Article

Recommendations to Improve Antenatal Care Uptake through Community Participation and Local Accountability

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Abstract

Antenatal care, an integral component of primary health care, is offered as a free health service for pregnant women at public health facilities. However, the death of women during pregnancy, during childbirth, or after delivery continues to be a major challenge in health care systems due to poor antenatal care uptake. The main aim of this study was to explore and describe recommendations from local stakeholders and health governance structures to promote the uptake of Basic Antenatal Care (BANC) services in the areas surrounding local clinics. The study used a qualitative, descriptive design, with purposively selected participants sharing detailed information in their own words on the subject. Twenty individual in-depth interviews were conducted at three selected community health centres (CHCs) in the Bushbuckridge sub-district, Mpumalanga province. The results revealed the following needs: clinic committees must participate in promoting BANC awareness through health education, use of existing community-based structures must be strengthened, men's support for their pregnant partners must be harnessed, and the roles and responsibilities of clinic committees must be amplified. The study showed that community leaders and clinic committees are willing to work in collaboration with health care providers in promoting antenatal care uptake in the community

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by expanding BANC awareness. Clinic committees' previous involvement in health awareness campaigns is a strength that could contribute to making antenatal care awareness programmes successful. Vital recommendations include formalising reporting mechanisms for clinic committees so that they can be accountable to the community in promoting BANC services, strengthening stakeholder collaboration, and resourcing.

Keywords: stakeholder engagement; health governance; district health; health-reporting mechanisms

Introduction and Background

Mpumalanga is the province in South Africa with the highest rates of maternal and perinatal mortality, with 28% of pregnant women utilising less than four antenatal care visits (Stats SA 2017, 21–22). To reduce maternal and perinatal mortality, the national Department of Health (DoH) has been implementing the Basic Antenatal Care (BANC) approach to fast-track improving maternal health (WHO 2002, 55).

BANC services are offered free of charge at all public primary health care facilities (DoH 2017a). BANC is the care provided to pregnant women, with a recommended minimum of eight antenatal care visits, starting with a first session within 12 weeks of gestation. After that, there are two contacts between 20 to 26 weeks of gestation, and five contacts at 30, 34, 36, 38, and 40 weeks of gestation. This is done to improve women's experience of care and for the improvement of maternal, foetal, and newborn health outcomes (WHO 2015, 55, 105). The aim is to ensure early identification and proper management of risk factors and complications especially symptoms which are not noticeable (Hofmeyer and Mentrop 2015, 902)—and to conduct health education (DoH 2015, 15). BANC has since changed to BANC Plus, which has been implemented since April 2017. BANC Plus recommends additional antenatal care visits. The first contact should occur within 12 weeks of gestation. Women should have antenatal care visits every four weeks up to 28 weeks, then every second week up to 36 weeks, then weekly up to delivery (Hofmeyer and Mentrop 2015, 902).

All five triennial reports (1999–2013) on confidential enquiries into maternal deaths (CEMD) in South Africa recommended empowering and involving the community in activities that could improve maternal, neonatal, and reproductive health (DoH 2014, 3). This is in line with the National Health Act (Act No. 61 of 2003) and South Africa's National Strategy for Maternity Care, which requires communities to be involved in health using health governance structures. The national DoH's *Annual Performance Plan 2019/20–2021/22* emphasises that capacity of governance structures should be built so that they can be functional and effective in order to impact positively on their involvement in health issues (DoH 2019, 62).

This article describes a research project undertaken in a rural area in South Africa. The study investigated the perceptions of local stakeholders (community leaders, clinic committees/governance structures, health care workers/midwives) regarding promoting community participation and local accountability in order to facilitate pregnant women's access to BANC services, with a view to reducing maternal morbidity and mortality rates in the area.

Problem Statement

In South Africa, the percentage of women receiving antenatal care from skilled service providers is high (94–95%). However, in Mpumalanga, 28% of women still have less than four antenatal visits (Stats SA 2017, 21–22), instead of the expected minimum of eight visits as required by BANC.

