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PERCEPTIONS OF PREGNANT WOMEN ON OPTIMAL TIME TO INITIATE ANTENATAL CARE AT SELECTED CLINICS IN TSHWANE DISTRICT, GAUTENG

Dissertation

By

Lindiwe Margareth Mahlangu

Student number: 99278333

Master's in Clinical Nursing Science

Faculty of Health Sciences

School of Health Care Sciences

Department of Nursing Science

Supervisor: Prof M Yazbek

Co-supervisor: Dr PM Jiyane

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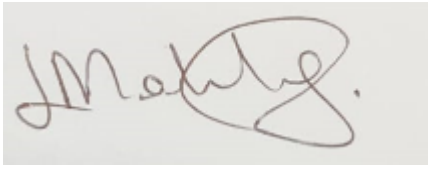
DECLARATION

Student number: 99278333

I declare that the dissertation entitled **"Perceptions of pregnant women on optimal time to initiate antenatal care at selected clinics in Tshwane District, Gauteng"** is my original work and that all the sources have been acknowledged by means of complete references in the text and the reference list. I further declare that this work has not been submitted for any degree or examination at any other institution.



December 2021

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LINDIWE MARGARETH MAHLANGU **DATE**

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DEDICATION

I dedicate this study to my beloved parents Martha and Wellem Masilela, who shaped me into the woman I am today, this is a particular tribute. When I first began this journey, I knew that if you had been given more days of life, you would have been able to support me all the way since you were the best parents anyone could ask for. Your memories will remain in my heart forever.

This study is dedicated to several people who have inspired my academic career, including some whose names are not stated.

Above all, I thank God for providing me with the courage, wisdom, and knowledge necessary to conduct this research.

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LIST OF ABBREVIATIONS / ACRONYMS

Abbreviation / acronym	Meaning
ANC	Antenatal care
BANC	Basic Antenatal Care
HELLP	Haemolysis Elevated Liver enzymes and Low Platelet count
iMMR	Institutional Maternal Mortality
NDoH	National Department of Health
NHI	National Health Insurance
PHC	Primary Health Care
SA	South Africa
SADHS	South Africa Demographic Health survey
UK	United Kingdom
UNFPA.	United Nations Population Fund
WHO	World Health Organization

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ABSTRACT

PERCEPTIONS OF PREGNANT WOMEN ON OPTIMAL TIME TO INITIATE ANTENATAL CARE AT SELECTED CLINICS IN TSHWANE DISTRICT, GAUTENG

Introduction: The time to initiate antenatal care (ANC) during pregnancy is very important because it contributes to better pregnancy outcomes with reduced maternal and perinatal morbidity and mortality. Antenatal care services are the key entry point for integrated management of pregnancy related conditions that affect both mother and the infant, and those services should be initiated at the onset of pregnancy.

Objectives: The aim of the study was to explore and describe perceptions of pregnant women related to the optimal time to initiate antenatal care at selected clinics in the Tshwane District, Gauteng.

Methods: A qualitative exploratory descriptive design was undertaken to explore and describe perceptions of pregnant women related to the optimal time to initiate antenatal care at selected clinics using semi-structured interviews for data collection. The purposive sample consisted of 10 pregnant women, five from each identified public clinic. Data were analysed using the thematic data analysis method. Trustworthiness was obtained through authenticity, credibility, dependability, conformability and transferability and ethical principles were adhered to.

Findings: Three themes were identified: (a) knowledge and perceptions towards antenatal care, (b) challenges related to reporting late for antenatal care and (c) suggestions regarding optimal antenatal care visit. Literature was used to discuss and support the identified themes.

Conclusion: The study highlighted the perceptions of pregnant women on the optimal time to initiate antenatal care. The women are confronted with challenges related to reporting late for ANC which included staff attitude, long queues, being non-South African and the use of contraceptives. Therefore, suggestions to help curb the challenges of late initiation of antenatal care have been clearly stipulated to improve nursing and midwifery practice.

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CHAPTER 1

OVERVIEW OF THE RESEARCH

1.1 INTRODUCTION AND BACKGROUND

Antenatal care (ANC) is considered the first step to improved pregnancy outcomes. Antenatal care is the care provided to a woman from the beginning of pregnancy until the onset of labour (Chimatiro, Hajison, Chipeta & Muula, 2018:2). Antenatal care is the health care of pregnant women and their foetuses, aiming at health promotion, prevention, screening, early diagnosis and management of disease (WHO, 2016:6). Timely access to antenatal care which is within the first trimester of pregnancy is associated with early detection and management of pregnancy related complications (Bwalya, Sitali, Baboo & Zulu, 2018:2, Wolde, Tsegaye & Sisay 2019:1).

The World Health Organization (WHO) antenatal care guidelines recommend that all pregnant women should book their first antenatal care contact within 12 weeks of gestation and have a minimum of eight contacts for the duration of their pregnancy for improved pregnancy outcomes. This guideline is based on data suggesting a minimum of eight encounters is linked to fewer perinatal mortality and a better pregnant experience for women (WHO, 2016:101). In India, despite the Indian government's efforts over the last two decades, just one fifth of pregnant women have received full ANC. Half of the women did not receive the minimum of four ANC visits, which is a modest expectation when compared to the World Health Organization's (WHO) new guidelines of a minimum of eight visits *(*Kumar, Choudhary, Srivastava, Upadhyay, Taneja, Bahl, Martines, Bhan, Bhandari, & Mazumder, 2019:5). The basic antenatal care (BANC) plus guideline for ANC which increased the number of contacts to eight was introduced by the South African National Department of Health in 2017 (Pattinson, Hlongwane & Vannevel, 2019:16).

In South Africa, the WHO recommendations were acknowledged, and pregnant women are encouraged to book for ANC services immediately when they suspect that they are pregnant. The reason for the initiative is for early identification of pregnancy risks, provision of preventive health services like immunization against tetanus, receiving testing and management for conditions like malaria, tuberculosis, HIV/AIDS and anaemia to reduce infant and maternal mortality (National Department of Health, 2015:34). Poor pregnancy outcomes such as premature birth, stillbirths, maternal and infant morbidity, and mortality have been reported to be related to late initiation of antenatal care (Paudel, Jha & Mehata, 2017:2).

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Maternal mortality is a universal challenge with over 300,000 deaths that occurred because of pregnancy related complications in 2015, 66% of these maternal deaths took place in sub-Saharan Africa (WHO, 2015:1). Globally maternal deaths have fallen from 342 maternal deaths per 100 000 in 2000 to 211 deaths per 100, 000 live births in 2017, as women have acquired access to family planning and competent birth attendance in many countries. (UNFPA, 2020:1). In underdeveloped countries, however, substantial maternal mortality remains with severe bleeding, infection, eclampsia, obstructed labor and the repercussions of improper abortions killing the majority of women (UNFPA, 2020:1). Complications affect not just women who book late for ANC, but their babies as well. If folic acid and folate were not given to the woman during pregnancy, the following complications could occur: brain and spinal cord abnormalities in newborn babies, neonatal tetanus if tetanus toxoid vaccination was not given to an expectant mother (Simelane, 2021:12). Therefore pregnant women should be encouraged to schedule their first ANC appointment early in their first trimester. This will ensure that they receive the best care and treatment possible during their pregnancy and delivery.

In 2015, the maternal mortality rate in the Kingdom of Saudi Arabia was announced by the Minister of Health and the ratio was 12 deaths per 100,000 live births with 1,6% of maternal deaths among the women of childbearing age. The figures were suggestive of women not accessing the benefits of ANC which includes early detection of pregnancy related risks and management of pregnancy related complications (Al Daajani, Gosadi, Milaat, & Osman, 2020:17). In the United States, 84% of pregnant women initiate ANC during their first trimester (Chimatiro et al, 2018:2). The government of Nepal recommends four antenatal care visits for pregnant women and initiated free access to maternity services with free transport and incentives in promotion of the recommended visits, but only 50% of the pregnant women attend all four ANC visits in Asia (Paudel et al, 2017:2). In the United Kingdom (UK), the ANC guidelines recommend ten appointments of antenatal care in a nulliparous woman with complications and seven appointments in a multiparous woman without complications (NICE, 2019:13). The first ANC contact in the UK should preferably be at 10 weeks gestation (NICE, 2019:9).

Women from socially disadvantaged backgrounds in the UK do not attend antenatal care as recommended by the guidelines and end up having unsatisfactory pregnancy outcomes (Hunter, Da Motta, Mc Court, Wiseman, Raymat, Haore, Wiggins & Harden, 2018:56). In Australia, the United States of America and Iran, group ANC was initiated with success as it is linked with improved ANC attendance rates and pregnancy outcomes. Group ANC entails providing simultaneous antenatal care to 8-12 group members, with women of almost the same expected date of delivery and is conducted by the same health care professionals in every meeting (Hunter et al, 2018:56).

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Regardless of the WHO recommendations to book ANC during the first trimester of pregnancy which is ideally before 12 weeks gestation, late presentation at the first antenatal care visit is common in Sub-Saharan Africa (Ebonwu, Mumbauer, Uys, Wainberg & Medina-Marino, 2018:1). In a study conducted in Ethopia by Wolde et al, (2019:6), it was found that 52.5% of pregnant women were late bookers and they initiated their ANC services after 20 weeks gestation. The 2015-2016 Malawi Demographic and Health survey (MDHS) reported that only 25% pregnant women-initiated ANC during the first trimester in Malawi and 50% of women managed to honour all four basic ANC visits as scheduled (MDHS, 2017:8).

Maternal deaths in Swaziland remain extremely high despite a decrease from 532 per 100 000 live births in 2005 to 437 per 100 000 in 2017, (WHO, 2019:). In a study conducted in Swaziland it was discovered that only 22% of women reported for their first ANC at less than 16 weeks gestation despite the new Swaziland ANC 2020 guidelines which stipulates that women should book their 1st ANC visit at 12 weeks of gestation (Simelane, 2021:20). South Africa has a 94% ANC coverage, of which 47% booked their first ANC visit before 12 weeks gestation and 6% of women never attend ANC (South Africa Demographic Health survey, 2016:8). Ebonwu et al, (2018:5) reported that from all the women who participated in a study conducted in Limpopo, South Africa, 72% presented late for their first antenatal visit which was later than 12 weeks gestation, with 11% that presented during the third trimester. In another study conducted in Gauteng, South Africa, healthcare providers identified women's lack of ANC knowledge as a contributing factor to late booking for ANC (Jinga, Mongwenyana, Moolla, Malete & Onoyo, 2018:4).

Studies conducted on initiation of ANC revealed that late bookings from the women's perspective were associated with staff attitude, poor clinic waiting times, not perceiving care as important, and perhaps not knowing when care should begin (Alanazy & Brown, 2020:5; Nisingizwe, Tuyisenge, Hategeka & Karim 2020:5; Warri & George, 2020:8). Hence further studies covering distinct geographical settings would be convenient for evidence-based policy making (Haddad, Makin, Pattinson, & Forsyth, 2016:3; Mgata & Maluka 2019:7).

Late bookings for ANC have been identified as an area of concern despite free access to ANC services in South Africa, hindering the benefits of timely first ANC visit like screening for congenital anomalies and chromosomal abnormalities (Moshokwa, 2018:2). Although some researchers investigated the factors contributing to delayed antenatal attendance and others focused on the barriers to the use of ANC services, women may not be aware of the optimal time to access ANC. Timely access to ANC services can ensure safe motherhood and assist in escaping most of the obstetric complications

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caused by delayed antenatal care (Fulpagare**,** Saraswat & Dinachandra, Surani, Parhi, Bhattacharjee, Purty, Mohapatra, Kejrewal, Agrawal, & Bhatia, 2019:2). The study will therefore focus on the perceptions of women of the optimal time to initiate antenatal care during pregnancy.

1.2 PROBLEM STATEMENT

Well-timed booking of antenatal care gives an accurate opportunity for promotion of health, prevention measures, and curative care for pregnant women and their unborn babies (Okedo-Alex, Akamike, Ezeanosike & Uneke, 2019:9). The initial appointment is crucial since it is at this time that a woman's gestational age and risk factors are fully assessed by taking the pregnant woman's medical history, including the current pregnancy, previous pregnancies, previous history of preterm birth, complications and outcomes, medical problems, including psychiatric problems and previous operations (Ali, Dero, Ali & Ali, 2018:41). Delayed antenatal care attendance hinders the ideal benefits of antenatal care services such as early identification of risk factors before 20 weeks gestation and initiation of treatment for effective management (Kaswa, Rupesinghe & Longo-Mbeza, 2018:2). Delayed antenatal care booking is associated with a high rate of foetal, maternal and infant's morbidity and mortality. Universally about 500,000 women die yearly due to pregnancy and birth complications (Alanazy & Brown 2020:1). Antenatal care services and delivery care are two approaches of reducing maternal mortality that are generally effective. The ANC service ensures a healthy pregnancy, as well as raising knowledge about the benefits of antenatal care and delivery (Tekelab, Chojenta, Smith, & Loxton, 2019:2).

In sub-Saharan Africa more than 60% women started attending antenatal care after 20 weeks gestation in 2016 and obstetric complications such as miscarriages and stillbirth could have been prevented (Jinga et al, 2019:1). Studies conducted shows that low health literacy of most women related to antenatal care has contributed to inadequate knowledge regarding the ideal booking time for antenatal care, which is before 12 weeks gestation and the purpose of early booking (Karim, 2019:1106, Warri & George, 2020:9, Okedo-Alex et al, 2019:11). As a result, there will be delay in the initiation of antenatal care services contributing to pregnancy related complications with an increased maternal and infant mortality rate (Karim, 2019:1101).

Late ANC bookings contributes to a delay in the initiation of treatment in pregnancy induced conditions such as hypertension, which can complicate to eclampsia or Haemolysis Elevated Liver enzymes and Low Platelet count (HELLP) syndrome (Ebonwu et al, 2018:8). These pregnancy complications may result in prolonged hospital stay in high care where there are limited number of beds and that results

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in denying of access to health care of other patients. Prolonged hospital stay also has an impact on the costs of medical services. Loss of a mother to a new-born in the event a maternal death poses a burden to the community because the infant and other siblings left behind by the deceased need to be taken care of by family members (Aikpitanyi, Ohenhen, Ugbodaga, Obemhen, Omo-Omorodion, Ntoimo, Imongan, Balogun & Okonofua, 2019:2). Many maternal mortality could be avoided using proven interventions. Approximately 60% of maternal deaths are caused by factors that can be identified and addressed during the ANC period (Moshokwa, 2018:3)

A study conducted in Ghana shows that delayed antenatal care is still reported irrespective of the governments' initiative of programmes to improve access to the health care such as community-based and free access to antenatal care services (Kotoh & Boah, 2019:2). Despite the provision of free access to antenatal care services, South Africa is still performing poorly in terms of early booking of antenatal care as compared to other middle-income countries (Kaswa et al, 2018:2).

