



Research Article

Focused Antenatal Care in urban Ghana: A qualitative study into physical accessibility of maternal health services in Kwabre East Municipality

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Keywords: Physical Accessibility; Focused antenatal care; Thematic analysis; Ghana



Abstract

Background: Accessibility to healthcare is a major component of primary health care campaign for maintaining population health. Owing to this, the government of Ghana has instituted the free maternal care and focused antenatal care policies into the maternal health care policies to woefully control maternal mortality, morbidity and to ensure improved access, quality and continuous ANC use among pregnant women. Despite these interventions, pregnant women in the Kwabre East Municipality do not fully use ANC services as recommended by the World Health Organization.

Methods: Using an in-depth interview and two focus groups conducted with women of reproductive age (15-49) in the Kwabre East Municipality. The study investigated women's opinions, perceptions and experiences on their ANC visits.

Results: The study revealed that physical accessibility and the social context of pregnant women continue to influence their ANC use even after the introduction of the free maternal care and focused antenatal care policies.

Conclusion: The study suggests that in order to fully utilize ANC visits as recommended by the WHO in the Kwabre East Municipality, the Municipal Health Directorate should liaise with collaborating stakeholders if not eliminating to limit the influence of restrictive factors to women's quest of using ANC. It is further recommended that management do away with hindrances that delay women who seek for ANC services in health facilities and adopt strategies and procedures that aim at increasing ANC uptake.

Introduction

Life expectancy and maternal mortality rates have been considered as the two most important indicators of health [1,2]. However, physical accessibility to health care services is a major determinant to the health and wellbeing of populations. It is acknowledged that the distance covered to access health care can influence the rate of health care utilization [3,4]. Hence, access to health care is a major concern to stakeholders GMoH [5]. Accessibility to health care is described as 'potential' if it borders on individual and institutional factors that induce the possibility to utilising it [6,7]. In a related study by [8], they emphasised on how perceived differences in access to health facilities, the adequacy of transport systems and the availability of healthcare providers may influence timely care-seeking for obstetric complications and, ultimately, maternal mortality in less developed countries and most especially in the Sub-Saharan Africa.



The concept of accessibility in healthcare is difficult to define as it encompasses different contexts in its definition [7]. According to the World Health Organization [9], “accessibility implies the continuing and organised supply of care that is geographically, financially, culturally and functionally within easy reach of the whole community” [10], also distinguishes between “potential access” which is individual and formal factors that have the ability to influencing healthcare utilization and “realised access” which considers the actual healthcare utilization accessed by people.

[7] consider geographic accessibility, as the actual distance travelled in order to use health facility. To them, the geographical distance may present a potential barrier to access health care services. Hence [4], in their study on complementary and alternative medicine in Pakistan, consider that the availability of transport, physical distance of the facility and time taken for care users to reach facility absolutely influence the health seeking behavior and health care utilization by people. This incident is worrisome especially among the vulnerable populations in rural areas of which women are the majority [11].

However, physical accessibility to health care is a key determinant in influencing the utilization behavior of people especially in developing countries. Accessibility to health is, therefore, the ability to make use of facilities, and combines economics, geographic proximity, quality health care services, social resources available [6]. Hence, [4], conclude that accessibility to health care in developing countries with its myriad factors of physical distance from health facilities, inadequate transportation system, high transportation costs, and poor road conditions coupled with poor work attitude of personnel is problematic. Hence, physical accessibility to healthcare becomes dire when it involves the pregnant mother with the foetus.

It is of this backdrop that the government of Ghana introduced the Community-based Health Planning and Services (CHPS) initiative in 1999. Inspired by the Alma Ata commitment to primary health care, the CHPS was introduced to bring health care to the doorsteps of Ghanaians living in distant communities. The CHPS concept in Ghana aimed at reducing barriers to geographic access to basic health care services. The specific objectives of the CHPS initiative were to improve rural access to health care service, improve efficiency and responsiveness to community health needs, and to develop effective inter-sectoral collaboration for rural health care delivery. Ensuring effective maternal health care was a major component of the CHPS initiative. This initiative, however, has not increased antenatal care (ANC) use to the recommended visits by the WHO. Hence, the need to explore further on the reasons of low utilization of ANC visits.