Involving and engaging local communities to participate in maternal, neonatal, and reproductive health issues could prevent 46% of maternal deaths (DoH 2008, 11). However, the DoH interventions that have been implemented to date continue to focus on strengthening clinical interventions, health care providers, and health systems. Little attention is given to health promotion activities that involve local communities in improving maternal and child health services (DoH 2008, 11). Therefore, new ways need to be explored which could engage the community to participate in promoting BANC, using clinic committees to increase the uptake by pregnant women.

Significance of the Study

Community involvement in health could contribute to the promotion of BANC and the reduction of maternal mortality and morbidity. The outcomes of the study could benefit pregnant women, families, communities, health care practitioners, programme developers, and policymakers. The results of this study informed the development of guidelines, which form part of the broader study. If the developed guidelines are implemented, they could improve community participation and accountability of local governance structures for health, as envisioned by the South African National Health Act.

Objective of the Study

The objective was to explore and describe the participation and accountability of local stakeholders in BANC services in Bushbuckridge sub-district, Mpumalanga.

Research Design and Methods

The study followed a qualitative, exploratory, and descriptive design. The participation and local accountability of stakeholders in BANC services in Bushbuckridge in Mpumalanga were explored and described. The approach allowed participants to share their detailed perceptions and views on the roles and responsibilities of local clinic

committees. The study design provided rich, in-depth information and a greater understanding of the context and issues relating to antenatal care (McMillan and Schumacher 2010, 325; Polit and Beck 2012, 279).

Population and Sampling

The study population consisted of local role players in health governance and antenatal care in the Bushbuckridge sub-district in Mpumalanga. Purposive sampling was used to select participants with the best insight into and information on the phenomenon under study, in order to obtain rich and comprehensive data. The selected participants were the most informed and influential critical figures in the community, with the greatest possible insights into antenatal care services (McMillan and Schumacher 2010, 489; Polit and Beck 2012, 279). Twenty participants, including community leaders, clinic committee members, and health care workers/midwives, were recruited from three community health centres (CHCs) in the sub-district. The ages of the participants were 40 years and above. The participants were all from a Tsonga cultural background.

Data Collection

Data were collected in January 2014 using face-to-face in-depth individual interviews. The participants were asked a single broad, open-ended question that had been well planned. For health care workers, governance structures, and community leaders, the question was:

> What are your perceptions, perceived barriers and contributory factors regarding involvement of the community to promote pregnant women to attend BANC services?

An additional question was asked of the governance structures:

> How do you view your roles and accountability as required by the National Health Act with regard to your involvement in health?

Several communication skills, such as listening, probing, clarification, and paraphrasing, were used to elicit more information. Data were collected until no new information or new themes could be observed. Each interview took approximately 45 minutes, and these were digitally audio-recorded. All participants were thanked for their participation at the end of the process.

Trustworthiness

The integrity of the findings was evaluated using Lincoln and Guba's (1985) criteria for developing trustworthiness in qualitative enquiry to ensure good quality. These criteria are credibility, dependability, transferability, and confirmability. A period of ten days was allocated for fieldwork. This allowed for prolonged engagement with the participants and an opportunity for going back to the participants where specific details

were required. The aim was to obtain basic facts and a deeper understanding of why and how certain events came about and to provide a broader picture of the phenomena under study.

In order to establish the truthfulness of the study, data triangulation was used to collect data. Space and person triangulation was used where the same data were collected from multiple sites to test for cross-site consistency. Data were obtained from community leaders, clinic committees, and midwives to validate data through multiple perspectives on the phenomena under study. To enhance confidence in the data, all interviews were digitally audio-recorded to capture all information during the discussions (Polit and Beck 2012, 591–92).