Late booking is a challenge in South Africa even though we have a 94% ANC coverage (Kaswa et al, 2018:2). Most women suspect that they are pregnant within three weeks of conception due to symptoms like amenorrhea and confirm pregnancy by doing self-pregnancy tests, but commence ANC after 20 weeks gestation (Moshokwa, 2018:1). Presenting late for the first ANC visit is associated with a delay in screening for high-risk pregnancy which delay the opportunity to prevent adverse pregnancy outcomes (Ebonwu et al, 2018:8).

Studies conducted in the South African context revealed the reasons for late ANC booking from the women's perspective were associated with a lack of reproductive health knowledge in the primigravida, poor waiting time, staff attitude and rudeness (Erasmus et al, 2020:472; Kaswa et al, 2018:8). These findings were supported by other studies conducted by Alanazy and Brown (2020:5); Nisingizwe, Tuyisenge, Hategeka and Karim (2020:5); and Warri and George (2020:8).

Ebonwu et al (2018:5) found late ANC presentation in rural and peri-urban communities in South Africa was associated with being married, working commitments, being a primigravida and unplanned pregnancy. In a study conducted in Pretoria, South Africa, the barriers to early initiation of ANC were explored through women's perceptions. The results unveiled those women presented late for ANC because they feared their HIV test outcome and fear of being bewitched (Haddad et al, 2016:3). Evidence suggests that to develop interventions that will address delayed ANC presentation, more local studies are recommended (Haddad et al, 2016:3; Mgata & Maluka, 2019:7).

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According to the South African Saving Mothers report 2014–2016, the Institutional Maternal Mortality (iMMR) for potentially preventable deaths decreased from 100 per 100 000 live births in 2008-2010, to 92.6 and then to 83.3 in 2011-2013 and 2014-2016 respectively This reflects a gradual but continuous decrease in the number of deaths that could have been avoided (DoH 2017:2). As indicated by the Saving Mothers report of 2014–2016, the iMMR in provincial tertiary hospitals is 160 per cent higher than regional and national central hospitals. The high mortality rate in provincial tertiary hospitals is most likely related to a combination of cases referred in poor condition from lower levels of care with the care provided prior to admission to the provincial tertiary hospital frequently poor (DoH 2017:5).

The researcher observed in the records of the labour ward of a provincial tertiary hospital in the Gauteng Province, South Africa, that most women who were admitted in high care with conditions such as pre-eclampsia and pulmonary embolism, delayed seeking antenatal care within the first trimester during pregnancy. The file audits done at the same hospital during monthly perinatal reviews show that 80% of the cases might have been avoided if pregnant women had started antenatal care sooner. Pregnant women's perspectives on late ANC registration have been researched on a global, international, and local level, however a study conducted on health care provider's perspective revealed that to positively influence the decision making for the benefits of early ANC attendance, there is a necessity to explore South African women's perceptions of pregnancy and ANC (Jinga et al, 2019:8). Hence the purpose of the study is to explore the perceptions of women of the optimal time to initiate antenatal care during pregnancy at the public clinics in the Tshwane District, Gauteng Province of South Africa. Exploring ANC utilization among pregnant women may be useful in identifying discrepancies, identifying impediments and suggesting relevant measures to improve ANC uptake.

1.3 SIGNIFICANCE OF THE PROPOSED STUDY

1.3.1 Nursing practice

The research findings may inform policy makers and nurse practitioners regarding developing measures that could create awareness amongst pregnant women to promote timely ANC visits which also contributes to improved pregnancy outcomes.

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1.3.2 Nursing management

This study will bring to the attention of stakeholders the difficulties women have in getting to prenatal care early. It may also serve as a guide for policymakers in developing new recommendations for ANC management.

1.3.3 Community health education

The findings of the study may form the basis of education regarding measures that could create awareness amongst pregnant women to promote timely ANC visits which also contributes to improved pregnancy outcomes.

1.3.4 Nursing research

The findings of this study will assist the researcher to identify the gaps in available research on ANC and might contribute towards the body of knowledge with identified opportunities for further research into the topic.

1.3 RESEARCH QUESTION

The research question for this study was:

What are the women's perceptions on the optimal time to initiate antenatal care during pregnancy?

1.4 RESEARCH AIM AND OBJECTIVE

The research aim and objective of the study was to explore and describe the perceptions of ANC attending women on the optimal timing of initiating ANC during pregnancy.

1.5 CONCEPT CLARIFICATION

1.6.1 Antenatal care

According to Dippenaar and da Serra (2018:223), antenatal care refers to care given to women during pregnancy from conception of pregnancy until commencement of true labour. In this study antenatal care referred to health care provided to pregnant women during the entire antenatal period before labour begins for the purpose of early identification of risk factors and promotion of health-related behaviour.

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1.6.2 Clinic

"Clinic" refers to a health facility that functions only on weekdays during working hours with antenatal care as one of the activities of that clinic (South African Maternity Care guidelines, 2015:19). In this study a clinic is a facility that normally operates for eight hours a day providing assessment and care for chronic diseases, child health, family planning and antenatal care.

1.6.3 Late booking

"Late booking" is defined as accessing ANC services after the first trimester of pregnancy, which is after 12 weeks of gestation (Department of Health, 2016:20). In this study, "late booking" refers to pregnant women who schedule ANC after 20 weeks of gestation.

1.6.4 Optimal time

"Optimal time" is defined as the quality of being the best or most favourable to bring success or advantage (Cambridge Advanced Learners Dictionary, 2013:1080). In this study "optimal time" is the gestational age before 20 weeks which is the ideal time for first presentation at ANC.

1.6.5 Perception

Perception is a psychological process in which sensory neurological impulses reaching the brain are selected, processed and interpreted for humans to make sense of and assign meaning to sensations (Weiten 2018:156). In this study "perceptions" refers to the pregnant women's ability to understand and interpret the way in which they view the optimal time to initiate ANC.

1.6.6 Pregnant women

Pregnancy is confirmed only after implantation is complete therefore, it is a state in which a woman carries a fertilized egg inside her body for at least 40 weeks while it develops (Fraser, Cooper & Nolte, 2014:10). In this study a pregnant woman is a woman expecting to carry a live baby for nine months after the period of conception.

1.7 PHILOSOPHICAL ASSUMPTIONS

Assumptions are fundamental principles that are believed to be true without validation (Polit & Beck, 2017:9). Researchers need to be able to understand coherent beliefs regarding the nature and reality, what can be known and how this knowledge can be attained (Rehman & Alharthi, 2016:51). In this study a constructivist paradigm was applied. Constructivist paradigm believes that knowledge is expanded when the gap between the researcher and the participant of the study is decreased through direct interaction (Polit & Beck, 2017:11). The researcher will engage with participants to describe their perceptions on the optimal time to initiate ANC using individual semi- structured interviews.

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Constructivism is socially constructed, and it introduces another element that differentiates between knowledge of the human world and that of physical world in a particular situation (Grove, Burns & Gray, 2013:179).

In this study a constructivism approach was applied as the researcher depended on the participant's perspectives of the situation in question (Creswell, 2014:8). The aim of the study is to learn about the various perspectives that people have to the world. As a result, the ontological, epistemological and methodological assumptions influencing the constructivist paradigm were discussed below as follows:

1.7.1 Ontological assumptions

Ontology is dealing with the nature of reality. The world is defined by people's perceptions and experiences as they interact together (Botma, Greeff, Mulaudzi & Wright 2010:40). According to a qualitative and constructivist approach people experience reality differently and that reality is subjective as the participants are permitted to communicate their perceptions about how they understand the social reality of the matter under discussion (Botma et al, 2010:44).

In this study the researcher apprehended the perceptions of the participants on the optimal time to initiate ANC through individual semi- structured interviews to achieve intense and comprehensive description of how the participants view their environment as a contributory to them reporting late for their first ANC visit and the patterns of meaning as participants explained their views as perceived differently on the subject under investigation were identified.

1.7.2 Epistemological assumptions

Epistemology refers to the study of knowledge and tries to answer the question of "How do we acquire this knowledge?" and "What determines this knowledge to be legit?" (de Vos, Strydom, Fouche & Delport, 2011:309). Within the constructivist approach, in this study the question is how knowledge of participants related to the optimal time to initiate ANC will be acquired. Therefore, the researcher used authoritative knowledge because it is knowledge acquired from the people, which are pregnant women in this study. The researcher depended on the participant's views of the situation in question and was involved in the construction and interpretation of data (Polit & Beck, 2017:11). The researcher facilitated the process and pregnant women candidates were actively involved in the research process as participants.The researcher gathered sufficient data on the perspectives of women candidates during their pregnancies. The study's findings included the establishment of a collaborative process between the researcher and the participants.

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1.7.3 Methodological assumptions

Methodology refers to the techniques of how the researcher will conduct the study in question (Guba & Lincoln, 2013:137). The researcher used a constructivist approach which assumes that reality is the outcome of human activities which cannot be detached from its components (Green & Thorogood, 2014:52). The researcher listened attentively to the participants about their life world because the questions were more open-ended (Creswell, 2014:8). In this study the researcher used a Semi-structured individual face-to-face exploratory descriptive qualitative approach to explore and describe the perceptions of women on the optimal time to initiate ANC during pregnancy. The researcher believes that scientific research should be systematic, well-planned, ordered, and documented in such a way that the research community may have faith in study findings which will improve the quality of health services and care for all persons involved.

1.8 DELINEATION

The focus of the study was on pregnant women who presented for their first ANC contact after 20 weeks gestation which is considered as delayed antenatal care at the selected clinics. The researcher wanted to explore and describe the perceptions of women on the optimal time to initiate ANC during pregnancy.

1.9 RESEARCH DESIGN AND METHODOLOGY

1.9.1 Research design

Research design is defined as a plan of action that permits the researcher to obtain answers from the research questions and make sure that the study is sincere (Polit & Beck, 2017:743). Qualitative exploratory descriptive design was suitable for this study to explore and describe the perceptions of pregnant women on the optimal time to initiate antenatal care intensively. The design will be discussed in more details in 2.2. chapter 2.

1.9.2 Research methodology

Methodology it is an organized programme of action that specify how the researcher will conduct the study to reach the truth of the phenomenon under study (Botma et al, 2010:41). Research methods are employed to construct the study, to collect and analyse information suitable to the research question (Polit & Beck 2017:743). The approaches will be discussed in detail in 2.3 chapter 2.

1.9.3 Context

According to Grove et al, (2013:373) the context is the research setting which is described as the location where a study is conducted. This study was conducted in the City of Tshwane Metropolitan Municipality in Gauteng Province in South Africa. The study was carried out in the two selected clinics

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that operates for eight hours per day only on weekdays. These clinics were selected because they offer antenatal care services. See 2.3.1 chapter 2

1.9.4 Population

Population is the whole aggregation of cases in which the researcher is concerned about (Polit & Beck, 2017:249). The target and accessible population were pregnant women who presented for their first time ANC contact after 20 weeks gestation in the clinics selected for the study setting. See 2.3.2 chapter 2.

1.9.5 Sampling method

Sampling is the process of selecting a portion of the population to stand for the whole study population (Polit & Beck, 2017:250). Purposive sampling was suitable for this study as defined by Burnard, Morrison and Gluyas (2011:67) as the method whereby the sample is chosen on the merit that participants will have information about the topic under study. The sample comprised of ten pregnant women who were considered late bookers initiating ANC after 20 weeks gestation. Inclusion criteria were pregnant women above 18 years of age, presenting for their first ANC visit after 20 weeks gestation and who were willing to participate in the study. Exclusion criteria were all pregnant women who presented at the clinic for their subsequent visits and those women who presented for the first time below 20 weeks gestation.

1.9.6 Data collection

Data collection is defined as “an orderly gathering of information suitable for the purpose of the study” (Grove et al, 2013:45). According to Polit and Beck (2017:725) data collection is the process of gathering information to tackle a research problem. The researcher used semi-structured interviews to obtain data as it is a conformed method to explore in-depth meaning of the phenomenon under study. Open-ended questions were used to acquire information. The researcher audio-recorded the interviews and took field notes to aid understanding of the phenomenon (Polit & Beck 2017:286). Data collection will be discussed in detail in 2.3.4 chapter 2.

1.9.7 Data analysis

Data analysis is a procedure of examining, categorizing, tabulating, and recombining collected data from the research study (Grove et al, 2013:279). According to Polit and Beck (2017:725) data analysis is a logical organization and synthesis of research data. It involves splitting information into

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manageable themes, patterns, trends, and relationships (Babbie & Mouton 2014:108). In this study data analysis was conducted using six phases of thematic data analysis method (Braun & Clark, 2006 cited by Nowell, Norris, White & Moules, 2017:4-10). Refer to 2.3.5 chapter 2 for the phases of thematic data analysis description.

1.10 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence qualitative researchers have in their study (Polit & Beck, 2017:747). In this study the researcher used the criteria by Lincoln and Guba (1985) for instituting trustworthiness as cited by Polit and Beck (2017:559). Furthermore, the criteria of authenticity, credibility, dependability, conformability and transferability will be discussed in 2.4 chapter 2.

1.11 ETHICAL CONSIDERATIONS

Polit and Beck (2017:727) defines ethics as a system of moral values that is interested in the degree to which the research procedures comply with professional, legal and social obligation with the participants of the study. The research proposal was submitted to the Ethics Committee, Faculty of Health Sciences at the University of Pretoria for approval before the commencement of the actual research.

Permission from the Gauteng Department of Health, Tshwane Research Committee was also granted. Three ethical principles were identified in the Belmont Report as cited by Grove et al, (2013:162) are relevant to research involving human subjects, which are: (a) the principle of beneficence, (b) the principle of justice and (c) the principle of respect for human dignity. In this study the same principles in the Belmont Report were applied.

1.11.1 Beneficence

Beneficence is the process of doing good and do no harm to the research participants (Grove et al, 2013:162). All the participants were protected from physical and social harm, and emotional trauma. The participants were protected from exploitations like not being promised benefits as a way of buying favours for information. Refer to annexure C.