Data from the Kwabre East Municipality Health Directorate [12], reveal irregular pattern of both Antenatal and Postnatal visits. The total annual attendance for Antenatal in 2011 was astronomically recorded as 666,089 with 1,825 as daily average visits, compared to postnatal visits of 88,918 with daily average of 244. In 2012, total annual attendance for Antenatal visit greatly fell to 22,863 with daily average of 63 while 2,517 turnouts were recorded as Postnatal with 7 visits as the daily average. Total Antenatal cases again increased in 2013 to 25,212 with daily average of 69 while postnatal visits further increased to 3,530 with a daily average of 10 visits. However, the Antenatal visits in 2014 fell again to 22,625 with daily average of 62 while postnatal cases recorded further increased to 3,879 with daily average of 11 visits.

Again the data from the Kwabre East Municipality Health Directorate [12], show that both doctor-to-mother and nurse-to-mother ratios are not inspiring. Doctor to patient ratio was 1:71,803 in 2011, 1:74,361 in 2012, 1:77,015 in 2013, and 1:79,752 in 2014. These ratios are on women aged 15-49 and are all above the World Health Organization’s standards of 1:600. The story is no different on the side of Nurse-patient

ratio. The Nurse-mother ratio was 1:3,767 in 2011, 1: 1,708 in 2012, 1: 1,807 in 2013, and 1:1,987 in the year 2014 [8]. These are also above the WHO standards of 1:500. This pattern of maternal health care accessibility and utilization have serious health implications and risks.

Evidence on geographical nearness to health care in developing countries abound in the available literature including those from Ghana such as [3,13], Nigeria [14-17], Zambia [14,15], Pakistan [4,20], Yemen [7], Indonesia [21]. Hence, physical closeness to health care can play a major role in the utilization of health services [13], in their study to investigate women's accounts of interactions with health care providers during labour and delivery in Ghana, revealed that physical access to health care is a major barrier affecting health care utilization. Another study in Ghana by [11], on the primacy of distance in health service utilization in the Ahafo-Ano South Municipality revealed that distance to the health facility has a strong influence on utilization in the area.

A study in rural [4] in rural Pakistan, women in deprived areas are woefully affected on physical distance to health care. Access to quality health care becomes worrisome among rural populations where poor roads, long distances to health facilities, and low quality of service which ultimately lead to low accessibility and hence utilization. Rural users of health care services are, therefore, constrained by travel time and transport cost, by which people resort to available intervening opportunities [11]. Buor [11] again introduces social accessibility concept where health care users wish to consult a peculiar doctor with whom they felt relaxed [3]. In his work on accessibility and utilization of health services in Ghana structures restrictive factors as travel time, waiting time, quality of road, distance, transport cost, service cost, quality of service and attitude of hospital staff. These conditions have direct or indirect influences on maternal access to health care and they are more pronounced in the developing world including Ghana.

Geographic location, being a locality for human settlement is a key determinant in the utilization of health care services especially in developing countries. The rural locale is, therefore, a particular "setting in which social relations are constituted" [22]. Hence, location distinguishes rural and remote health from urban health and determine patterns of accessibility and their associated challenges in rural health. According to [3], distance and nature of road determine how health care is accessed especially by rural dwellers.

In all, studies from [3,15-17,21], all used quantitative methods of enquiry in their analyses [9], however, use qualitative methods in their work on women's accounts of maternity services during labour and delivery in Ghana, which is out of scope [13], in their study on still too far to walk, review the available literature. This study, therefore aims to fill this grey area by exploring the reasons of ANC underutilization. The concern on physical accessibility on focused antenatal care has a wider spectrum, which needs to be viewed by critical and objective lens. Regardless of the countless studies available, there is the need to fill the gap in the available literature since none of these studies has ever explored the physical accessibility of antenatal care using women's opinions, perceptions and experiences with thematic analysis in the Kwabre East Municipality of Ghana.