Data Analysis

Data analysis started during data collection and continued concurrently (Polit and Beck 2012, 557–60). Transcribed data and field notes were read, interpreted, and synthesised to create meaning (McMillan and Schumacher 2010, 367). Category schemes were developed and coded in themes, categories, and sub-categories (Polit and Beck 2012, 556). The transcript was co-coded independently to confirm the coded data (Polit and Beck 2012, 559). The findings were confirmed through literature control.

Ethical Considerations

Permission (Reference 397/2013) to conduct the study (Botma et al. 2010, 56) in the Bushbuckridge sub-district was obtained from the University of Pretoria's Ethics Committee and the provincial Department of Health in Mpumalanga. Permission to enter the research site was granted by the district manager following receipt of the permission letters. A full description of the study was provided. The participants were informed that their participation was voluntary and that they had the right to withdraw at any time without providing reasons. Informed consent was requested from the participants and was granted in writing (McMillan and Schumacher 2010, 15).

The applicable ethics principles are protection from possible psychological harm, informed consent, and the right to privacy. Anonymity and confidentiality were maintained and adhered to, and the use of names was avoided (Polit and Beck 2012, 156, 163–64). Codes were used, such as P1 for Participant 1, to ensure that the participants remain anonymous to those who are not researchers.

Research Findings

Regarding promoting the uptake of antenatal care in the Bushbuckridge sub-district, the following themes emerged during the analysis of the interviews with health care providers/midwives, community leaders, and health governance structures/clinic committees.

Expanding Health Education Efforts

Participants' recommendations to promote antenatal care uptake in the community included expanding current health education efforts through collaboration with the provincial DoH. Additionally, they recommended using available human resources and mobile health services, accommodating biomedical health care in cultural practices, and expanding and using various methods of media to educate and disseminate information to the community.

Collaboration between Health Governance Structures and the DoH

Participants indicated that collaboration with the provincial DoH to promote understanding of the importance of antenatal care during pregnancy was important:

> The block leaders in all the areas can work with health workers and governance structures to educate the community on the importance of attending antenatal care.

> We can work with councillors, municipality, and business people to assist in educating the community as their voices can be heard.

Participants understood their mandate to represent the community in the health governance structures as follows:

> The community has elected us to be in the clinic committees and gave us the mandate to represent them in the facilities. We are accountable to the community and have an obligation to report back to them [regarding] the problems resolved or progress made.

Accommodating Biomedical Health Care and Culture

Participants expressed a need for the community to accommodate scientific health care practices in their culture, and to embrace new scientific advances in medicine in order to benefit pregnant women. They suggested that clinic committees and community leaders should lead awareness raising on the importance of antenatal care in the community. Community leaders should assist in dispelling harmful cultural beliefs about antenatal care. The following was said in this regard:

> People should learn to trust available scientific measures these days, rather than continue using traditional *muti* [medicine].

> Such topics should be tackled in *ibandla* community gatherings where traditional leaders and traditional healers meet to address cultural issues. Times have changed, and there are so many myths that people cling to that are not helpful.

Expanding Maternal Health Education through the Available Human Resources and Mobile Health Services

To expand health education on antenatal care in the community, participants suggested that the DoH ought to collaborate with community structures, traditional leaders, development partners, and other relevant departments:

> The clinics can work with schools and teachers who are responsible for this.

> Teenage mothers should be given information about the importance of attending antenatal care. This should be done at home and [in] the community.

Using Media to Raise Awareness on Antenatal Care and Disseminate Information to the Community

Participants suggested the use of different media to disseminate information and expand the understanding of the importance of antenatal care:

> Community campaigns can be conducted to encourage pregnant women to attend antenatal care, including any other health-promoting issues that can help the people.

> To get education slots from the community radio station to reach the whole community. This could be planned with the governance structures.