1.11.2 Justice

The principle of justice addresses the participant's right to fair treatment while maintaining their privacy (Polit & Beck, 2017:141). All the participants were treated fairly, and selection was based on study requirements and not vulnerability. Privacy of the participant's lives was respected and maintained,

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and if they decided to withhold any information, the researcher pursued the question. The participants had a right to confidentiality, and the information they submitted would not be used to identify them as stated in the consent form. Refer to annexure C.

1.11.3 Respect for human dignity

Polit and Beck (2017:140) state that respect for human dignity emphasizes the right to self-determination and the right to full disclosure.

The right to self-determination means that potential participants have the right to decide whether they participate in the study without any risks (Polit & Beck, 2017:140). The participants were informed that their participation in the study is voluntary without any coercion, and they are free to withdraw from the study if they wish to do so without being subjected to any prejudice. Informed consent was obtained from the participants before the collection of data and none of the participants withdrawn.

The right to full disclosure suggests that the people's right to make informed voluntary decisions is dependent on full disclosure about the study (Polit & Beck, 2017:140). The nature of the proposed study was explained to the participants for them to have insight when deciding to participate in the study. Refer to annexure C.

1.12 LAYOUT OF CHAPTERS

This report is divided into four chapters, illustrated as follows:

Chapter 1: In this chapter the researcher introduced the research topic, provided background, and described the problem statement, significance of the study, aim and objective. The researcher further outlined definitions of key concepts, research methodology, philosophical assumptions, ethical considerations, and measures to ensure trustworthiness.

Chapter 2: In this chapter, the research methodology is outlined, with emphasis on the research design, population, sampling, data collection and data analysis processes. The ethical considerations and measures to ensure trustworthiness for this research were discussed.

Chapter 3: This chapter is devoted to a discussion of research findings and literature control, provides a comprehensive survey of the literature on the subject at hand and compares them to the findings of other researchers.

Chapter 4: This chapter summarizes the study findings in relation to the objectives, identifies limitations, implications, gives recommendations based on the research findings and reports the conclusions of the study.

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1.13 CONCLUSION

Chapter 1 provided an overview of the study which comprised of: introduction and background, problem statement, the aim and objective of the study, the significance of the study, philosophical assumptions and definitions of key concepts used in the study. The methodology will be discussed in detail in chapter 2.

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CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

The previous chapter outlined the orientation of this study. This chapter describes the research design and methodology implemented to address the requirements of the study. The research design is qualitative in nature with the aim of exploring and describing perceptions of ANC attending women on the optimal timing of initiating ANC during pregnancy. The research design and methods were discussed by elaborating on the design, population, sampling, data collection and analysis method.

2.2 RESEARCH DESIGN

Research design is defined as a plan of action that permits the researcher to obtain answers from the research questions and make sure that the study is sincere (Polit & Beck, 2017:743). In this study the design was discussed in terms of a qualitative, exploratory, descriptive design which will be explained below.

2.2.1 Qualitative design

Qualitative research according to Polit and Beck (2017:741) is the method where a situation is investigated naturally in an in-depth and integrated fashion through the collection of rich narrative materials using an adjustable research design. Furthermore, Polit and Beck (2017:464) indicated that qualitative researchers mostly collect their data in real-world naturalistic settings. According to Burnard et al (2011:49), qualitative research attempts to study personal subjective perceptions attached to people's experience. In this study the qualitative exploratory, descriptive research design was utilized in a natural setting which was the clinics where the pregnant women initiated their ANC visits. The approach was to describe the perceptions of women on the optimal time to initiate ANC.

2.2.2 Exploratory design

According to Grove et al (2013:370), an exploratory study refers to obtaining an understanding of a situation or a phenomenon under study. It aims at exploring the proportions of the phenomenon according to its illustrations and factors with which it is related (Polit & Beck, 2017:728).

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This study was conducted with the purpose of exploring the perceptions of pregnant women on the optimal time to initiate antenatal care with anticipation to identify the unknown which can be addressed only through seeking the perspective of the people most affected (Burns, Grove & Gray, 2013:66). An exploratory research design is relevant for this study as it was able to provide in-depth information on the perceptions of women on the optimal time to initiate ANC in their own settings.

2.2.3 Descriptive design

A descriptive design is an approach used to get an accurate resemblance of people's characteristics or circumstances where a certain phenomenon prevails (Polit & Beck, 2017:726). Furthermore, Polit and Beck (2017:206) stated that a descriptive design is conducted to observe, describe, and mark features of a situation as it is lived by the participants. Descriptive research aims at describing things as they appear, what the real state of circumstance is and derives ideas from a diverse range of sources (Botma et al, 2010:194). Applying a descriptive approach made it possible for the researcher to understand the perceptions of women on the optimal time to initiate ANC.

2.3 RESEARCH METHODOLOGY

Methodology is an organized programme of action that specify how the researcher will conduct the study to reach the truth of the phenomenon under study (Botma et al, 2010:41). According to Polit and Beck (2017:743) research methods are the techniques used to conduct the study, gather data, and analyse the results. The research methods included the following: context, population, sampling, data collection and data analysis discussed below as follows:

2.3.1 Context

According to Grove et al (2013:373) the context is the research setting which is described as the location where a study is conducted, and might be natural, slightly regulated, or tightly managed (Burns & Grove 2013:40). This study was conducted in the City of Tshwane Metropolitan Municipality in Gauteng Province, South Africa. The City of Tshwane is a metropolitan municipality located in South Africa's distinctive multi-cultural society. The district has seven sub-districts with seven Community Health Clinics, six mobile clinics, six satellite clinics and 47 clinics of which 22 are managed by City of Tshwane municipality. The study was carried out in two selected clinics that operates for eight hours per day only on weekdays. These clinics are situated in the townships around Atteridgeville under region C and serve a variety of catchment populations.

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The selection of the clinics was based on the facts that they offer ANC services to low-risk women, refer all high-risk women to a nearby tertiary hospital where the problem was identified and they have limited uptake of antenatal services before 20 weeks of pregnancy. The selected clinics were close to the researcher's area of work; thus travelling costs were affordable. According to Statistics South Africa (2012:20) from census 2011, the City of Tshwane Metropolitan Municipality is serving a population of 2,921,488 people out of 12,272,263 population of Gauteng Province. At the time of the study, each clinic had a statistics of more than 6,000 patients per month.

The staff profile for each clinic varies but consists of Enrolled nursing assistants, Enrolled nurses, Registered nurses, Community health workers, administration clerks, support staff, counsellors, and a sessional Medical Practitioner with each clinic under the leadership of a facility manager.

2.3.2 Population

Population is the whole aggregation of cases in which the researcher is concerned about (Polit & Beck, 2017:249). According to Burns and Grove (2011:538) population refers to individuals or elements that meet particular requirements to be included in a study. For the purpose of this study the population consisted of all pregnant women who presented for the first time for ANC contact after 20 weeks gestation in the two selected clinics in the Tshwane District area, Gauteng. About 60 women report to each clinic for their first ANC visit per month. The participants I have chosen had specific criteria that provided me with the greatest information about the problem, such as being pregnant and reporting late for their first ANC visit. Information given will aid in the development of strategies and programs to improve ANC services and emphasize the necessity of early ANC booking among pregnant women.

2.3.3 Sampling

Sampling is the process of selecting a portion of the population to stand for the whole study population (Polit & Beck, 2017:250). In this study the sampling method that was employed was purposive sampling, which is defined by Burnard et al (2011:67) as the method whereby the sample was chosen on the merit that participants had information about the topic under study. The sample comprised of ten pregnant women (five from each selected clinic) who initiated ANC after 20 weeks gestation. The sampling size was determined by the saturation of information, when there was no new data, merely redundancy of already obtained data (Polit & Beck, 2017:497). The study's goal is not to be generalized or representative because it is qualitative, so a large sample wasn't required. Rather than the sample size, qualitative research focuses on gaining a deeper understanding of the participants' experiences and giving them meaning. The sample size is influenced by the quality of the content.

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As a result, when the quality is strong and the material is rich, fewer people are needed to get understanding into the research phenomenon (Grove, Gray & Burns, 2015:275; Polit & Beck 2017:250).

Inclusion criteria

Inclusion criteria refers to those features which are needed for a case to be observed as suitable population (Burns & Grove, 2011:539). The inclusion criteria for this study were pregnant women above 18 years of age (which was verified by their identity documents and asylum) who presented for their first ANC visit after 20 weeks gestation in the selected clinics in the Tshwane district, as the optimal time to initiate ANC is before 20 weeks gestation. Only English speaking participants were invited to partake in the study because an assisted researcher was not allowed during lockdown level 3 and there was diversity in the study setting. Participants were comfortable to converse in English.

Exclusion criteria

According to Burns and Grove (2011:727), the exclusion criteria is defined as participants with certain elements that are not relevant to the study under investigation, while Polit and Beck (2017:250) define exclusion criteria as the criteria which mention features that the population does not have. All pregnant women below the age of 18, those who presented at the clinic for their subsequent visits, and the women who presented for the first time but below 20 weeks gestation, were excluded.

2.3.4 Data collection

Data collection is defined as an orderly gathering of information suitable for the purpose of the study (Grove et al, 2013:45). According to Polit and Beck (2017:725) data collection is the process of gathering information to tackle a research problem. In this study semi-structured individual interviews were conducted in a conducive setting that was accessible to all participants where privacy was provided (Burns & Grove, 2011:695).The following phases were used during the process of data collection:

Preparatory phase

The researcher requested permission from the Tshwane district to conduct the study at their clinics. Permission was granted by Tshwane Research Committee (refer to annexure B). The dates and time were agreed upon by the researcher and the respective clinic managers and a data collecting timetable based on the researcher's and data collection site's logistical reality was drawn.

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Recruiting participants

Recruitment is the process of locating, identifying, categorizing, and approaching potential participants for a study (Gray, Grove & Sutherland, 2017:690). During recruitment the researcher secured appointments to visit the selected clinics. The professional nurses working in the ANC clinic assisted with identifying the potential participants and referred them to the researcher. During the researcher's initial contact with the potential participants, the researcher clarified the topic to be researched and explored their eagerness to partake in the study (Botma et al, 2010:203). Following their decisions to become participants, each participant was scheduled for an interview, a place preferable for individual interviews was identified where privacy and confidentiality were maintained for participants to concentrate and deliver relevant information (Burns & Grove, 2011:695).

Information session

An information session was held with the participants just before the actual interview started (Burns & Grove 2011:40). During the information session the researcher introduced herself to the participants and established rapport. The information related to the research topic, the purpose of the study, the research question and expectations from the participants were discussed. The participant's information leaflet was issued, and a consent form was signed by the participants as advised by Polit and Beck (2017:168); refer to Annexure C.

Pilot interview

Polit and Beck (2017:739) defined a pilot study as a small scale of trial conducted before the main study. Before the actual study was conducted the researcher conducted a pilot interview using two participants in a semi-structured individual interview to strengthen her interviewing skills and to test if the research question is clear and easy to answer (Kim 2011:190). An audio-recorder was used during the semi-structured interview with the permission obtained from the participants to capture information. During level 3 lockdown, an assistant researcher was not suitable to accompany the researcher and a 1.5 m social distance was maintained with both the researcher and participant wearing their masks. Information collected during this process was not utilized in the main study (Botma et al, 2010:275). The researcher used the outcomes of the pilot study to refine her interviewing skills like how to focus on the conversation and the use of nonverbal communication. The research question was not changed because of the pilot study because the researcher was able to gather enough information with the interview questions used and the data from the pilot interview demonstrated consistency and clarity within interview questions. Before the researcher was allowed to continue with the rest of the interviews, the study's supervisor (an experienced and published qualitative researcher) examined the pre-test interview, verbatim transcriptions, and field notes and guided the researcher.

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Individual interviews

The individual semi structured interview is defined as an interview in which a comprehensive picture of a participant's beliefs and thoughts of a specific subject are explored by the researcher (de Vos, Strydom, Fouche & Delport, 2011:351). An interview schedule to guide the interview was used to obtain dense description of the phenomenon under study and to guide the researcher in the face to-face encounter with the participants (Polit & Beck, 2017:269). For the purpose of this study semi-structured interviews were used to allow the researcher and participant flexibility as the researcher was able to probe on an interesting path to obtain more detailed information. Brink, van der Walt and van Rensburg (2014:158) stated that the semi-structured interview provides the researcher an opportunity to ask clearly defined questions which can be probed further, refer to Annexure D.

The study was done in the environment of participants in the selected clinics where they felt comfortable and free to become involved during the interview (Creswell 2014:185). On the day of an interview, a quiet room, conducive for an interview was prepared. Qualitative researchers must provide an environment in which participants can safely communicate their experiences, thoughts and feelings (Polit & Beck 2017:508). During level 3 lockdown, an assistant researcher was not suitable to accompany the researcher and a 1.5 m social distance was maintained with both the researcher and participant wearing their masks. The room was well ventilated and had an outside window that was opened. Hand sanitizer was provided, and no eats were served. An audio-recorder was used during the interview with the permission obtained from the participants to capture information. The researcher conducted semi-structured interviews with ten participants and data saturation was reached.

The researcher encouraged the participants to freely use their own words relating their stories with guidance (Polit & Beck, 2017:510). During the interview the researcher listened attentively and collected appropriate information. Nondirective probing questions were used to encourage the participant to elaborate on features that were not stated, clarify what had been said, extract more information, and address a question that had not been adequately answered. Data collection continued until saturation was achieved, where all themes saturated and there were no new themes that emerged. After each interview, preliminary data analysis was undertaken with the help of a third party who is a qualified qualitative researcher and completed the Masters in Nursing studies to improve the quality of the succeeding interviews, and this method informed data saturation. The interviews lasted for about 30 minutes. Field notes were taken to describe information that cannot be captured by audio-recording. Field notes are described as written report and notes taken by the researcher to capture unstructured observations occurring in the field and the interpretation of those observations, which are things that the researcher sees, hears or experience during the proceedings of the interview

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(Polit & Beck, 2017:728; Botma et al, 2010:217). The following communication skills were used during the individual interviews; probing, reflection, paraphrasing and clarification.

Probing

Probing is established to stretch the response to a question, and it is used to persuade the participant to give more information regarding the matter under study (De Vos et al, 2011:345). In this study the researcher followed up questions by requesting participants to explain more to obtain detailed data. The participants were encouraged to elaborate on aspects not revealed and clarify what had been said using nondirective questions, as advised by Polit and Beck (2017:740).