Material and Methods

By means of explorative case study design, the researchers sought to explore the accounts and experiences of women on how they access ANC in their visits to publicly owned health facilities in the Kwabre East Municipality of Ghana, to utilize the free maternal health services offered for pregnant women under the National Health Insurance Scheme (NHIS).



Research Design

This study sought to explore why restrictive factors like physical accessibility and the social context of pregnant women continue to influence women's ANC use in the Kwabre East Municipality even after the introduction of the free maternal care and focused antenatal care policies, using explorative case study design. This study questions 'why' some pregnant women in the Kwabre East Municipality still fail to fully utilize the optimum ANC visits recommended by the WHO after major maternal healthcare interventions in Ghana? The case study design was used since the research question focusses on contemporary phenomenon and there was no control over behavioral events of the study parameters [23,24].

Study setting

The study was conducted in the Kwabre East Municipality, which is among the twenty-seven Administrative jurisdictions in Ashanti Region and has a total land area of 123 square kilometres. The area constitutes about 0.51 percent of the total land area of the Ashanti Region (24,370.5 square kilometres). It lies on the main Kumasi-Mampong stretch and it is within latitudes 60° 45' and 60° 50' North and longitudes 10° 30' and 10° 35' West [12]. The setting is peri-urban though it shares some characteristics of rural centers; such as involvement in primary production, wide disparity in wealth, good roads, poor telecommunications and social services, it is different with regards to its distance from the city of Kumasi, the capital of the Ashanti region. Its proximity to Kumasi is accompanied with acknowledged opportunities since it is able to attract and retain well-trained staff and career officials than most remote Municipality from Kumasi. For the purpose of this study, four facilities namely Mamponteng, Asonomaso, Antoa and Sakra Wonoo all of which are publicly owned facilities were selected.

Study procedures

The study recognised expectant mothers as the study population since they were considered as sources of "information rich" [24,25] and to obtain insights into the phenomenon of health care utilization of pregnant mothers. Field data for the study were collected from study respondents from 15th June to 15th October, 2015. The interview was conducted with the Public Municipality Health Nurse of the Municipality Health Directorate. In addition to the interview, two focus groups were conducted comprising four (4) mothers receiving prenatal care and four (4) mothers receiving postnatal care. These mothers aged 15-49 were selected through a facility-based maternal care service from the four publicly owned facilities that were included in the study. Hence, sample for the study was purposively taken to comprise the experience of women who received ANC and those who had recently delivered. To discover the dynamics, which stimulate the rate of antenatal care use and the perceptions of mothers in utilising ANC, two focus groups were separately conducted. One was with four (4) pregnant women receiving prenatal care with two (2) nurses and two (2) midwives. The other group had four (4) mothers receiving postnatal care with two (2) nurses and two (2) midwives.

Through the focus groups, women were asked to describe their experiences on how they accessed health services pregnancy and antenatal care services received. While pregnancy and motherhood are often associated with positive and fulfilling experience, for too many women in most developing countries especially in Africa, it is associated with suffering, morbidity and mortality [13,15,20]. The study therefore sought to discover these dimensions of maternal health care. Hence, the recount of personal experiences begins from the first day of conception, continues at the prenatal stage and finally to the postnatal stage of motherhood. Both authors were involved in the conduct of the two (2) focus groups. In all, the focus groups were conducted in Twi and were later translated and transcribed into English. Since the mother tongue of the

researchers was the Twi language used, no interpreters were needed and the resident nurses in the selected facilities acted as facilitators. Study participants were, however, recruited for the study during their visits in the selected facilities and the need for their involvement was thoroughly explained to them.