Empowering and Using Existing and Functional Community-based Structures for Health Education

To effectively use other stakeholders in community education on antenatal care, participants suggested that health care providers need to train them first:

> The home-based carers should spread information on the importance of antenatal care, as they already do household visits in the community. They are knowledgeable and trained.

> Community development workers can also assist when trained.

Teaching Men to Support Their Partners during Pregnancy

Participants indicated that men and other family members fail to support pregnant women because they do not understand the importance of attending antenatal care services. Men need to be targeted through health education. This is evident in the following quotes:

> Start involving men and educating them on how to support their pregnant partners through door-to-door campaigns and church services.

> We should help men to understand the importance of antenatal care; [they] will in turn encourage their partners to attend antenatal care.

Taking the Lead in Raising Awareness on the Importance of Antenatal Care

Participants indicated that, as members of clinic committees, they should assume a leading role in antenatal care awareness raising in the community. They were already involved in other forms of health education in the community. Participating in the study gave them the insight to resume this responsibility. This was evident in the following responses:

> As we are talking, I see the role we can play. We can work with the women in churches and raise awareness [in] the community on the importance of antenatal care.

> We should be working hand in hand with the community leadership.

> Community leaders should reach out to the community on health issues and encourage pregnant women to attend antenatal care.

The Role of Governance Structures: Resolving Health System Challenges in Facilities and Ensuring Positive Achievements

The study findings showed participants' understanding of the roles and responsibilities of the governance structures within local communities in the Bushbuckridge sub-district. The clinic committees in the area were functional. They held regular meetings to address challenges experienced in health facilities and successfully resolved some of these. Participants' comments included the following:

> Sometimes we resolve issues, like shortages of drugs and ambulance delays when it is called, in case of an emergency, due to ambulance shortages.

> The governance structures address problems like shortages of drugs and lack of equipment through the political structures.

Discussion

The participants acknowledged the importance of raising awareness of antenatal care. The existing facilities, including fixed and mobile facilities, were considered inadequate. However, the participants suggested that the provincial DoH should maximise the use of the available human and material resources, to expand and intensify awareness in the community in order to increase the uptake of antenatal care services.

Collaboration between Role Players and Maximising Available Resources

As mentioned above, the participants suggested that the DoH should maximise the use of the available human and material resources to expand and intensify awareness in the community and to increase the uptake of antenatal care services. Forging collaboration with existing stakeholders, such as community structures, traditional leaders, governance structures, and schools, was also seen as necessary. However, these stakeholders' ability to raise awareness on antenatal care needed strengthening first.

This is in line with the National Health Act, which requires community participation and accountability in health through governance structures (DoH 2004, 69; Gibbs and Campbell 2012, 31).

Targeting Men as Partners

The participants mentioned that men lacked an understanding of the importance of antenatal care attendance and failed to support their pregnant partners. Targeting men was necessary to encourage and strengthen partner support. If informed, men could be functional support structures to encourage women to attend antenatal care services. Titaley, Dibley, and Roberts (2010) concur that partners should be targeted in health education, rather than focusing on women only. In Uganda, village health teams successfully sensitised and mobilised male partners in the community to be involved in antenatal care (Ediau et al. 2013).

It was further suggested that local community radio stations, campaigns, and pamphlet distribution should be used to raise awareness and disseminate information in the community on the importance of antenatal care. Simkhada et al. (2007, 256) affirmed that in southern India, exposure to mass media such as television and radio was a significant predictor of antenatal care utilisation. Zamawe, Banda, and Dube (2015) concur by indicating that in Mchinji district, Malawi, men who listened to maternal health programmes broadcast by Phukisa la Moyo Radio were more involved in maternal health issues than those who did not. Thus, the use of mass media was effective in promoting maternal health issues such as antenatal care and childbirth.

