

ATTITUDE TOWARD OBSTETRICS DANGER SIGNS AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN RECEIVING ANTENATAL CARE IN HEALTH CARE FACILITIES IN NSUKKA LOCAL GOVERNMENT AREA

Ngozika Karen Enemu; Jacinta E. Ugbelu; Clementina Ogoma Oraemu;

Favour Chiamaka Kalu & Promise Ugonna Ugwuagu

Department of Human Kinetics and Health Education,

Faculty of Education, University of Nigeria Nsukka

Correspondence: jacinta.ugbelu [@unn.edu.ng](mailto:jacinta.ugbelu@unn.edu.ng)

Abstract

The purpose of this study was to determine the attitude toward obstetrics danger signs among of pregnant women attending antenatal clinics in Nsukka Local Government Area (LGA), Enugu State. This study adopted descriptive survey research design. Specifically, four objectives were formulated with four corresponding research questions and three null hypotheses were postulated to guide the study. A multi-stage sampling technique was employed to select 380 pregnant women in Nsukka LGA. Data were collected through the researcher's designed questionnaire titled Attitude towards Obstetric Danger Signs Questionnaire (ATODSQ). The instrument was validated by three experts from the Department of Human Kinetics and Health Education. Split-half method was used to test the reliability of the instrument; mean and standard deviation were used to answer the research questions. The null hypotheses were tested using one-way analysis of variance (ANOVA) at 0.5 level of significance. Results showed that pregnant women Overall attitude was positive ($m=3.71$; $SD=.55$), all the age group, level of education and parity had positive attitude toward obstetrics danger signs. Also significant differences existed in attitude based on age, level of education and parity, $F(2,368)=6.729$; $p=.01$, $F(3,367)=33.029$; $p=.00$ and $F(3,367)=3.603$; $p=.01$ respectively. Based on the findings, the study recommended among others that the ministry of health in collaboration with other health professionals to adopt health educational strategies to improve the program for pregnant Women about danger signs by disseminating information that will spur positive attitude toward danger signs during pregnancy. The implementation of an education program had a positive effect on increasing women's attitude towards ODS.

Keyword: Attitude, obstetrics danger signs, pregnant women, associated factors, antenatal clinics

Introduction

Pregnant women experience warning signs & symptoms known as danger signs during pregnancy. Pregnant women should know these warning signs in order to rule out significant consequences and start treatment right away the danger signs as vaginal bleeding convulsions, elevated of body temperature, severe abdominal pain, severe pain in the head, blurred vision, absence movements of the fetus, fluid gushing from the vagina and foul -smelling vaginal discharge are the more common during pregnancy that can elevate the incidence of maternal mortality (Dagnachew, et al., 2022). Severe bleeding, infections, high blood pressure throughout pregnancy, obstructed labor and unsafe abortion are the main problems that cause 80% of all maternal fatalities. However, if the proper steps are done as soon as possible, many maternal fatalities can be avoided. Given that difficulties can arise at any time throughout pregnancy, every pregnant woman must be aware of the danger signs. (Emeh et al., 2021).

The majority of mortality deaths occur in developing countries, which can be attributed to inability to access health services, illiteracy, ignorance, social stigmas, and gender inequalities (Patwardhan, Eckert, Spiegel, Pourmalek, Cutland & Kochhar, 2016). To lower high rates of maternal and neonatal mortality, the national reproductive plan places a strong emphasis on maternal and newborn health. The plan is focused on the requirement to enable expectant mothers, families & communities to detect pregnancy-

related hazards and to assume responsibility for creating, carrying out, & responding appropriately (Jewaro et al., 2020).