To further explore women's accessibility to health care in relation to the healthcare system provided for maternal mothers, the researchers engaged the Municipality Public Health Nurse in an extensive interview. Since, the Public Health Nurse was a first class literate personnel, the interview schedule conducted with her was organised in English language. Therefore, interview data was only transcribed afterwards without any ambiguity. The researchers were guided by an interview guide which showed a broad structure on physical accessibility to ANC and the general health care system provided for women in the Municipality.

Ethical consideration

Ethical clearance with reference CHRPE/AP/407/15 was sought from the Department of Community Health of the Kwame Nkrumah University of Science and Technology and the Komfo Anokye Teaching Hospital. In addition, formal consent was obtained from individual study participants in the selected health facilities who agreed to be part of the study. Privacy and confidentiality were ensured and maintained, as names and other identities of study participants were withheld where necessary. Participants were informed of their right to voluntary participation in the study and could retire at any time without fear of intimidation.

Analysis

Thematic analytical tool was employed by the investigators to analyse field all data. Qualitatively, thematic analysis is the technique enquiry, which helps to categorise, interpret and report patterns and themes found in one's dataset. This portrays the experiences, beliefs, and observations of respondents in relation to the epistemological position of one's research question [26]. Thematic analysis is able to offer the systematic element of a research data of one's study and permits the researcher to combine analysis by generating meaningful codes in context and thus adding the advantages of the refinement and complexity of a truly qualitative analysis [27]. Through the emerged patterns of interrelated codes, basic themes and organising themes. To bolster our analytical enquiry, the researchers supported the thematic analysis with a framework of network analysis, which eventually helped arrive at a global theme.

Hence, they used inductive theme embedded in thematic analysis of the interpretivism tradition by using the "exact" words used by study participants from the field. Again, manifest coding was employed in the analytical process since thematic analysis helps get closer to one's datasets and develop some deeper appreciation of the contents through "thick description". This technique emphasises the organization and rich description of the dataset, since in qualitative inquiry quotations speak for themselves; which aims to identify themes, stay flexible and stay open-minded [28]. Hence, we used thematic analysis as a way of getting closer to our datasets and developing some deeper appreciation of the contents through "thick description".

In addition, all the datasets of the focus groups were coded independently and differently to determine their associated factors which either facilitated or hindered the physical accessibility of women in utilising ANC services. Most factors were captured to determine the rate of access to ANC use. After coding was done independently, further checks on the consistency and interpretation of datasets was conducted by researchers. Transcriptions on focus groups were exchanged between researchers and compared for further review. Finally, codes and analysis of transcribed data were



serialised, shared and discussed to ensure consistency of analysis of enquiry [26]. For appropriateness of analysis of enquiry, all focus groups transcripts were duly coded and meaningful 26 codes that emerged from the codes were however grouped into 10 basic themes. Further analysis was made where the 10 basic themes were also discussed and organised into 5 organising themes. Again, overarching themes were discussed and unanimously agreed upon into a global theme by the researchers. Thematic analysis from the interview set followed similar steps outlined above and were all put together which are reported in the table below.

Findings

Mostly, the use of antenatal care services is conducted and measured only at the facility level and that of the health directorate of the Kwabre East Municipality is no exception. Hence, study participants were contacted at the facility level. The study findings are outlined in the table below.

Discussion

The current paper sought the opinions, perceptions, experiences and thoughts of women on their physical accessibility to ANC use in relation to focused antenatal care in the Kwabre East Municipality of Ghana after the introduction of the free maternal health policy. Findings from 2 focus groups with 8 participants each and 1 interview schedule with the Municipal Health Nurse were carried out. The discussion is involved with productive women aged 15-49 who publicly use the antenatal care package offered to pregnant mothers. Study participants were obtained from the Municipal health information management system software of the Ghana health services (i.e., ghsdhims) [12]. This helped to reduce the response bias of the study and views of respondents were credibly sought after.

In the Kwabre East Municipal, the health directorate provides for varied maternal services including health education to serve the needs and demands of women. It is widely acknowledged that the kind of ANC services provided for women influence their rate of accessing antenatal care during pregnancy [7,29-31].