Utilising Existing Capacity and Building Additional Capacity to Deliver Antenatal Care Services

The findings showed that health care providers needed to build the capacity of community-based structures on antenatal care awareness. Participants believed that, if appropriately taught, traditional birth attendants could assist in raising community and family awareness on the importance of attending antenatal care services. They noted that all family members should be targeted to receive information on antenatal care. Participants also commented that they could easily lead antenatal education in the community, as they are already involved in other health education strategies and processes, such as those concerning teenage pregnancy.

The above is in accordance with findings of research studies from different parts of the world. Titaley, Dibley, and Roberts (2010) indicate that existing structures, such as traditional birth attendants, were essential and highly utilised in Indonesia. They played a strategic role in pregnancy and post delivery. Furthermore, they are trusted, and their cultural practices are known.

In Uganda, village health teams were used as front-line community workers for community sensitisation and mobilising male partners to be involved in antenatal care

(Ediau et al. 2013). They educated the community and tracked women who had missed their antenatal care visits and encouraged them to give birth in health facilities. They acted as a link between the Ministry of Health and the community, while health care workers acted as their supervisors.

Executing Mandated Roles and Responsibilities

During the research interviews, the expected roles and responsibilities of governance structures were identified as resolving health system challenges experienced by health care facilities and their positive achievements. The participants perceived the clinic committees in Bushbuckridge sub-district as functional. They held regular meetings to address and resolve challenges experienced in health facilities. For example, they had successfully resolved water and staff shortages, long waiting times, patients' complaints, and maintenance of some facilities. The participants regarded these achievements as confirmation of the functionality of governance structures. The governance structures acted as communication channels between the clinics and the community and were informally accountable to local communities through feedback meetings. However, their involvement in planning and health service provision had not yet been realised. Thus, mechanisms for public accountability and promoting dialogue and feedback between health providers and the public need to be established. This view is supported by Berger et al. (2013, 69), who attribute this lack to a gap in provincial legislation which compromises the functioning of provincial and local governance structures.

Conclusion

The study sought to explore and describe the recommendations of local stakeholders in promoting antenatal care uptake in the Bushbuckridge sub-district. The findings show that this can be done by expanding health education efforts, strengthening the use of existing community-based structures, and harnessing the support of male partners during pregnancy.

The study showed that both community leaders and clinic committees could be involved in promoting antenatal care uptake in the community, in collaboration with health care providers. The study also confirmed the willingness of community leaders and clinic committees to take the lead in expanding BANC awareness in the community, in collaboration with health care workers. The clinic committees' previous involvement in health awareness campaigns is a strength that could contribute to the success of antenatal care awareness raising efforts.

The overall conclusion to the study is that there is a need to formalise community participation and reporting mechanisms for clinic committees and other governance structures to be accountable to the community in promoting BANC services. Strengthening stakeholder collaboration and resourcing is another need that was identified.

Recommendations

In order to give effect to their statutory mandate—and in compliance with the *District Health Planning and Monitoring Framework* (DoH 2017b), the *Basic Antenatal Care Handbook* (Pattinson 2007), and the *Guidelines for Maternity Care in South Africa* of 2015 (DoH 2015)—various recommendations can be made for district health governance structures (clinic committees/hospital boards, CHC committees, and district health councils). The aim is to address poor antenatal care service uptake in Bushbuckridge. The recommendations are the following:

- Health care providers ought to build the capacity of all stakeholders to raise awareness in the community and to involve men in supporting the health care needs of pregnant women.

- District health governance structures ought to upscale antenatal care facilities, engage communities, integrate planning, and set indicators and targets for the monitoring of antenatal care in the sub-district.

- Clinic committees ought to report on antenatal care services through regular feedback at formal community meetings in Bushbuckridge.

- The provincial DoH ought to form partnerships, collaborate with relevant stakeholders, and build their capacity to promote BANC Plus uptake in the community, thereby promoting maternal and infant health and reducing morbidity and mortality.

Limitations

The study findings are context-specific to the Bushbuckridge sub-district, a rural area in Mpumalanga. Therefore, the findings cannot be generalised to urban contexts.

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