Reflection

Reflection is a technique used by the researcher to ensure that the participant's ideas and feelings were fully comprehended by repeating them (De Vos et al, 2011:345). The researcher reflected on the feelings that participants perceived during their initiation of the antenatal care visits.

Paraphrasing

Paraphrasing is the validation of what the participant said in another form in a specific section of the report (Burns & Grove 2011:220). According to de Vos et al (2011:345) paraphrasing is a type of verbal feedback in which the researcher enhances the significance of the participant's remarks by stating them in a different way while keeping the same essence. The researcher repeated the participant's words in another form during the interview without distorting the meaning of the message and summarized the information provided by the participants.

Clarification

Clarifying is defined as searching for the significance of the conveyed message (Uys & Middleton, 2014:180). To get clarity and more meaning of the statements provided, the researcher asked clearly defined questions during the interview.

2.3.5 Data analysis

Data analysis is a procedure of examining, categorizing, tabulating, and recombining the collected data from the research study (Grove et al, 2013:279). According to Polit and Beck (2017:725) data analysis is a logical organization and synthesis of research data. It involves splitting of information into manageable themes, patterns, trends, and relationship (Babbie & Mouton 2014:108). In this study data was transcribed and analysed using six phases of thematic data analysis method (Braun & Clark, 2006 illustrated by Nowell, Norris, White & Moules, 2017:4-10).

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Familiarization with the data

The researcher listened to audio recordings and transcribed data by typing everything in the recording word by word. The transcripts of the interviews were read several times to familiarize herself with the data and to get a complete picture of the entire content.

Coding

The researcher read several participant transcripts and made a list of topics that left a mark. The most descriptive wording for the topics were acquired and written as codes. Categories that relate to each other based on similarities were grouped together. Codes were developed based on emerging information collected from participants.

Searching for themes

From the categories that related to each other the most prevalent category or those of great priority for the individual were identified. The data collected from the participants was compared to determine the theme. Statements directly connected to the phenomenon under investigation were identified.

Review potential themes

Information from the field notes and transcripts was reviewed and selected. Field notes were also used to verify the statements as correct, which included nonverbal communication actions such as nodding of the head. From the statements, meanings were derived, and themes and sub-themes were arranged into clusters.

Defining and naming themes

A thorough analysis of each theme was conducted, which identified the core of each theme and created a concise informative name for each theme.

Writing up

The identified themes and categories were analysed to come up with final findings of the study and contextualizing them in relation to the existing literature.

To assure trustworthiness, the data was analysed by the researcher and an independent co-coder with experience in qualitative research and data analysis was assigned to the project. Copies of recordings, transcriptions, and field notes were sent to the co-coder.

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2.4 MEASURES TO ENSURE TRUSTWORTHINES OF THE STUDY

Trustworthiness refers to the degree of confidence qualitative researchers have in their study (Polit & Beck, 2017:747). In this study the researcher used the criteria by Lincoln and Guba (1985) for instituting trustworthiness cited in Polit and Beck (2017:559). Furthermore, the criteria of authenticity, credibility, dependability, conformability, and transferability were applied to ensure trustworthiness.

2.4.1 Authenticity

Authenticity refers to the ability of the researcher to display fairness and faithfulness in a variety of realities and be able to convey the feeling tone of participant's real-life experiences (Polit & Beck, 2017:560). In this study the researcher revealed the statements quoted as they were said by the participants which have explainable meaning in real life therefore authenticity became visible.

2.4.2 Credibility

Credibility is defined as the researcher's confidence in the truth of the data collected and interpretation of the data (Polit & Beck, 2017:559). The researcher ensured credibility of the study through prolonged engagement, triangulation and peer briefing as reflected below.

Prolonged engagement according to Lincoln and Guba (1985), cited in Polit and Beck (2017:561), refers to spending enough time with participants when collecting data to obtain an in-depth understanding of the phenomenon. In this study the researcher dedicated 30 minutes per session with the participants during an individual interview.

Triangulation refers to the use of multiple methods of data collection and data interpretation of a phenomenon to draw conclusions about what constitute the truth (Polit & Beck, 2017:572). The study employed two distinct clinics to provide triangulation of location where data was generated (Babbie & Mouton, 2015:277). Green and Thorogood (2014:93) define triangulation as the process of combining different techniques to improve the validity of results, based on the assumption that outcomes are reliable if they are consistent with others. Data triangulation was established in this study by using an independent co-coder with experience in qualitative research and data analysis.

Peer briefing involves sessions with peers and exposes the researcher to searching questions from those who are experienced in the phenomenon under study (Polit & Beck, 2017:568). Educators from a nursing education institution in Gauteng Province, South Africa served as peer reviewers. The data acquired gave a true portrayal of the participants' opinions, according to the peer reviewers, because it was accurately documented on transcribed verbatim and field notes, and matched with the audiotapes.

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2.4.3 Dependability

Babbie and Mouton (2015:278) reveal that to ensure dependability the researcher must provide evidence that the study is reliable, which means if the study was to be repeated with the same respondents in a similar context, the findings will remain the same. The researcher and an independent coder analysed the transcribed individual interviews. The themes and sub-themes recognized from the transcripts were agreed upon by the researcher and the independent coder. The supervisors conducted an audit to analyse the research process of the researcher and decide on the dependability.

2.4.4 Conformability

This criterion is concerned with establishing that the data portray the information participants provided and that the interpretations of the data are not fabricated by the researcher (Polit & Beck, 2017:560). The results represented the voices of the participants, which were recorded throughout the interviews in order to confirm their responses during data analysis. Before the researcher was allowed to continue with the rest of the interviews, the study's supervisor (an experienced and published qualitative researcher) examined the pre-test interview, verbatim transcriptions, and field notes and guided the researcher. The researcher made certain that the entire research effort was audited by an objective third party, who is a qualified qualitative researcher with Masters in Nursing studies and expertise in the field to ensure non-biased data. Data collection technique and methodologies were shared with the ethical committees involved. The records were kept in a secure location and could be made available if needed by stake holders at a later date.

2.4.5 Transferability

According to Polit and Beck (2017:560) transferability is defined as the extent to which research findings can be transferable to other settings or groups. In this study the researcher provided a detailed descriptive data to enable evaluation for suitability of the data to other settings. The findings and settings are described in depth providing thorough descriptions of the settings and context, as well as verbatim extracts in the research report, so that researchers and other consumers may compare the descriptions to their own context and assess whether the findings of the study are applicable in another setting.

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2.5 ETHICAL CONSIDERATIONS

Polit and Beck (2017:727) define ethics as a "system of moral values that is interested in the degree to which the research procedures comply with professional, legal and social obligation with the participants of the study." Ethical considerations were followed to prevent ethical dilemmas. The clearance certificate was obtained from the Ethics Committee, Faculty of Health Sciences at the University of Pretoria before commencement of the study. The study was conducted after authorization by the Gauteng Department of Health, Tshwane Research Committee. Ethical considerations were discussed in detail in 1.11 chapter 1.

2.6 CONCLUSION

In this chapter, the research design and methodology were described in-depth. The researcher described in detail how data was gathered and processed. A qualitative, exploratory and design and method was carried out to answer the research question. The semi-structured interviews on perceptions of pregnant women on optimal time to initiate ANC at the selected clinics in Tshwane district, Gauteng were explored. The next chapter discusses the presentation of the study findings and the interpretation thereof.

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CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

Chapter 2 presented a complete description of the research design and methodology executed to reach the objective of the study. The research design was qualitative, and the aim of the study was to explore the pregnant women's perceptions on the optimal time to initiate ANC at the clinics. The interviews were verbatim transcribed, and the content was coded and analysed to find the key themes. In this chapter the findings from the data obtained through individual interviews are discussed and interpreted.

3.2 SUMMARY OF DATA COLLECTION

Data were collected in the two selected clinics in Tshwane District, Gauteng. To obtain full data from participants, ten semi-structured individual interviews were conducted in English. The interviews were audio recorded with the consent of the participants. The researcher confirmed that the data was saturated.

3.3 DEMOGRAPHIC PROFILE OF THE TARGET POPULATION AND SAMPLE

Participants were pregnant ladies aged between 18 and 34, living in or near the townships where the clinics are located. Most of the women had previously given birth, with four primigravida mothers. The target population in this study was the pregnant women who reported for their first ANC visit after 20 weeks gestation at the two selected clinics in Tshwane District, Gauteng. The sample consisted of ten pregnant women (five from each selected clinic) who initiated ANC after 20 weeks gestation. The biographical data of the participants is presented on Table 3.1.

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Table 3.1 Demographic information of the sample

CRITERION	CHARACTERISTICS	FREQUENCY	PERCENTAGE
Age	18-29 years	6	60%
	30-34 years	4	40%
Marital status	Married	3	30%
	Single	7	70%
Parity	0	4	40%
	1	1	10%
	2	4	40%
	3	1	10%
Gravida	1	3	30%
	2	2	20%
	3	3	30%
	4	1	10%
	6	1	10%
Miscarriage	M2	1	10%
Ectopic pregnancy	E1	1	10%
Gestational age at first ANC visit	21-25 weeks	5	50%
	26-34 weeks	5	50%

3.4 PROCESS OF DATA ANALYSIS

In this study data was transcribed and analysed using six phases of thematic data analysis method (Braun & Clark, 2006 illustrated by Nowell, Norris, White & Moules, 2017:4-10). The researcher and the independent co-coder analysed the transcribed individual interviews and agreed on the themes and sub-themes that emerged from the transcripts. The transcribed interviews revealed three main themes. Table 3.2 lists the themes and sub-themes that resulted.

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Table 3.2 Overview of themes and sub-themes of the study

THEMES	SUB-THEMES
1. Knowledge and perceptions towards antenatal care	• Previous obstetric history
	• Benefits of starting ANC early
	• Limited knowledge of the optimal booking time
	• Purposeful ignorance to start ANC
	• The use of contraceptives
2. Perceived challenges related to reporting late for ANC	• Economic challenges
	• ANC Staff challenges
	• Transport challenges
	• ANC service provision challenges
	• Being non-South African citizen challenges
3. Suggestions regarding optimal ANC visit	• Introduce appointment systems
	• Incorporate ANC information during life orientation / school health
	• Empowerment through health promotion programmes

3.5 DISCUSSION OF FINDINGS AND LITERATURE CONTROL

Each sub-theme is discussed in depth, with full quotes from the participants' interview transcripts used to support the conclusions. For recognized themes and sub-themes, quotes from the data were used as supporting evidence. Each quote is followed by the number of participants, for example, Clinic A P3 (Participant 3). The verbatim quotes are written in italics and the researcher's explanations are written in a normal font.

3.5.1 Theme 1: Knowledge and perceptions towards ANC

Early initiation of ANC is critical in recognising and treating some pregnancy complications as well as providing a supportive foundation for a healthy childbirth (Karim, 2019:1101). In this study participants revealed their perceptions towards early initiation of ANC. The following four sub-themes emerged under this theme: benefits of starting ANC early, previous obstetric history, limited knowledge of the ideal booking time and purposeful ignorance to start ANC.

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- **Previous obstetric history**

Some pregnant women believed that the primary goal of early initiation of ANC was to help women who were having difficulties with their current pregnancies and those who encountered problems during their previous pregnancies. The participants shared their perceptions as supported by the following quotes:

> *"I eehh think three months to start the clinic is fine for those with pro ... or those who encountered problems during their previous pregnancies, even the first time mothers mam, because they don't have any previous history regarding pregnancy as compared to me, You know as I have told you that this is my fourth pregnancy so I have some previous history". (Clinic A P1)*

> *"I think starting early it can be okay and beneficial for both the baby and me. In order to identify any problems at an early stage and especially if I have experienced any problems with the previous pregnancy, but if I have never experienced any problems, it will just be normal, and I think I can start with the clinic when I start to show with my pregnancy". (Clinic B P5)*

> *"During my first pregnancy I started early because I was afraid of what if me and the baby we are not fine. But now I just told myself that because I don't feel anything unusual, I don't feel anything bothering me. It means me, and the baby are fine but if I felt sick, I was going to have a problem". (Clinic A P8)*

Discussion: In a study conducted in Cameroon, pregnancy and safe delivery were considered usual experiences by women with a positive obstetric history and they did not see the need to begin ANC early (Warri & George, 2020:3). It was evident from the findings that some of the participants felt that they were not obliged to initiate ANC early based on their previous obstetric history. A study conducted by Kaswa et al (2018:7) revealed that timing of ANC booking was directly impacted by previous pregnancies experiences, women who had positive pregnancy outcomes postponed their ANC appointments because they did not see advantages to scheduling their appointments early. The same authors asserted that women who had attended ANC in the first trimester of their previous pregnancy did not do it again with the subsequent pregnancy. Kotoh and Boah (2019:9) confirmed that multiparous women who are familiar with ANC procedures from previous pregnancies and have not had any unfavourable outcomes are more likely to seek care later. Women with previous pregnancies particularly older women, did not admire ANC services early in pregnancy and deliberately postponed ANC visits (Jinga et al, 2018:4). Okedo-Alex et al, (2019:9) had similar views in their study that women

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who have had previous pregnancies believe that they are familiar with and have used the usual care provided during ANC, delaying ANC commencement.

- **Benefits of starting ANC early**

Early ANC visits allow health care practitioners to screen and treat many maternal and foetal health problems as early as possible, such as malnutrition, sexually transmitted illnesses, congenital defects, and other pregnancy-related difficulties (Teshale & Tesema, 2020:2). When expressing their perceptions on the optimal time to initiate ANC visit, the participants further indicated that they are aware of the benefits of initiating ANC early and that these benefits are intended to improve their lives and the lives of their unborn babies. This was expressed as follows:

> *"She needs to go to the clinic in order to know if the baby is okay, so that the baby can stay healthy until birth and for in case the mother has been diagnosed with other illnesses. It will still be early to prevent passing the illnesses to the baby and get pills that are given on time for pregnant woman to help also the baby to grow well". (Clinic B* P6*)*

> *"Starting early is good because there's enough time to check if you don't have diseases and you are treated immediately if you do have them before you give birth to your baby, and if you are HIV positive and you can still get a chance to protect the baby from getting HIV, and make sure that me and the baby are fine". (Clinic A P8)*

> *"Attending the clinic is very important because it avoids the difficulties and complications during pregnancy and is going to assist me to know whether my child is fine or there's something wrong with my child." (Clinic B P9)*

> *"It is important because you get to know your health status early and if you have any illnesses or any problems you are treated early because some illnesses can pass on to the unborn baby. At the clinic they are able to see even the baby inside because they have got the sonars, if maybe there is a bleeding, they transfer you to the hospital early. At the same time, at the clinic they will test you for HIV, if they find that you are HIV positive, they will start you on treatment early so that HIV will not pass on to the unborn baby," (Clinic B P10)*

Discussion: Late ANC attendance may prevent women from receiving the full benefit of preventive and early disease detection and treatment strategies such as the use of iron and folate supplements for anaemia treatment and malaria prevention in pregnancy (Manyeh, Amu, Williams & Gyapong, 2020:5).