Pattern of focused ANC

The Municipal health directorate provides wide range of maternal care services

Table 1: Global Theme: Pathways to Focused Antenatal Care in urban Ghana.

Codes	Basic themes	Organising themes
Distribution of health staff	Improved health services	Enhanced ANC services
Routine monitoring of facilities	Improved ANC awareness	
Health supervision		
Health education during ANC	Empowerment of mothers	Focused ANC
Scheduled ANC services	Improved ANC turnout	
Client-friendly Antenatal care		
Daily ANC	Enriched ANC reliance	
Intensive ANC services		
Building confidence and trust		Geographical constraints
Relief for mothers		
Privacy of service rendered		
Travel time	Inadequate logistics	Limited access to facility
Travel distance		
Transport cost		
Delay to access ANC		
Religious beliefs of Clients		
Poor road network	Poor access to facility	
Potholes on roads		
Untarred road	Unreliable road use	
Traffic congestion on road use		
Lateness to facility		
ANC mostly undertaken by car	Limited transport options	Far distance to ANC
Limited transport options		
Use of motorised vehicles	Far distance	
Far place of residence		
Too far to walk		



including focused antenatal care to women of productive age. These services include distribution of health staff, routine monitoring of facilities, health supervision, and health education. Though these services are helpful, they could not solve the problem of long waiting that pregnant women grapple with during antenatal sessions. Focused ANC is, however, packaged with each pregnant woman assigned to a particular health worker, preferably a nurse to monitor the comprehensive stages of mother's pregnancy. This observation is further elaborated by the response of the Municipal Health Nurse.

Oh! We do offer general ANC services. We as the municipal health directorate try to offer to our clients a number of broad-based services and these include the distribution of health staff, routine monitoring of facilities screening, immunisation, health education and management of minor ailment. Again, errrrr for every fortnight, the health staff in the municipality embark on health education on zonal basis on errr the services rendered to pregnant mothers and the need to utilize such services. (Municipal Public Health Nurse).

Yes, the entire Directorate has introduced focused antenatal care in all facilities, which is a key component of WHO regulations to ensure maximum maternal care. This has enabled pregnant women to get direct health care from a particular health staff in the entire state of pregnancy. (Municipal Public Health Nurse).

This observation of the study is consistent with the works of [7,30,32], that the use of maternal health care services by clients is more pronounced when the healthcare system is responsive to the needs and care of end users. In their work on the socio-economic determinants of maternal health care utilization in Ghana [31], conclude that the uptake of maternal health care services is strongly influenced by the available structures of the general the healthcare system.

Barriers to ANC Use

The study sought to explore the perceptions, views and experiences of pregnant women that act as system-induced barriers, and which hinder their smooth use of ANC services among women in the Kwabre East Municipality. These barriers either prevent women from using ANC services completely or reducing their number of ANC visits in their entire motherhood stage. Such system-induced barriers include long waiting time and poor attitude of caregivers being restrictive factors to health care. Long waiting time in accessing health care is recognised as a key reason people fail to seek care regardless of the severity of one's need for care [3,32,33], in his study on spatial accessibility of primary care on concepts, methods, and challenges describes the actual time used to access health care as 'realised accessibility.' Women in productive ventures are deterred from accessing health care upon knowing that they will experience long waiting time in health facilities. The study revealed that most women spent 20-40 minutes in most facilities during their ANC visits. However, 2 respondents who always spent 40-60 minutes during ANC sessions recounted their experiences during the focus groups.

Sir, I am a storekeeper myself and no one takes care of the store during my absence but what I see here is I always delay when I come to see the Nurse. So anytime I come here, I do not go to the market to sell since my customers may have bought all they wanted. (Recently delivered woman, FG1).

For me, I sometimes feel reluctant to see the Nurse here. They treat me nice and good but I always delay whenever I come to see them. You know I am a housewife and that I do all things in the house but I don't leave early but are few pregnant women here. (Woman in third trimester, FG2).

