Introduction

This study was carried out in September 2014 at St. Francis hospital Nyenga on pregnant women who were attending ANC clinic. The major objective of the study was to assess factors influencing ANC attendance among pregnant women at St. Francis hospital Nyenga . The specific objectives were; to establish the socio-demographic, socio-economic, personal factors and health care delivery factors influencing ANC attendance at St. Francis hospital Nyenga.

Methodology

The study was cross sectional and simple random sampling was used to select the 294 respondents required. Researcher administered questionnaires were used for quantitative data collection and a focus group discussion was done to obtain qualitative data for the study. Results from the study were presented in frequency tables, pie charts and bar graphs and analyzed using the 16.0 version of SPSS. Pearson's Chi-square tests were run to establish the relationship between the dependent variable and the independent variables.

Results

The socio-demographic characteristics of the study population were; the mean age was 26.5 years, most respondents were married (88.4%), Protestants (33.7%), Baganda by tribe (39.5%) and had atleast attended primary school (36.1%).

Age (x_2 =0.006, p = 12.281) and religion (x_2 = 0.014, p = 3.404) were found to have significant influence on ANC attendance among mothers. However, marital status (x_2 = 0.441, p = 1.636), tribe (x_2 = 0.638, p = 3.404), culture ((x_2 = 0.146, p = 15.579) and education level (x_2 = 0.694, p = 1.448) were found to be statistically insignificant.

All socio-economic factors that is occupation (x_2 =0.102, p = 6.211), income (x_2 = 0.378, p = 5.318), distance (x_2 = 0.615, p = 0.971) and transport means (x_2 = 0.625, p = 1.755) were found to have no significant influence on ANC attendance.

Influence to attend ANC (x_2 < 0.001, p = 48.075), age of pregnancy (in weeks) (x_2 = 0.020, p =11.701), number of times of ANC visits (x_2 <0.001, p = 31.565) and previous pregnancy

outcomes to the mother ($x^2 < 0.001$, $p = 39.677$) were found to have significant influence on ANC clinic attendance by mothers. However, outcomes of previous pregnancies on the baby ($x^2 = 0.865$, $p = 0.29$) and place for delivery of current pregnancy ($x^2 = 0.362$, $p = 3.197$) were found to have not significant influence on ANC attendance among pregnant women.

Health care delivery factors such as presence of TBAs and their practices that attract pregnant mothers ($x^2 = 0.004$, $p = 15.579$) and improvement in ANC health care service delivery ($x^2 = 0.001$, $p = 20.367$) were found to have statistical significance on ANC attendance but performance of health care workers ($x^2 = 0.953$, $p = 0.097$) and information on ANC and family planning ($x^2 = 0.076$, $p = 3.707$) were found not to influence ANC attendance.

Conclusions

Socio-demographic factors such as age and religion were found to have significant influence on ANC attendance among mothers. However, marital status, tribe and education level were found not to have any influence on ANC attendance.

All socio-economic factors were found to have no significant influence on ANC attendance.

Personal factors such as influence to attend ANC, age of pregnancy (in weeks), number of times of ANC visits and previous pregnancy outcomes to the mother were found to have influence ANC clinic attendance by mothers. However, outcomes of previous pregnancies on the baby and place for delivery of current pregnancy were found to have not significant influence on ANC attendance among pregnant women.

Health care service delivery factors such as presence of TBAs and their practices that attract pregnant mothers and improvement in ANC health care service delivery were found to have statistical significance on ANC attendance but performance of health care workers and information on ANC and family planning were found not to influence its attendance.

It was found that majority of women begin antenatal care attendance at 18 to 26 weeks and actually most of them do not attend all the four recommended visits and this was attributed to a knowledge gap on early ANC attendance.

Recommendations

VHTs and community health volunteers in Buikwe district should be empowered with knowledge about ANC and be encouraged to include the subject while carrying out their community health activities with emphasis on early attendance of ANC and the four recommended visits.

Health care workers should put more emphasis on advising and encouraging mothers to deliver from health facilities under skilled birth attendants.

To attract more mothers to attend ANC at St. Francis hospital Nyenga, the hospital should reduce charges on ANC services and should also provide incentives such as mama kits.