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During the discussion with the participants, it was discovered that women were informed about the benefits of early initiation of ANC even though they do not practice what they know, as they knew the importance of early ANC but waited until the second and third trimester before accessing those services. Chimatiro et al (2018:3) confirmed that most women understood the benefits of starting ANC early, such as early pregnancy care and prompt treatment if someone has a low haemoglobin blood level. The same authors indicated that women also understood the disadvantages of starting ANC late such as not knowing the baby's position and the kind of supplements to take but deliberately initiated ANC in either second or third trimester.

Kotoh and Boah (2019:9) have different views in their study as participant's responses suggested that though they knew the importance of early initiation of ANC, they lack sufficient knowledge about the benefits of seeking ANC in the first trimester. In support of the previous authors Musonda (2020:35) discovered that pregnant women who are fully informed about the benefits of early ANC registration may be eager to engage in the early commencement of ANC. Furthermore, he indicated that most women who delay ANC registration do not believe that there are any advantages to registering early.

- **Limited knowledge of the ideal booking time**

The World Health Organization (WHO) antenatal guidelines recommend that all pregnant women should book their first antenatal care contact within 12 weeks gestation (WHO, 2016:101). The issue of patient's limited knowledge of the ideal booking time was revealed by the participants as some of them were not having the correct information about when to book for first ANC services. The following quotes support the sub-theme:

> *"I think the right time to attend the clinic is around about four months because my mom told me that they used to start the clinic at four months when she was pregnant with my brother who is now 8 years of age." (Clinic A P3)*

> *"Last time I started to attend clinic after I was four months, so I don't know whether I am correct if I'm starting the clinic at four months. Is it not early sister or is it not late?" (Clinic A P4)*

> *"I think it might be two months or three months because normally I think you could conclude that you are pregnant if you have missed your periods twice or two months." (Clinic B P6)*

Discussion: The most common reason for late attendance, according to evidence, was not knowing the proper gestational age to begin the first ANC visit (Paudel et al, 2017:2). The findings of this study are in line with the findings of Tola, Negash, Sileshi and Wakgari, (2021:6) who reported that those who lacked knowledge and advice on timing of the first ANC booking initiated their ANC visit late. The

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findings are supported by Simelane (2020:14) who confirmed that women initiated their first ANC visits late because they lacked information and knowledge about the ideal gestational age to begin scheduling for ANC appointments. People who have more information or knowledge about something interpret things differently than others who have a limited comprehension or knowledge about it (Kisaka & Leshabari, 2020:8). The same authors asserted that the most significantly associated factor with ANC booking was lack of knowledge about the optimal time to book the first ANC.

- **Purposeful ignorance to start ANC**

In a study conducted in the Eastern Cape Province, South Africa, it was reported that ANC is still regarded as curative rather than preventative health care. Participants believed that they should only visit the health care facilities when they are sick (Lutendo, 2019:25). The same author alluded that most women remain ignorant in relation to the best timing of ANC visit. The following quotes were extracted from the transcripts in support of the sub-theme:

> *"I have never experienced any problems it will just be normal, and I think I can start with the clinic when I start to show with my pregnancy, even our parents then they will start asking if you have started to go to the clinic when they realize that you are pregnant". (Clinic B P5)*
>
> *"I just ignored reporting early because I didn't feel anything wrong with me". (Clinic B P5)*
>
> *"I just told myself that because I don't feel anything unusual, I don't feel anything bothering me. It means I and the baby are fine but if I felt sick, I was going to have a problem. So, I started at seven months because I felt I did not have any reason to start early". (Clinic A P8)*
>
> *"Yes, because it reduces the number of visits unlike when I came, when I'm three months I'll come many times at the clinic and sometimes it will be exhausting for me. You know us pregnant woman sometimes we don't have strength even to come to the clinic". (Clinic A P1)*

Discussion: It is evident from the findings that some of the participants purposefully postponed their first ANC visit because they wanted to reduce the number of visits, and some believed that their pregnancy was healthy and did not require initiating ANC visits early. The absence of problems or complications during pregnancy gives women a false sense of security because they purposefully initiate ANC late and do not attend the recommended visits because they believe their pregnancy is healthy (Simelane, 2020:43). In support of the findings, studies conducted confirmed that older women did not value ANC services and tend to postpone ANC bookings because they consider themselves as experts after going through a lot of sessions for their previous pregnancies (Jinga et al, 2019:4; Musonda, 2020:6 & Okedo-Alex et al, 2019:10).

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- **The use of contraceptives**

To attend an antenatal clinic, a woman must first and foremost be aware that she is pregnant. She will not be able to determine whether to go to the clinic until she knows this information. In this study it was discovered that a woman may be unaware that she is pregnant for reasons such as using contraceptives that interfere with the normal menstrual period. The following responses attest to that:

> *"Is because I was using depo for prevention of pregnancy, so this depo the time I was using it sometimes I was seeing my periods. I don't know how to put it. Then sometimes you see your periods like usual then I was not feeling anything unusual in my body, you see that's the problem I didn't notice myself early that I'm pregnant". (Clinic A P4)*

> *"I did not know that I was pregnant up until I was five months pregnant because of the contraceptives that I was using. I thought that the menstrual cycle was disturbed because of that. I was also thinking that with the menstruation most of the time when you menstruate the contraceptives that you are using, they put hold to the menstruation that's why I think I found out that late because my mentality was telling me that this is the contraceptives that makes delay with my periods". (Clinic B P6)*

> *"Now the problem I started late and even noticed late that I'm pregnant when my abdomen was starting to get bigger before then I was not sure whether I'm pregnant due to the family planning that I was using, the injection that was disturbing my menstrual cycle". (Clinic A P8)*

Discussion: Some of the participants said they were unaware they were pregnant since they were using injectable contraception which interfered with their menstrual cycle; hence they overlooked the possibility of being pregnant when they missed their periods and reported for ANC services late. Access to ANC services was delayed due to a lack of information regarding the risks of pregnancy when using contraception (Kaswa et al, 2018:5). The findings are supported by Mkhari (2016:47) when the author asserted that most of the respondents from her study had been pregnant for weeks or months because they had ignored the indicators of pregnancy and mistook it for menstrual cycle irregularity, which disguised their capacity to detect pregnancy. They were unable to recognize actual indicators of pregnancy, preventing them from seeking prenatal care sooner. Our findings differ from those of a study conducted in Malasia which discovered that women who have used family planning in the past registered their pregnancy early, that they will cease using contraceptives when they plan to conceive, and that they are more aware of and sensitive to any indicators of early pregnancy (Jiee, 2018:962). Concerning the use of contraceptives another study found that women who are

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knowledgeable about family planning are more knowledgeable about the use of ANC and are more interested in using ANC services (Karim, 2019:1105).

3.5.2 Theme 2: Challenges related to reporting late for ANC

Challenges related to reporting late for ANC emerged as a second theme. Late antenatal care booking is when pregnant women make their first appearance at an antenatal clinic after 20 weeks of gestation (Dippenaar & da Serra, 2018:179). In this study participants revealed their challenges under the sub-themes as follows:

- **Economic challenges**

According to the National Health Insurance (NHI) (2015:9), all South Africans will have access to the necessary promotive, preventative, curative, rehabilitative, and palliative health care that are of sufficient quality and inexpensive without putting them in financial hardship. The right to quality health care will be granted based on need rather than socioeconomic status. Economic factors also play a role in the decision to initiate ANC early. Even though maternal services are offered for free in South Africa women still have a challenge with non-medical costs for transport which impact them to initiate ANC late in pregnancy. Participants supported the statement by saying:

> *"I'm a single mother, I don't have a husband, I have two children, and so, I'm using that money. You know the money that we get from the government, yaah that's the money I'm using for transport for me to come here. So, you see as I'm saying, we are using that money for the food, we are using that money to take the children to school and also, I'm using that money to come to the clinic. So, it's a problem, it's a very challenge to me mam." (Clinic A P1)*

> *"The other challenge that I have wuuuu mam is money, wuuuu mam you know I'm not working, yooo! Money is a problem for me to come to the clinic. It is a problem because I'm using a taxi so as sometimes if I'm not having money, I won't be able to come to the clinic to be checked or for my baby to be checked whether we are fine or not, so ohhh money is a problem." (Clinic A P1)*

> *"I'm studying at Tshwane College and then she is paying for my transport fees, so I didn't want to strain her on her finances that's why I kept this thing a secret and did not attend the clinic earlier". (Clinic A P3)*

> *"For me to come to this clinic I have to take transport. So, it will make me to spent more financially whereas when you come for 2 visits then you deliver." (Clinic B P7)*

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Discussion: The findings showed a particular relationship between finances and timely utilization of antenatal care because women cited lack of money as a reason of delaying antenatal care. Poor households may not have the resources to pay for healthcare because their primary concern is meeting their fundamental requirements, whereas wealthy households may be able to spend a larger percentage of their wages on healthcare (Ziblim, Yidana & Mohammed, 2018:92).

Funsani, Jiang, Yang, Zimba, Bvumbwe, and Qian (2021:78) confirmed that even though ANC services are provided free of charge in public health centres, they observed additional economic burdens placed on women and their families, such as out-of-pocket expenses for medical record books and transfer costs, which prevented the vulnerable population from accessing healthcare. Participants reported that money was a problem for them to reach the clinic because they had to catch a taxi whilst they are dependent on the Government's social grant for living. In support of these findings, Musonda (2020:9) found that women who are financially insecure find it hard to make informed decisions about their pregnancy, and as a result, pregnant women choose to delay ANC initiation.

- **ANC Staff challenges**

The attitudes of healthcare staff have a significant impact on how a woman views ANC services. When healthcare workers' attitudes are negative, it makes it difficult to access antenatal care. According to Yadufashije, Sangano and Samuel (2017:8), healthcare workers' attitude and behaviour among pregnant women may reduce ANC utilization. The following quotes are supporting the sub-theme:

> *"I was scared of going to the clinic to get prevention because you know how sisters are, they will shout at us and say, you are so young why are you coming here, why have you started sleeping with boys and all that. I was scared of the sisters that they are going to shout at me, you know how some of the sisters' tend to shout at us young kids". (Clinic A P3)*

> *"I was also scared of being judged by nurses because I'm still young, unemployed and had an abortion at 18 years, two years back". (Clinic B P6)*

Discussion: When it came to visiting the clinic, some individuals stated their fear of nurses. Because of the young age they became pregnant, they discovered that nurses did not treat them with respect, they tend to shout at young women and judge them for falling pregnant at an early age blaming them for sleeping with boys (Govender, Reddy & Ghuman, 2018:6). Patients have been subjected to verbal abuse and humiliation by health care professionals. The same authors assert that adolescents would be more likely to attend ANC early if nurses were nice and did not punish them (Govender et al, 2018:6). In a study conducted in Ghana, the findings are in support of these findings when women cited that nurses attitude is one of the reasons they chose not to attend ANC during their pregnancy,

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the inability to treat patients with respect has a far reaching effect which prohibit early ANC visits (Nachinab, Adjei, Ziba, Asamoah & Attafuah, 2019:5). The findings also matched those of an Eastern Cape based study, which indicated that insensitivity, rudeness, and poor attitude of health care professionals discouraged pregnant women to attend ANC (Kaswa et al, 2018:6). In other studies women reported that health care workers were disrespectful to them, and they were sent back with orders to return later; as a result, they returned after two weeks (Konje, Magoma, Hatfield, Kuhn, Sauve, & Dewey, 2018:10; Simelane, 2020:15).

- **Transport challenges**

Even though ANC services are free in South Africa in all the public health care facilities, some of the women are still having a challenge with initiating ANC early because they must travel about five kilometres to reach the health facility which requires them to use a taxi (Ntuli, 2018:44). Distance to health services was identified as a challenge because walking to the clinic was impossible. The challenges expressed by participants were quoted below:

> *"The clinic is not very, very far, but for me as a pregnant woman it's a challenge, for me I need to get the taxi, it can take me like ehhh mam I think five kilometres but cannot walk for two kilometers from where I'm staying to the clinic. It's a walking distance but for me mam as you can see me I'm big I cannot walk for a long distance". (Clinic A P1)*

> *"I would have come more than nine times, and then that also it would, remember I stay far away from the clinic, for me to come to this clinic I have to take transport". (Clinic B P7)*

Discussion: Long distances to the health facility are strongly linked to fewer visits. Some women must travel significant distances to obtain health care, and this, along with poor roads and an inefficient transportation system, will inevitably affect women's willingness to attend antenatal treatment (Konlan, Saah, Amoah, Doat, Mohammed, Abdulai & Konlan, 2020:1830; Warri & George, 2020:10).

Another study concurs with the participants that the distance to the health institution posed significant challenges and is related to ANC delayed attendance. The mode of transportation used was likewise associated to the number of ANC visits made. As a result, the hospital is far away from their houses, and they must pay for transportation to go there (Kilowua, & Otieno, 2019:121). Lutendo (2019:29) conducted a study in the Eastern Cape Province and found that women showed frustrations related to their homes being further away from the clinic and increase transport burdens to them.