This observation of this study is in agreement with the research conducted by [29],



on factors influencing adolescents' utilization of antenatal care services in Bulawayo, Zimbabwe, which pregnant adolescents were not satisfied with services rendered because of long delays in accessing ANC.

Again, the current study searched to discover the attitude of caregivers on women who utilize ANC in the Kwabre East Municipality. It reveals mixed feelings among women on the attitude of caregivers on ANC use. Most respondents described the attitude of Nurses as calm, friendly and conducive due to the warm reception they received anytime they visited facilities for ANC sessions. This encouraged and strengthened their urge to use ANC services whenever the need arose. It is documented that attitude of health workers is strongly correlated with high health care seeking behavior among clients [21,32,34]. This scenario is revealed by the account of a nursing mother from a study facility in Asonomaso.

The nurses and midwives who are here take much care of me and I hear other women say the same thing. They have nice and comfortable beds for us to relax anytime any of us feels dizzy, they get you a place to relax as if you are at home. They also respect and smile to us anytime we come to receive care and they don't talk harshly even if we come here late. (Recently delivered woman, FG1).

There was therefore the need for pregnant mothers to fully utilize the WHO recommended ANC visits. This will intend help to detect any potential complications among mothers at the early stages of pregnancy to avert any eventuality, which may include maternal morbidity and mortality.

Nevertheless, respondents in other facilities perceived attitude of caregivers on ANC use as intimidating, rude, abusive, careless, and unfriendly. These attitudes either prolonged women's waiting time or expelled women to use the services of Traditional Birth Attendants (TBA's) instead of health facilities. Below is the account from a pregnant woman from Antoa health facility.

Sir, here is different ooo. . . they (health staff) do not care for us at all, when you go in the morning they will say why are you coming so early? When you go in the afternoon, they will say why did not you come in the morning? When you go in the evening they will say they have closed, come the next day. In fact, they are insensitive and they talk to us anyhow. (Pregnant woman, FG2)

In some situations, women reported being humiliated in inhumane manner even though they did not commit any foul. A pregnant woman from Sakra Wonoo recounted her experience as below.

Sometimes, you do not feel like telling the Nurse what is wrong with you . . . when you see her scream at a sick pregnant woman. It will frighten you. (Woman in ninth month of pregnancy, FG2).

These findings therefore indicate that attitude of health staff is a key determinant in the use of health care services in both developed and developing countries. Hence, the observation from this study is consistent with those of [13,21,32,29,35,36], that the health seeking behavior of clients are strongly correlated to the attitude of health staff.

Physical accessibility

Physical accessibility to health care is discussed to as a restrictive factor to health care use [10]. Restrictive factors are extraneous factors to patients and are beyond their control and influence [3] in his work on accessibility and utilization of health services in Ghana structures restrictive factors as travel time, waiting time, quality of road, distance, transport cost, service cost, quality of service and attitude of hospital staff. These conditions have direct or indirect influences on maternal access to health



care and they are more pronounced in the developing world including Ghana. The study parameters focused on place of residence and distance and transport as the two most important components under physical accessibility.

Place of residence

Place of residence, being a locality for human settlement is a key determinant in the utilization of health care services especially in developing countries. The rural locale is, therefore, a particular “setting in which social relations are constituted” [22]. Hence, location distinguishes rural and remote health from urban health and determine patterns of accessibility and their associated challenges in rural health. According to [3], distance and nature of road determine how health care is accessed especially by rural dwellers. The study sought to explore if place of residence of study participants had any influence in their wanting to seek for ANC services vis-à-vis their place of residence. Place of residence in seeking health care is believed to have close association with parity, belief systems, availability information, availability and quality of services and accessibility of services [19]. Place of residence in most studies in the available literature. Addai [37], in his study on determinants of use of maternal-child health services in rural Ghana indicated that ‘place of residence’ has a potential influence on the health seeking behaviors of women since they are ‘bounded by social context.’ In their work on utilization of maternal health care services in urban Ethiopia, Mekonnen and Mekonnen [38] indicated strong interaction of women’s place of residence in their health care seeking behaviors.

