easy to interact with and always smiling.

Non-discrimination

Participants felt that healthcare providers treated them without any discrimination. It emerged from the descriptions of all 18 participants that healthcare professionals treated them the same way other pregnant women were treated.

> One of the main reasons I keep my appointments is the way nurses and all other health professionals deal with us [meaning HIV positive pregnant women]. No one discriminated against me because of my HIV status even though written on ANC card. They interacted with me in the same way they did with other women who were attending the same services.

Emotional support

Emotional support was a key enabling factor among HIV-positive pregnant women who have disclosed their status to family members before falling pregnant. These women felt emotionally abused and discriminated against by family members and relatives for being pregnant. The antenatal care attendance was the only opportunity for them to receive that needed emotional support.

Participants were of the view that nurses showed great feelings of understanding and appeared to share their problems.

> For some of us, who do not have support from our relatives because of being HIV positive and pregnant, antenatal visits are the only occasions where we get the emotional support that we so badly need. Nurse-midwives seem to better understand how we are feeling. For examples, they will hold your hands and tell you that they will support you throughout and they will remind you that you have taken a great decision by starting ARV treatment and attending antenatal care visits.

For others, emotional support provided them with a sense of belonging as expressed by this participant who attended peer support group activities that took place at the antenatal clinics:

> Nurses encouraged me to join the support group for HIV positive women which I did. It helped me a lot in dealing with my emotional problems, specifically knowing that others experience similar problems. I don't miss this group activity as it also provides me an extra opportunity to learn more on how to live positively with my status, and also about the HIV and pregnancy, and the mother to child transmission.

DISCUSSION

The findings of this study provide insights into the potential enablers of FANC utilisation by HIV-positive women. In particular, the study adds to the understanding of the enablers of focused antenatal care utilisation in the context of HIV-positive pregnant women. From the findings of this study, the relevance of the information given to clients, the performance of healthcare professionals, and the quality of the provider-client interaction have great potential in facilitating the utilisation of focused antenatal care by HIV-positive women. Previous studies (Cooper, Harries, Myer, Orner and Bracken, 2007; Gross, Schellenberg, Kessy, Pfeiffer and Obrist, 2011; Kamil and Khorshid, 2013; Kelly, Alderdice, Lohan and Spence, 2013) recognise the role of these factors in facilitating women's utilisation of antenatal care.

The findings suggest that for HIV-positive women, pregnancy does not alter their desires for normal pregnancy, safe delivery, and the right to dignity. However, these desires seem to coexist with the feeling of anxiety and a sense of vulnerability as exemplified by the nature of the enabling factors that emerged from data. Interventions aimed at enhancing the utilisation of FANC by HIV-positive pregnant women should address these underlying anxieties and sense of vulnerability. The findings of this study highlight the importance of integrating the individual needs of the HIV-positive women into the health education and counselling activities of antenatal care as stressed in the principle of individualised care underlying the focused antenatal care model (Bleich, Ozaltin and Murray, 2009; Kearns, Hurst, Caglia and Langer, 2014; Swaziland Ministry of Health, 2010). Previous studies (Sinha, Upadhyay, Tripathy and Patro, 2013; Ganga-Limando, Moleki and Modiba, 2014; Trujillo, Carrillo and Iglesias, 2014) showed that women's utilisation of maternal health services is enabled by the promptness of healthcare professionals.

Finally, the findings of this study increase the understanding of the importance of the interpersonal and communication skills in facilitating the utilisation of focused antenatal care by HIV-positive pregnant women. In interacting with pregnant women in the context of HIV, healthcare providers should pay special attention to the sense of emotional vulnerability underlying the provider-client related enablers. Previous studies (Trujillo, Carrillo and Iglesias, 2014; Vogel, Habib, Souza, Gulmezoglu, Dowswell, Carroli, Baaqeel, Lumbiganon, Piaggio and Oladepo, 2013) acknowledge the positive influence of supportive emotional and interpersonal interactions on the utilisation of maternal health care services, including antenatal care.

RECOMMENDATIONS

Information on PMTCT, on prevention of pregnancy complications, on safer sexual practices, and on how to live positively with HIV should be part of the core activities of health education and counselling provided to pregnant women in order to increase the utilisation of antenatal care by HIV-positive pregnant women. In-service training activities on interpersonal communication skills and emotion support techniques should be included in the focused antenatal care package. A large-scale study on enablers, barriers and measures to improve the utilisation and quality of focused antenatal care is needed in the Kingdom of Swaziland.

LIMITATIONS

This study was undertaken within the qualitative research approach and, therefore, the findings cannot be generalised.

CONCLUSION

Increasing the utilisation of focus antenatal care by HIV-positive pregnant women is critical in the prevention of mother–to-child transmission of HIV and the pregnancy-related morbidity and mortality. Consumers' cumulative experiences of care play a significant role in influencing their future decision to use the available health services. Interventions aimed at improving the utilisation of focus antennal care by HIV-positive pregnant women should pay a particular attention to their perceived emotional vulnerability and personal desires. In other words, effective implementation of antenatal care activities based on the individualised care principle of focused antenatal care is likely to increase the utilisation of antenatal care by HIV-positive women.

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