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- **ANC service provision challenges**

Health services cannot be accessed by individuals who are required to get them due to a shortage of human resources (Sibiya, Ngxongo & Bhengu, 2018:6). Antenatal care services are frequently hampered by overburdened health facilities and a shortage of health personnel hence, women face long queues and are occasionally turned away due to a lack of staff. Long queues, as well as the number of patients at the clinic, were blamed on a staffing shortfall (Baron, 2020:85). Most participants revealed that long queues and shortage of staff hindered early utilisation of ANC services. The following quotes support the sub-theme:

> *"Waking up early and going to the clinic and you will only find that there is a long queue, there are many people there attending, and this attending early sometimes it makes us go to the clinic many times mam, so these long queues is very, very disturbing". (Clinic A P1)*
>
> *"I think its last week and they were saying they were cutting people because they don't have enough nurses that can see us all. So, I think maybe also that also ehh also led me to not come at 3 months sister". (Clinic A P2)*
>
> *"Eehh the other challenge going to the clinic you'll end up standing in a long queue and not being attended to. You'll go early in the morning, but it will happen that the clinic will only open at around 08h30, they will start seeing other patients then later on after lunch or around 3 they will tell you that now they are cutting the line you won't be able to be attended that day and you will have to go back home, that is the only challenge I seriously have". (Clinic B P5)*
>
> *"Our clinics they always have long queues, sometimes you are chased away after standing in queues for almost the whole day." (Clinic B P6)*
>
> *"Yoooh! Eish sister I think my challenge was long queue at the clinic and I don't like going to the clinic because I was chased away by the nurses. They told me to come back the next day". (Clinic B* P9)
>
> *"When I come to the clinic I will stand outside in a long queue because when I was standing for long, long time I was feeling more dizzy and tired." (Clinic B P10)*
>
> *"Yes, and another thing the nurse will come and tell you that there is only one nurse who will attend us pregnant women and then that cause us to be at the clinic for a long time". (Clinic B P10)*

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Discussion: The National Department of Health has recommended waiting times for various levels of service. As a result, patients should spend a total of two hours for services in primary health care facilities (National Department of Health, 2015:8). Congestion and long queues at the health care facilities are associated with pregnant women registering late for ANC services. The study finding is consistent with a study conducted in Ghana where it has been reported that registration issues for enrolments frequently result in long queues, making it impossible for pregnant women to register on time (Afaya, Azongo, Dzomeku, Afaya, Salia, Adatara, et al, 2020:14). Ramotsababa and Setlhare (2021:5) discovered that participants were not happy with ANC services because consultation time was short, there were long queues and the clinic opened late. Chimatiro et al, (2018:5) and Simelane, (2020:39) asserted that long queues and long wait times have a detrimental impact on the decision to start ANC early as a result, is one of the factors that contribute to the poor use of ANC in the first trimester.

The number of staff on duty also influences the utilisation of ANC services by pregnant women. Some participants stated that the shortage of staff was another concern that prevented them from starting ANC early. This is because when they arrive at the clinic, they face long queues, and the service is delivered very slowly due to a shortage of staff. Awadh (2020:14) supported that women's complaints centred on a shortage of staff, with examples include being sent home without obtaining treatments due to a lack of staff. In a study conducted in KwaZulu Natal, South Africa, it was revealed that a shortage of human and material resources influenced women's 'seeking care' behaviour in the community at the three health care institutions (Sibiya et al, 2018:6). Saudi Arabia, like many other parts of the world, is currently experiencing a nursing shortage. Alanazy and Brown (2020:9) found that a lack of time and a staffing deficit are important obstacles to collaborative clinical decision making.

- **Non-South African citizen challenges**

Non-South African patients are individuals from nearby countries who may or may not have a valid immigration status and presented at the clinic with pregnancy for initiation of ANC services. Participants indicated that they have a challenge of being denied access of health care because they do not have the legal documents. They raised their challenges in the following quotes:

> *"Ehh sister maybe you saw that I came from Zimbabwe sister. So, I was not having documents as I'm from Zimbabwe. So, I couldn't come to the clinic without documents ehh, I was waiting for the documents to be available, you see sister when you come to this clinic and you don't have documents, the sisters here they don't check you, they want you to have proper documents". (Clinic A P2)*

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"As I have told you about my asylum that my papers were not ready when I came for the first and I think I was 7 months by that time and I was told that I should go and organize those papers the asylum before starting the clinic. I knew that I was not supposed to come without the papers, but I was starting to panic because there was a delay at home affairs due to this lockdown". (Clinic A P8)

Discussion: The participants reported that lack of documents to proof their legal immigration status affected their timing of first ANC visit hence they reported late for ANC services. According to South African legislation, asylum seekers whose claims are approved by the host country are granted refugee status, which entitles them to the same advantages as South African residents including free healthcare services for pregnant women in public health facilities (Jindal, 2020:31). Compatible with South African law the Danish ANC governed by the Danish health law states that all women with legal residency in Denmark have the right to free prenatal and postnatal care (Villadsen, Ims, and Nybo Andersen, 2019:2). Contrary to our findings, communication and language issues have been identified as major roadblocks to migrating women receiving high-quality care (Bains, Sundby, Lindskog, Vangen, Owe, & Sorbye, 2021:7). In another study asylum seekers and refugees were identified as the most vulnerable groups in healthcare for a variety of reasons, including difficulty accessing healthcare and social services (Yaman Sözbir, Erenoğlu, & Ayaz Alkaya, 2021:471).

3.5.3 Theme 3: Suggestions regarding optimal ANC visits

Suggestions regarding the optimal ANC visit emerged as the third theme. Pregnant women should be supported by health care practitioners to reduce the number of late ANC appointments. The participants made several suggestions that they believe will assist to reduce the number of late bookers. In this theme, three sub-themes emerged and will be supported by participant's quotes.

- **Introduce appointment system**

Clients no longer will have to worry about 'burning out' or sacrificing an entire day at the clinic because they have a booked appointment. They will be able to better manage their day around the clinic visit, allowing them to resume their responsibilities before and after their appointment and relying less on others' assistance (Gong, Dula, Alberto, de Albuquerque, Steenland, Fernandes, et al., 2019:7). The following quotes are in support of the sub-theme:

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"When they book a large number of patients when you go there there's a long queue, you have to go back, when you come back, they tell you stories mam. I think if they can book small number of patients per day. Yaah, I think the clinic will run smoothly, the women will be able to come and get their antenatal care on time". (Clinic A P1)

"You know sometimes sister when you come to the clinic, they send us away ehh I don't know maybe they can allow ehh us or they can book us so that we don't have to wake up in the morning and then the next thing they send us back home and no one sees us and then sister again when you come to the clinic, we sit the whole day". (Clinic A P2)

"I'll suggest that the clinic can come up with a numbering system for their clinic they will say for example, we are seeing 20 or 30 or 40 patients per day, it will be easier that every patient that reports that they are coming for antenatal care they give them a number, then they will know immediately around 10h00 or 11h00 that already the patients that we are going to see are forty (40). So, we can't take any more patients other than leaving me waiting outside on the queues and then end up not attended to". (Clinic B P5)

"More like doing appointments know that this certain number of people are coming today and tomorrow. When you must come again next month you must already be noted on the register. I think that would cut the number of the queue, the number of the time that we spend queuing". (Clinic B P6)

"My suggestions I think at the clinic they must have the book like a register if they chase us away, they must write down our names so that the next day they can start with us because we are standing outside, there are no chairs". (Clinic B P9)

Discussion: The participants suggested they know what will help prevent late initiation of antenatal care initiation, which is the introduction of an appointment system to the health care facilities. The scheduling system's main achievement is that it has made appointment days more predictable, both in terms of when the woman leaves for the clinic and when she returns home, therefore participants reported being able to attend ANC while also completing other tasks such as morning chores and transporting children to school (Gong et al, 2019:6). The proposals include putting up signs at the clinic to show the patient flow, implementing a numbering system to avoid unreasonable queuing, and scheduling initial and follow-up visits on different days (Baron & Kaura, 2021:8).Contrary to our findings the respondents began antenatal care late because they had to schedule an appointment since the clinic had reached capacity for the day and was not taking new patients or providing ANC on that day of the week (Mkhari, 2016:48). Visits to the clinic for ANC were prescheduled for each registered

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woman. Before their scheduled prenatal visit, the women receive multiple automated reminders. This aims to eliminate missed appointments, improve doctor pre-visit planning, and shorten wait times (Okonofua, Ntoimo, Eke, Ohenhen, Agholor, Gana, et al., 2020:4).

- **Incorporate ANC information during life orientation/school health**

The participants alluded that ANC information should be integrated to school health services. Khotle (2017:34) discovered that some children will use Google search engine information to try to make sense of their own problems, only a few asked their primary caregivers, other adults, and clinical care workers questions. The following quotes support the sub-theme:

> *"Eehh sister I'll also like to add that the sisters from the clinics can come to school and give us more information about pregnancy, sicknesses that we can get and the services that they can offer also inform us and sister they can also let us know that we shouldn't be scared and then everything is also free because me also, I took long because I thought that I was supposed to pay for my check-ups". (Clinic A P3)*

> *"Those young mothers/young girls who are not pregnant yet if they can teach them on how to protect themselves from getting pregnant and then if they are already pregnant this is what they must do. I think if they can teach them about the pregnancy during school health even though they are not pregnant it will be easier for mothers to go and attend at an earlier stage of the pregnancy." (Clinic B P5)*

> *"Yes, another thing especially for us scholars especially during exam time, they can say we must produce our timetable and be attended on the very same day and early in the morning because we have to go back to school. Even provide ANC services during school health will be an advantage to us scholars." (Clinic B P9)*

Discussion: The findings emphasize the importance of collaborating with the educational sector to achieve appropriate optimal timing to ANC initiation. Okedo-Alex et al (2019:11) supported that the educational sector should encourage enrolment in schools, while the health sector will contribute to the development of curricula to incorporate basic information on pregnancy care (ANC inclusive). Women's education, with an emphasis on expanding health knowledge through the inclusion of sexual and reproductive health subjects in educational curriculum, could be game changers in terms of maternal health-care utilization (Paudel et al, 2017:5).

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- **Empowerment through health promotion programs**

Safe motherhood initiative programs emphasize the need of providing quality care for mothers from preconception through postpartum (Konje et al, 2018:2). Some participants mentioned that ANC information sharing sessions should be initiated with every woman visiting the health care facility regardless of their health concern on the day. The following quotes support this statement:

> *"So if they can just give any people or any patients that are coming that information, I think it will be very informative if they give us those papers that have information we can give them to those community members so that they can all be well informed about these coming about booking early of this pregnancy". (Clinic A P1)*

> *"If government can put more pamphlets for people who can at least have something to say to us when we arrive at the clinic and teach us things that we can go and teach our girls at home because if these things even me as an adult like myself don't do correctly, I think the girls will do worse". (Clinic A P4)*

> *"They can give the classes to attend the prenatal to mothers when they come for prevention, it's easier to give them that information even though you are not pregnant, but it will be easier if they give you that lesson of being pregnant as soon as you find out that you are pregnant go to attend the clinic". (Clinic B P5)*

> *"If they can teach other people that are pregnant when they come to the clinic. They will teach others, if you teach me now sister I think if I see someone pregnant, it would be easier for me to tell that person that, it is important for them to start clinic and might tell them why., not only the ones that are coming for pregnancy, even the ones that are bringing children that are sick and the ones that are coming for family planning. Every woman I think". (Clinic B P7)*

Discussion: Some participants said that they could benefit from visiting the clinic and be empowered through maternal health information to make independent and informed decisions related to ANC services. Furthermore, they will ensure that pregnant women benefit from the services by circulating the information to relatives and neighbours. It is necessary to provide health education programs that enable parents and spouses to gain a better understanding of the necessity of early antenatal care services (Warri & George, 2020:9). The study's results concur with other studies that women's empowerment should be increased through education so that they can make informed decisions about their own health and that of their unborn child (Chimatiro et al, 2018:6; Gulema & Berhane, 2017:144).

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3.6 CONCLUSION

Chapter 3 focused on the findings of the study which were presented, discussed, and supported by relevant literature. The perceptions of pregnant women on the optimal time to initiate ANC visits were revealed. Chapter 4 presents the findings, recommendations, implications, and conclusion of the study.

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CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS, STRENGTHS AND LIMITATIONS

4.1 INTRODUCTION

The findings of the research and the literature control were presented as themes and subthemes in chapter 3. The research findings are summarised in this chapter. The purpose of the study was to explore and describe the perceptions of ANC attending women on the optimal time to initiate ANC at the public clinics in the Tshwane District, Gauteng. This chapter presents an overview of the findings, implications, recommendations, and limitations. The themes identified in chapter 3 are used to guide the discussion.

4.2 SUMMARY OF THE STUDY

4.2.1 Research objective

The following objective guided the study:

- To explore and describe the perceptions of ANC attending women on the optimal timing of initiating ANC during pregnancy.

4.2.2 Research question

The following research question was asked to achieve the study objective:

- “What are the women’s perceptions on the optimal time to initiate ANC during pregnancy?”

4.2.3 Research methodology

A qualitative exploratory descriptive design was used as a research design to achieve the objective.

4.3 SUMMARY OF THE STUDY FINDINGS

The interviews with the pregnant women revealed the following three themes: (a) Perceptions towards ANC knowledge, (b) Perceived challenges related to reporting late for ANC and (c) Suggestions regarding optimal ANC visit.

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4.3.1 Theme 1: Knowledge and perceptions towards ANC

From the results provided in Chapter 3 most participants indicated that the optimal period to initiate antenatal care was between four and six months. According to Maternal Care Guidelines, a woman should see a doctor as soon as she feels she is pregnant, or as soon as she misses her period (DOH 2015:34). The timing of an ANC visit is affected by how women perceive the best options for themselves in their specific circumstances. One of the study's significant findings was that previous pregnancies had a direct impact on the timing of the initial ANC visit. When compared to nulliparous women, multigravida pregnant women were more likely to book late for antenatal care because they believe they do not need to attend ANC early because they already know what to expect during pregnancy and delivery, and they may also find it difficult to organise childcare for other children to attend antenatal care.

According to multigravida women, they used previous successful pregnancies to predict the outcome of their subsequent pregnancy, hence they did not see the reason for initiating ANC early. The primary purpose of early ANC booking, according to some pregnant women, was to assist women who were having difficulty with their current pregnancies and those who had problems during past pregnancies. Some of the participants stated they postponed their first ANC visit because they did not experience any complications during their previous pregnancies. The findings demonstrate that knowing about ANC is not enough to persuade women to start ANC early; rather their readiness and belief in their ability to get through the early stages of pregnancy without seeking medical help are more important factors.

Most of the participants agreed that they were aware of ANC, but that their information came from family and friends. The study also revealed that women were informed about the benefits of early ANC initiation, even though they do not practice what they know, as they knew the necessity of early ANC but waited till the second and third trimesters to receive such services. The participants stated that they are aware of the advantages of starting ANC early and that these advantages are intended to improve their lives as well as the lives of their unborn children.