The study sought to explore the views of respondents if ANC use has a strong tie with their place of residence. A recently delivered mother from Asonomaso hospital recounted her experience the influence of her place of residence and ANC use.

You know, I’m a married lady and I always take decisions with my husband. He is such a responsible man and I love him for that. I always want to listen to his advice. He told me to come to this hospital since here is good when I was pregnant. Even at this stage of postnatal care, he accompanies to anytime I come here. I live in this neighbourhood with my family and this place is easily accessible. (Recently delivered woman, FG1 Asonomaso).

Another woman from Antoa health center durin a focus group also shared her experience on the influence of her place of residence to her ANC use.

I was transferred as a government employee to this place and I have decided to make this facility my preferred place since it is close to me and the health staff here are good to me. Errr, this is my second pregnancy in this town and I have not had any complications yet, so I trust this place and will recommend it to anyone. (Pregnant woman, FG2).

A recently delivered mother who is attending postnatal care at the Mampong health center also shared her views on how she was influenced to take up her antenatal care during pregnancy.

For me err, my religious beliefs tell me that the husband should take all decisions for the family. Since I respect my husband, he told to choose this place for all my health care matters. It has helped me a lot and I’m grateful to my husband. (Recently delivered woman, FG1; Mampong).

Distance and transport

Distance to health care has been and continues to be a major barrier in developing countries. It has a high inhibition to health care seeking behaviour and very pervasive rural areas. People in the rural areas live farther away from health facilities than in



cities where there is a high concentration of health facilities. The situation becomes disincentive when clients are levied with high transportation cost in assessing health care. With health care seeking behavior among rural people [39], indicated that “distance to hospital also captures other aspects of remoteness such as poor road infrastructure, poor communication between communities, poverty, limited access to information, strong adherence to traditional values and other disadvantages that are difficult to measure quantitatively.” Distance with transport cost as a restrictive factor is acknowledged by the available qualitative literature including that of Vietnam [40], Nepal [41], Uganda [42], India [43] and Ghana [13,32], as a deterrent in accessing health. The accounts of the Municipal Public Health Nurse and a pregnant woman from the Mamponteng health center reflected the true picture of the common perceived threats on distance and transport in seeking health care.

As I said earlier, we monitor and supervise the various facilities every fortnight and geographical constraint is one of the problems we do face as a directorate. We do get similar complaints from our clients due to the scattered settlement patterns of communities. (Municipal Public Health Nurse).

Sir, me for instance, I walk for a long distance before I reach here and they also make me wait till I begin to talk and they say I like talking too much. . . hmmm, this is why I do not feel to come here sometimes ooo. The Nurses even say I talk too much. (Pregnant woman, FG1; Mamponteng).

The current study is therefore in consistent with the works of [3] and [19], that distance and transport are key restrictive factors have direct or indirect influences on maternal access to health care, and they are more noticeable in the developing world including Ghana [32-34].

Conclusion

The study explored the women’s opinions, perceptions and experiences on their ANC visits, a major component of maternal health care in the Kwabre East Municipality using an interview guide and focus groups. The sought to probe why ANC use has still not achieved its WHO recommendation in the municipality even after the introduction of the free maternal care and focused antenatal care interventions. The study, therefore, revealed that physical accessibility and the social context of pregnant women continue to influence women’s ANC use. The study recommends that in order to fully utilize ANC visits as recommended by the WHO in the Kwabre East Municipality, the Municipal Health Directorate should liaise with partnering stakeholders if not eliminating to limit the influence of restrictive factors to women’s quest of using ANC. It is further recommended that management do away with hindrances that delay women who seek for ANC services in health facilities and adopt strategies and procedures that aim at increasing ANC uptake.

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