Maternal mortality is high in African countries. World Bank (2018) reported that some Sub Saharan Africa countries, such as Cameroon has witnessed a rise in maternal mortality ratio (MMR) from 728 in 1990 to 753 in 1996 followed by a relatively steady ratio of 751 between 1997 to 2001; then steady drop from 751 in 2001 to 596 in 2015 making Cameroon rank number 15 country with high MMR in the world due to obstetrics danger signs. Laing, Sinmyee, Rafique, Smith and Cooper (2017) in their study of barriers to antenatal services in the Gambia reported that in sub-Saharan Africa, pregnancy is regularly perceived to be a time of great vulnerability, with the women reporting feelings of insecurity and fear of dying. Azuh, Azuh, Iweala, Adeloye, Akanbi and Mordi, (2017), noted that malaria and fever were the most prevalent illnesses contributing to maternal mortality in the research regions, with (80.3%) indicating that they were the most common. Typhoid (13.9%), headache (1.9%), cold or cough (3.3%), diarrhea (0.3%), and diabetes accounted for the remainder (0.3%). In low income countries maternal mortality due to childbirth related complication could be prevented if pregnant women recognize danger signs and seek immediate obstetric care. One of the key strategies for reducing maternal deaths is increasing the positive attitude on obstetric danger signs among women, their families and the community, because negative attitude due to culture and belief towards warning signs for women can lead to serious complications (Kapoor & Khari, 2016).

Obstetrics danger signs indicate an immediate hazard which, if not avoided, will result in death or serious injury. Bintabara, Mpembeni and Mohame (2017) asserted that danger signs of obstetrics are complications that women encounter during pregnancy, child birth and postpartum. According to Bintabara, Mpembeni and Mohamed (2017), obstetric danger (ODS) signs are unexpected obstetric signs that can lead to maternal health complications. These obstetric danger signs during pregnancy include; vaginal bleeding, convulsions/fits, severe headaches with blurred vision, fever and too weak to get out of bed, severe abdominal pain and fast or difficult breathing (Teng, Zuo, Binti & Keng, 2015). Obstetric danger signs also refers to the loss of consciousness; persistent vomiting; severe persistent abdominal pain; vaginal bleeding; swelling of face, fingers and feet; blurring of vision; fits of pregnancy; severe recurrent frontal headache; and high-grade fever (Nega, Aderajew & Afework, 2020). In this context, obstetrics danger signs refer to pregnancy complications or dangers signs pregnant women undergo during pregnancy. Attitude towards obstetrics danger signs during pregnancy is crucial for safe motherhood.

Attitude is the way a person behaves that shows how they think or feel about something or somebody. Shuchi (2017) asserted that attitude is a mental state that involves feeling, values, believes and disposition to act in a certain way. These attitudes could be positive or negative. Nadeem (2016) stated that persons with positive attitude possess positive behaviour, tend to explore good things and will go after positive while individuals with negative attitude will always be searching for weaker elements of others personality and are not inclined towards positive elements, as their focus remain on bad people and avoids good people; also they are likely to complain about changes, rather than adapting to the changing environment, they might blame their failure on others. In this study, attitude refers to feelings, thinking towards obstetrics danger signs. Every pregnant woman faces the risk of sudden, unpredictable complications that could end up with death or injury to herself or to her infant that are related to ODS and cannot be reliably predicted (Global Health Policy, 2017).

Pregnancy is the period in which a woman brings a new life that progress from one generation to the next one. McLemore (2020) defined pregnant women as individuals who self-identifies as female and is undergoing a process of pregnancy, regardless of their biological sex assigned at birth or current reproductive capacity. Shehan (2016) asserts that although assisted reproductive technology procedures can result in pregnancy, sexual activity is the most common way for this to happen. A multiple pregnancy involves more than one offspring, such as with twins. Pregnancy usually occurs by sexual intercourse, but can also occur through assisted reproductive technology procedures (Shehan, 2016). Downe, Finlayson, Oladapo, Bonet and Gülmezoglu (2018) also defined pregnant women as those who are expecting the birth of a child and is actively engaged in the physical, emotional, and social changes associated with pregnancy. In this study, a pregnant woman is a female of reproductive age who is currently carrying an embryo in the development phase and receiving antenatal care in health care facilities in Nsukka local government area. Pregnancy is the crucial life stage as pregnancy needs more care and protection. Gestation period of a normal woman is 9 months or 40 weeks or 280 days. Pregnancy is the very crucial period in a woman's life due to many physical, psychological & emotional changes (Bishnoi et al., 2020). Pregnant women who receive antenatal care are more likely to know obstetric danger signs during pregnancy.