One of the issues highlighted was the limited knowledge on the ideal booking time. Women lacked knowledge on timing of the first ANC booking as some of them were not having the correct information about when to book for first ANC services which resulted to initiating their ANC visit late. Therefore, lack of knowledge of the recommended booking time contributed to women reporting late for their first ANC visit.

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The data shows that some of the participants purposely postponed their first ANC to limit the number of visits, and that others believed their pregnancy was good and did not require starting ANC visits early. Women purposefully ignored to start their ANC because they did not feel anything unusual absence during pregnancy and that gave them a false sense of security.

4.3.2 Theme 2: Perceived challenges related to reporting late for ANC

Teenagers faced social related issues, they verbalised that their pregnancies were kept a secret because they were worried about their parents' reactions. Some of them were afraid of their parents, they did not want their parents to know they are expecting a child, hence they put off early initiation of ANC because doing so would have revealed that they are pregnant. The findings indicated that staff attitude is one of the challenges related to early initiation of ANC as teenagers expressed how health care professionals will shout at them and say they are young when they came for family planning. Because of their early age when they became pregnant, they feared nurses and thought that they will not be treated with respect.

The findings showed a particular relationship between finances and timely utilization of antenatal care because women cited lack of money as a reason of delaying antenatal care, they still have a challenge with non-medical costs for transport which impact them to initiate ANC late in pregnancy. According to the participants, traveling a significant distance to receive health services was a barrier because going to the clinic takes a long time and is exhausting and this affected their decision to start ANC early. One of the reasons for late ANC bookings was poor staff attitude, it is because nurses tend to shout at young women and judge them for falling pregnant at an early age blaming them for sleeping with boys. The results revealed that patients have been subjected to verbal abuse and humiliation by health care professionals. According to the findings, health workers' attitudes play a significant role in determining how a pregnant woman perceives antenatal clinic services, and a bad attitude creates a barrier to accessing antenatal care; pregnant women who experienced bad staff attitudes will share their unpleasant experience with their peers and pregnant women will postpone antenatal care.

Long queues and long waiting times contribute to the poor use of ANC in the first trimester. The women’s challenges were mainly related to long queues which resulted in them being sent back home without receiving services. Women reported that on arrival at the clinic service is delivered very slowly and they are subjected to long waiting times leading to them being occasionally turned away due to a shortage of staff. Non-South African participants expressed their frustration at being refused access to health care because they lacked the necessary legal documents. Lack of paperwork to prove their lawful immigration status impacted their initial ANC visit, causing them to initiate ANC late.

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The findings also revealed that women who were utilizing contraceptives were nevertheless surprised when they became pregnant. They were unable to detect true signs of pregnancy, which prevented them from obtaining antenatal care sooner. Because they were using injectable contraception, which interfered with their menstrual cycle, some of the participants said they were unaware they were pregnant when their periods were missed and they reported for antenatal care services late, they overlooked the possibility of being pregnant.

4.3.3 Theme 3: Suggestions regarding optimal ANC visit

The participants made several suggestions that they believe will assist in reducing the number of late bookers. The participants proposed introducing an appointment system to health care facilities, which they believe will help with late antenatal care initiation. They alluded that it will be easier if every patient who reports for antenatal care is assigned a number; this way, they will know right away if the clinic's daily quota has been reached and the extra women go home early other than spending the whole day at the clinic and be turned away without being seen. Some of the participants suggested that ANC information be included into school health services. They believe inclusion of sexual and reproductive health subjects in the educational curriculum may expand the teenager's health knowledge. The findings highlight the need of working together with the educational sector to achieve optimal ANC initiation timing. Other participants suggested that ANC education sessions be offered to all women who attend a health-care facility, regardless of their current health concerns to curb the challenge of their lack of information on the ideal ANC booking time.

4.4 RECOMMENDATIONS

Based on the research findings, the researcher made the following recommendations, and some were highlighted by the participants during the data collection process. It is aimed at improving the timing of antenatal care booking at the Tshwane District, Gauteng. Recommendations addressed nursing practice and policy and nursing education.

4.4.1 Nursing practice

- To retain professionalism, staff attitudes should be addressed through training on interpersonal communication skills enhancing healthcare providers' communication skills. This would benefit many women who were unable to access ANC services due to dehumanization of care and they would be more likely to book early in their following pregnancy if they received respectful, effective, and educational maternity care.

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- A client satisfaction survey should be conducted with all patients on a quarterly basis, and the results examined to identify challenges such as poor staff attitude, long queues that lead to patients being sent back home with receiving health care in order to work on areas where service delivery could be improved.
- Quality improvement approaches like conducting self-assessment on the National core Standards and Ideal Clinic Realization to identify gaps, and develop quality improvement plan.

4.4.2 Nursing management

- The Minister of Health should take steps to expand staffing at clinics so that they can meet the demands of patients and counteract the challenge of ANC staff shortage.
- The District health managers should strengthen outreach services and establish mobile clinics to provide ANC treatment to hard-to-reach populations; this will help to address the issue of higher transportation costs for pregnant women.
- Every clinic should apply the Ideal Clinic Realization strategy, which prioritizes pregnant women and reduces excessive wait time.
- The Government should develop strategies like appointment system to health care facilities to reduce challenges such as long queues and prolonged waiting time.
- Department of Health to work incorporation with Department of home affairs to address issues of non-South African pregnant women faced with challenges of obtaining asylum.
- Health strategies to be developed to help curb the problem purposeful ignorance to initiate ANC before 20 weeks gestation like as women present themselves for pregnancy confirmation, the institution where they purchase the pregnancy test or confirm their pregnancy should take the time to advise them on the importance of starting antenatal care early and the benefits of screening for maternal and fetal conditions.

4.4.3 Community health education

- Teenage pregnancy awareness campaigns should be conducted at regular intervals and led by a health care professional in high schools
- Awareness should be created about the necessity of early antenatal care by means of social media including television and radio about the importance of early confirmation of pregnancy and early presentation for antenatal care to reinforce existing knowledge on the optimal time to initiate ANC.
- The Basic Education Sector should incorporate reproductive health into basic education curricula in subjects like Life Orientation and train teachers to ensure that such information is received from a reliable source.

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- Community awareness efforts and health presentations in the facility about the need of early booking may influence those who are currently pregnant to book earlier in their subsequent pregnancies.

4.4.4 Recommendations for further research

- A similar study using a quantitative method should be conducted in the same district and province to reach a larger sample of pregnant women to determine the factors contributing to delayed initiation of ANC.
- Research focusing on developing and evaluating specific interventions to improve maternity care for immigrant women is also needed.
- A follow-up study utilizing the same sample after 3 years to see if there have been any changes in ANC booking.

4.5 STRENGTHS AND LIMITATIONS OF THE STUDY

A comprehensive understanding of pregnant women's perceptions on the optimal time to initiate antenatal care visit will add to South Africans current body of information on maternal health issues and the challenges can be attended to by the Department of Health. This study may aid in improving nurse-patient interactions to reduce maternal anxiety and concerns during pregnancy. The findings imply that pregnant women who have previously delivered a child should be re-educated on the necessity of antenatal care and that they should not use their previous delivery experiences to determine their current state of health in pregnancy, because each pregnancy and delivery is unique, and should be treated as such.

This study was conducted in the townships in Tshwane District, Gauteng Province, South Africa, with a small sample size. The idea was that the number of women booking ANC in such institutions was high enough to offer information on late ANC booking. Only women who attended ANC late for their first visits were included in the study. The study excluded women who came for their subsequent ANC visit in the selected clinics and their challenges, while focusing only on the selected target group and location. Few studies on late antenatal booking have been conducted in the Tshwane District area, making it impossible to draw sufficient comparisons with other local researchers and identify discrepancies in findings. The study only covered women aged 18 to 34; it did not include teenagers (aged 13 to 18), who are more prone to miss their ANC appointments. This could have filled in information gaps in the research population for late antenatal care initiation and associated variables.

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4.6 FINAL CONCLUSION

The purpose of this study was to explore and describe the perceptions of pregnant women on the optimal time to initiate antenatal care. The conclusion drawn from this study showed that pregnant women booked their first ANC visit later than recommended by WHO and national guidelines for maternity care due to the indirect expenditures of accessing prenatal care as well as the distance to health facilities that necessitates transportation. Participants complained about long queues, long wait times, being non-South African and staff attitude, and they also perceived the booking system to be inconvenient. The findings highlight the need for effective health promotion programmes that will involve communities in improving initiation of antenatal care in the first trimester. Recommendations were made based on the findings of the study and the suggestions offered by participants during data collection.

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ANNEXURE A

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

Approval Certificate **19 November 2020**
New Application

Ethics Reference No.: 707/2020
Title: PERCEPTIONS OF PREGNANT WOMEN ON OPTIMAL TIME TO INITIATE ANTENATAL CARE AT SELECTED CLINICS IN TSHWANE DISTRICT, GAUTENG

Dear Mrs LM Mahlangu

The **New Application** as supported by documents received between 2020-10-14 and 2020-11-18 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2020-11-18 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2021-11-19.
- Please remember to use your protocol number (707/2020) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

_____

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Dr R Sommers
MBChB MMed (Int) MPharmMed PhD

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

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ANNEXURE B

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Manei Letebele-Hartell
Tel: +27 12 451 9036
E-mail: Troy.Mashabela@gauteng.gov.za

TSHWANE RESEARCH COMMITTEE: CLEARANCE CERTIFICATE

DATE ISSUED: 18/02/2021
PROJECT NUMBER: 0712021

NHRD REFERENCE NUMBER: GP 202012 021

TOPIC: Perceptions of Pregnant Women on Optimal Time to Initiate Antenatal Care at Selected Clinics in Tshwane District, Gauteng

Name of the Lead Researcher: Mrs Lindiwe Mahlangu

Name of the supervisor: Prof M Yazbek
Dr PM Jiyane

Facilities: Lotus Gardens Clinic
Phomolong Clinic

Name of Department: University of Pretoria

NB.• THIS OFFICE REQUEST A FULL REPORT ON THE OUTCOME OF THE RESEARCH DONE AND
NOTE THAT RESUBMISSION OF THE PROTOCOL BY RESEARCHER(S) IS REQUIRED IF THERE IS DEPARTURE FROM THE PROTOCOL PROCEDURES
AS APPROVED BY THE COMMITTEE.

DECISION OF THE COMMITTEE APPROVED

Dr. Manei Letebele-Hartell
Chairperson: Tshwane Research Committee
Date: 18/02/2021

Mr. Mothomone Pitsi
Chief Director: Tshwane District Health
Date: 2021/02/22

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ANNEXURE C: INFORMED CONSENT DOCUMENT

STUDY TITLE: PERCEPTIONS OF PREGNANT WOMEN ON OPTIMAL TIME TO INITIATE ANTENATAL CARE AT SELECTED CLINICS IN TSHWANE DISTRICT, GAUTENG.

Principal Investigator: LM Mahlangu

Institution: University of Pretoria

DAYTIME AND AFTER HOURS TELEPHONE NUMBER(S):

Daytime numbers: **079 895 7694**

Afterhours: **083 940 1738**

DATE AND TIME OF POST INFORMED CONSENT DISCUSSION:

			:	
Date	**Month**	**Year**	**Time**	

Dear Participant

Dear Mr. / Mrs. ..... date of consent procedure …...../…...../…....

1) INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved. Please take note that no remuneration will be awarded for participation in this study.

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2) THE NATURE AND PURPOSE OF THIS STUDY

You are invited to take part in a research study. The aim of this study will be to explore and describe the perceptions of women on the optimal time to initiate ANC during pregnancy.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS

Pregnant women attending ANC at Lotus Garden clinic and Phomolong clinic in Tshwane District are requested to participate in the study. This study involves semi-structured interviews. The researcher will ask you questions about your perceptions on the ANC initiation. The interview will be recorded with your permission, notes will be taken also to just review the answers and ask more question as the need to clarify arises.

4) POSSIBLE RISKS AND DISCOMFORT INVOLVED.

There are no risks in participating in the study.

The interview will take no longer than 30 minutes of your time.

5) POSSIBLE BENEFITS OF THIS STUDY.

Although you will not benefit directly from the study, the results of the study will enable us to realise measures to make women more aware of the optimal time to initiate ANC during pregnancy.

6) COMPENSATION

You will not be paid to participate in the study.

7) YOUR RIGHTS AS A RESEARCH PARTICIPANT

Your participation in this study is entirely voluntary. You will be allowed to withdraw from participation in the study or stop at any time without giving any reason. You will not incur any penalty from withdrawal from the study.

8) ETHICAL APPROVAL

The Faculty of Health Sciences' Research Ethics Committee at the University of Pretoria has given written approval for this study. The study has been structured in accordance with the Declaration of Helsinki (last updated: October 2013), which deals with the recommendations guiding nurses in research involving humans. A copy of the Declaration may be obtained from the investigator should you wish to review it.

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Please feel free to contact the Research Ethics Committee, if you need any clarification pertaining to ethical approval. Faculty of Health Sciences University of Pretoria's Office:
Tel: 012 356 3084 or 012 356 3085.

9) INFORMATION

If you have any questions concerning your participation in this study, you should feel free to contact the principal researcher: Lindiwe M Mahlangu

Cell: 079 895 7694

Email address: lmasilela4@gmail.com

Or Contact my supervisors	: Prof M Yazbek	082 576 3558
	: Dr PM Jiyane	073 435 7949

10) CONFIDENTIALITY

All records obtained whilst in this study will be regarded as confidential. Your input into this study will also be kept strictly confidential. Results and reports will be published in accredited scientific journals and presented in such a manner that your identification as a participant will remain anonymous.

11) CONSENT TO PARTICIPATE IN THIS STUDY.

The content and meaning of this information leaflet have been explained to me. I agree that the person asking my consent to take part in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously managed into study reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect me in any way. I hereby volunteer to take part in this study.

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I have received a copy to sign this informed consent agreement.

.....	.....
Participant's name (Please Print)	Date
.....	.....
Participant's signature	Date
.....	.....
Investigator's name (Please Print)	Date
.....	.....
Investigator's signature	Date
.....	.....
Witness's name	Date
.....	.....
Witness's signature	Date

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ANNEXURE D: INTERVIEW GUIDE

INTERVIEW GUIDE

Main question

What are your perceptions regarding the timing of the first ANC visit?

Probing questions

When do you think is the optimal time to attend your first ANC visit at the clinic?

How did you receive information regarding antenatal care?

What were your challenges as a woman regarding reporting early for 1st ANC visit?

Has reporting late for your first ANC visit bothered you? If yes, tell me more about it

What suggestions do you have in mind that you think can help curb these challenges?

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ANNEXURE E: EXAMPLES OF INDIVIDUAL INTERVIEWS

Respondent no 2 Clinic A

Interviewer

Good morning mam

Respondent

Morning sister, how are you?

Interviewer

I'm good and you?

Respondent

I'm good sister

Interviewer

Okay, my name is Lindiwe Mahlangu, I'm from the University of Pretoria. I'm doing my master's degree. My topic is Perceptions of pregnant women on the optimal time to initiate Antenatal care at the selected clinics in Tshwane District, Gauteng.

As you have already signed consent form, do you still allow me to continue with our interview today mam?

Respondent

Yes sister

Interviewer

Is it fine if I address you as mam or Mrs?

Respondent

Anything is fine sister

Interviewer

Okay, thank you. Please note that whatever that we are going to discuss here today will remain confidential, your name will not be revealed in any of the studies, do you understand that?

Respondent

Yes sister

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Interviewer

Okay we can start now with our interview. What are your perceptions regarding the timing of the first antenatal care visit? Your opinion?

Respondent

Ah! I don't see anything wrong with the 3 months because even with my previous pregnancies the sisters… We were encouraged to start at 3 months in order to get good results.

Interviewer

3 Months is fine with you?

Respondent

Yes

Interviewer

What are those good results that you are talking about?

Respondent

Eh we were told, eh you see sister this is my third baby, when I had my first baby and my second one. Sisters told us that we must come to the clinic early when we are pregnant eh because they want to check and make sure that eh the baby is okay and I as well, so that they check that I'm also okay with this eh pregnancy.

Interviewer

Okay that's why you say 3 months is okay.

Respondent

Yes, eehhh! I think is okay because 3 months its early and the sisters can check me and my baby and see if me and my baby we are okay.

Interviewer

Okay. When do you think is the correct time to attend your first antenatal visit at the clinic? Yours? When do you think is the correct time to attend your first antenatal care?

Respondent

I think sister, I think at 3 months eehh its ideal I think is okay at 3 months because as the sisters have advised us that it's important that we come to the clinic early so that they can check that eehh me and my baby we are okay. I think 3 months it's okay.

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Interviewer

For you is okay 3 months?

Respondent

Yes

Interviewer

How did you receive information regarding antenatal care visit? Where did you receive it?

Respondent

The information we got it ehh when I was coming to the clinic ehh sister as I said that ehh this is my third baby ehh even when I come to the clinic ehh the sisters will give us papers with information, sometimes the sisters will talk to us about why we should come ehh when we get pregnant ehh and then sometimes they gave us papers but we don't really read the, we are too lazy to read them but I found out about the antenatal ehh about this visits when I was pregnant, when I was coming before with my previous pregnancies, my previous babies, that's how I found out about ehh this antenatal.

Interviewer

Thank you mam. What were your challenges as a woman regarding reporting early for antenatal care visit because now I think you are 30 weeks?

Respondent

Ehh you see, ehh sister maybe you saw that I came from Zimbabwe sister. So, I was not having documents as I'm from Zimbabwe. So, I couldn't come to the clinic without documents ehh, I was waiting for the documents to be available, you see sister when you come to this clinic and you don't have documents, the sisters here they don't check you, they want you to have proper documents. So, I was scared to come to the clinic because I did not have the documents because in knew that they might send me away.

Interviewer

So, you were waiting for your documents to be ready before you come to the clinic

Respondent

Yes, yes mam

Interviewer

Were you, did you apply for the documents before you became pregnant? or what was the delay with the documents?

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Respondent

Eish sister, you know it's difficult when you are coming from outside South Africa because ehh some of my documents were in Zimbabwe, ehh the father of my child ehh had to bring them for me this side ehh so that I can come to the clinic. So, hence I didn't want to come because I know that they will turn me away if I don't have documents that it why I came late. I know sister that I'm supposed to come early for you, for the sisters to check my baby and myself but I couldn't come because the document they were in Zimbabwe, so the father of my child brought them, that's why I'm here today sister.

Interviewer

Okay I understand you, were there any other challenges except this one of the documents that led you to reporting late at the clinic?

Respondent

Ehh its difficult to wake up early in the morning. You see sister when you come to the clinic, and you come late they chase you away in this clinic, so it was difficult for me to wake up and come to the clinic that's why also I was a bit late, it was my documents and sometimes I tried to come the other…. I think its last week and they were saying they were cutting people because they don't have enough nurses that can see us all. So, I think maybe also that also ehh also led me to not come at 3 months sister.

Interviewer

Okay, that's all about your challenges?

Respondent

Yes

Interviewer

There's nothing else

Respondent

No sister.

Interviewer

Okay. Has reporting late for your first antenatal care visit bothered you?

Respondent

Yes sister. Yooo! Yooo! Yooo! Sister it really bothered me hey. Yooo because we were told when I was pregnant, remember I told you that I have got two kids, this is my 3rd one. So we were told when I was pregnant with the first one and the second one that we must always come to the clinic early because I was always wondering if everything is fine with the baby you know and asking myself you

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know what if something is wrong with my baby ehh what am I going to do because I was still waiting for my documents from my partner and you see sister, this baby, this one (pointing the abdomen) is this one that I have now the father of this child is this one that I'm with and then the other two babies have their own father. So, I was worried that what if something is wrong with this baby and what if the father blames me because ehh is the one who is supporting me so and this is his first child that I have with him, so I was worried sister that what if something is wrong with my child or what if I'm also not okay sister. So, I was really, really worried sister.

Interviewer

Okay I get you. Do you have anything that we can do, anything that you suggest, that you have in mind that you think can help us in controlling these challenges that you are mentioning. The challenges of your papers, the challenges of queues I don't know if its long queues or is what because you said one day you went back home because they cut the number here at the clinic, what is it that you think can be done?

Respondent

I think ehh in case of the papers I think that was my problem because it was just me who didn't prepare the documents early because my partner was with my papers in Zimbabwe. You know sometimes sister when you come to the clinic they send us away ehh I don't know maybe they can allow ehh us or they can book us so that we don't have to wake up in the morning and then the next thing they send us back home and no one sees us and then sister again when you come to the clinic we sit the whole day and you know when you are pregnant, yes I understand that I'm not sick, but to come here at 5 o'clock in the morning and wait for the sisters to come and open the clinic at half past 7and sometimes they are even late to open the clinic and we would be sitting here at the clinic the whole day waiting to be seen. I think this waiting from 7h00 and sometimes we even leave here at 16h00, sometimes you come to the clinic and then they even send you back at 16h00 while you've been sitting here the whole day. I think something needs to be done about that.

Interviewer

Okay I understand. I think we have covered everything from our interview, do you mind if I contact you again in case we need information, the information that you gave us need to be verified.

Respondent

No problem sister

Interviewer

You don't mind that?

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Respondent

No problem sister

Interviewer

Do you have anything that you would like to add pertaining what we have been discussing?

Respondent

No, I don't have anything to add Sister

Interviewer

You don't have anything to add

Respondent

No

Interviewer

Okay, thank you mam for your time and for taking part in my study, we have come to the end of our interview. Thank you

Respondent no 5 Clinic B

Interviewer

Good morning mam

Respondent

Morning

Interviewer

How are you?

Respondent

I'm fine and, how are you?

Interviewer

I'm also good. My name is Lindiwe Mahlangu I'm a student from the University of Pretoria. I am doing my master's degree. My topic is Perceptions of pregnant women on the optimal time to initiate Antenatal care at the selected clinics in Tshwane District, Gauteng.

Respondent

Okay

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Interviewer

As you have already signed the consent form mam, do you still allow me to continue with our interview today?

Respondent

Yes

Interviewer

Please note that whatever that we are going to discuss here today will remain confidential

Respondent

Okay

Interviewer

Your name will not be revealed in any of the studies, is it okay?

Respondent

Yes

Interviewer

Is it fine if I address you by mam?

Respondent

Yes

Interviewer

Okay, we are starting now. What are your perceptions regarding the timing of the first antenatal care visit?

Respondent

Okay, I'm… I think starting early it can be okay and beneficial for both the baby and me. In order to identify any problems at an early stage and especially if I have experienced any problems with the previous pregnancy, but if I have never experienced any problems it will just be normal and I think I can start with the clinic when I start to show with my pregnancy even our parents then they will start asking if you have started to go to the clinic when they realize that you are pregnant.

Interviewer

Okay, oohh you think is beneficial, starting early is beneficial for those with problems?

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Respondent

Yes

Interviewer

Okay, when do you think is the optimal time to attend your first antenatal care visit at the clinic?

Respondent

Eehh, I think from 3 months it can be okay if you don't have any problems, especially if it's a 2nd pregnancy it will be normal for me to know that this happened to me before but you can start going from 3 months and then after I have missed my period I remember being told that when you start the clinic, it means you will have to go throughout the pregnancy, I won't stop going to the clinic from then, from 3 months or 4 months

Interviewer

Okay. Do you know the specific month or duration as to when to start the antenatal care?

Respondent

No

Interviewer

All you know is that as soon as you missed your period…

Respondent

Yes, as soon as I miss my period I go to the clinic and checked

Interviewer

And start with your antenatal care

Respondent

Yes

Interviewer

How did you receive the information regarding the antenatal care?

Respondent

I received it with my previous pregnancy. I got the information from the sisters with my previous pregnancy, that I should start attending the clinic as soon as I missed my period

Interviewer

Okay. Do you have anything to add on the previous question?

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Respondent

Yes, I think from 2 months even though it was not specific from the sister with my previous pregnancy. I think from 2 months I can go and attend the antenatal.

Interviewer

Ohh your antenatal care?

Respondent

Yes

Interviewer

Okay. What were your challenges as a woman regarding reporting early for the first antenatal care visit?

Respondent

I did not have any challenges, but I think it's good to start early so that you'll have a better support from your family because when I start going to the clinic, I will share that information with my mother, but I did not have any challenges with my first visit. So, attending the clinic early if I never struggled with anything even during the previous pregnancy. I just ignored reporting early because I didn't feel anything wrong with me.

Interviewer

Okay, any other challenge that you may think of?

Respondent

Eehh the other challenge going to the clinic you'll end up standing in a long queue and not being attended to. You'll go early in the morning, but it will happen that the clinic will only open at around 08h30, they will start seeing other patients then later on after lunch or around 3 they will tell you that now they are cutting the line you won't be able to be attended that day and you will have to go back home, that is the only challenge I seriously have. If I don't feel anything I will just stay at home and not go to the clinic because of the long queues.

Interviewer

Okay, you stayed at home because you were avoiding the long queues. And because you were not having any problems with your pregnancy?

Respondent

Yes

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Interviewer

But, were you aware that you are pregnant?

Respondent

Yes, and I must go to the clinic, I was aware.

Interviewer

Oohh, you had the information?

Respondent

Yes, with my previous pregnancy they indicated that as soon as you find out that you are pregnant, you must go and attend the clinic.

Interviewer

Okay, mam. Has reporting late for your first antenatal care visit bothered you?

Respondent

Yes, it did because I wouldn't know if the baby is okay even though I am feeling okay, but I don't know about the baby and I wouldn't know if I'm sick with other conditions like sugar diabetes, if I'm not tested for it I wouldn't know if I have it.

Interviewer

Oohh it bothered you because you were not sure of your health and the baby's health?

Respondent

Yes

Interviewer

Okay that's the only thing that bothered you? To know the status of your health and the baby's health?

Respondent

Yes

Interviewer

Okay, is that all under the information that you've just given me?

Respondent

Yes, and especially about the HIV I wouldn't know if I have it, I know that it would be easier for the clinic to prevent the virus from the baby, from contracting the virus from me, if I attend early but if I attend late then it will be difficult for the clinic to give me assistance.

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Interviewer

Oohh it was going to be difficult for the baby, to prevent the illnesses to pass to the baby.

Respondent

Yes

Interviewer

Okay I get you now. What suggestions do you have in mind that you think can help curb these challenges that you just mentioned to me?

Respondent

Okay, personally I think that if the clinic will change the system of receiving patients, it will be easier for mothers not to be bothered to go to the clinic because waiting on the long queues is really a problem for somebody who is pregnant. I'll suggest that the clinic can come up with a numbering system if for their clinic they will say for example, we are seeing 20 or 30 or 40 patients per day, it will be easier that every patient that reports that they are coming for antenatal care they give them a number, the they will know immediately around 10h00 or 11h00 that already the patients that we are going to see are forty (40). So, we can't take any more patients other than leaving me waiting outside on the queues and then end up not attended to.

Interviewer

Okay, anything else?

Respondent

Eehh and also they can give the classes to attend the prenatal to mothers when they come for prevention, it's easier to give them that information even though you are not pregnant but it will be easier if they give you that lesson of being pregnant as soon as you find out that you are pregnant go to attend the clinic. Those young mothers /young girls who are not pregnant yet if they can teach them on how to protect themselves from getting pregnant and then if they are already pregnant this is what they must do. I think if they can teach them about the pregnancy during school health even though they are not pregnant it will be easier for mothers to go and attend at an earlier stage of the pregnancy.

Interviewer

Okay, thank you for the information. Is there anything that you would like to add pertaining everything that we have spoken about, anything that you think you have missed out?

Respondent

No

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Interviewer

Okay. Do you mind if I contact you again in case of interpretation of information given if we need to verify something?

Respondent

No, I don't mind.

Interviewer

Okay. We have come to the end of our interview mam. Thank you for your time and for taking part in my study.

Respondent

Okay, thank you.

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LETTER FOR EDITING OF THE DISSERATION OF LINDIWE MARGARETH MAHLANGU

PERCEPTIONS OF PREGNANT WOMEN ON OPTIMAL TIME TO INITIATE ANTENATAL CARE AT SELECTED CLINICS IN TSHWANE DISTRICT, GAUTENG

Research proposal for the Degree Master's in Clinical Nursing Science, dissertation, Faculty of Health Sciences, School of Health Care Sciences, Department Nursing Science, University of Pretoria.

16 December 2021

To whom it may concern

I have edited the full dissertation of LINDIWE MARGARETH MAHLANGU for her degree Master's in Clinical Nursing Science and I have sent her and her supervisors my comments/suggestions.

Kind regards

Dr. Liesl Brown, PhD

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