Antenatal care (ANC), is a type of preventive healthcare. Prevention of pregnancy danger signs, having a positive attitude toward obstetric danger signs and improving healthcare services for pregnant women are ongoing challenges for midwives and other healthcare providers and enhancing knowledge and awareness about pregnancy danger signs during pregnancy is an important step in pregnancy care (Bodoor et al., 2021). It is the health care that is rendered to the pregnant women throughout pregnancy until the child's birth and is aimed at detecting the already existing problems and/or problems that can develop during pregnancy, affecting the pregnant woman and/or her unborn child (Pattinson, 2018). The care includes various screening tests, diagnostic procedures, prophylactic treatments, some of which are done routinely, and others are provided to the women based on identified problems and risk factors. According to Pattinson (2018), ANC benefits both the mother and the baby; it assists in screening, diagnosing and managing or controlling the risk factors that might adversely affect the pregnant women and/or the pregnancy outcome. In this study, antenatal care is the care given to pregnant women so that they have safe pregnancy and healthy babies. Attitude towards obstetrics danger signs among pregnant women may be influenced by certain factors.

Certain socio-demographic differences may be associated with the attitude towards obstetrics danger signs among pregnant women receiving antenatal care. These include: age, education level, gender, class level, place of residence, marital status, religion, income level, school type, occupation, parity among others. In this study, socio-demographic variables of interest include: age, level of education and parity.

Age refers to the length of time during which a human being has existed; length of life or existence to the time being referred to. Fingerman, Berg, Smith and Antonucci (2019) defined age as a multidimensional concept encompassing biological, cognitive, emotional, and social dimensions that interact and influence each other. Okoror and Omuemu (2021) reported that the age of the respondents exerts a marked influence on their attitude towards obstetrics danger signs, being of age category 25–29 and 30–34 years was predictive of a positive attitude towards obstetrics danger signs.

Level of education is another socio-demographic factor that influences the attitude towards obstetrics danger signs. According to Neiger (2017), there is significant association between pregnancies related diseases and complications and educational level.

The authors reported that mothers with higher educational level (secondary and tertiary) have better attitude about obstetric danger signs than those with lower educational level (primary). This implies that level of education has a significant influence in the attitude of obstetrics danger signs.

Parity is also a factor that may be associated with attitude towards obstetrics dangers signs among pregnant women. Parity is the number of times that a woman has given birth to a foetus with gestational age of 20 weeks or more, regardless of whether the child was born alive or was stillborn (Tidy, 2019). This implies that parity has a significant association in the attitude of obstetrics danger signs. The attitude toward obstetrics danger signs will determine the outcome of the pregnancy (WHO, 2020). This study sought to determine the attitude toward obstetrics danger signs among of pregnant women attending antenatal clinics in Nsukka Local Government Area (LGA), Enugu State.

Nsukka is a Local Government Area in Enugu State. Nsukka people are rooted in tradition and socio-cultural belief with a unique custom; hence the motivation to conduct a study of attitude towards obstetrics danger signs among pregnant women in the area. It is speculated that they have always held on to elements of their culture and not letting go certain superstitious and primordial belief system. As Opata and Asogwa (2017) opined, the Nsukka Igbo of Southeastern Nigeria have numerous ways of recreating and upholding their cultural beliefs and inheritances. Most parents send their children to early marriage that have exposed them to early childbirth, and when an underage girl get pregnant at her early stage where her reproductive system have not fully matured for childbearing she is highly exposed to obstetric danger signs. This study therefore seeks to contribute to this by exploring the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka Local Government Area.

Research Questions

The following research question were posed to guide the study:

1. What is the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA?
2. What is the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on age?
3. What is the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on level of education?
4. What is the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on parity?

Hypotheses

The following null hypothesis was postulated and tested at 0.05 level of significance

1. There is no significant difference in the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on age.
2. There is no significant difference in the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on level of education.
3. There is no significant difference in the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on parity.

Methods

A descriptive cross-sectional survey research design was employed to achieve the objective of the study. The study was carried out in Nsukka among pregnant women receiving antenatal care in health care facilities in Nsukka LGA; Nsukka Health Centre ,

Bishop Shanahan Hospital and General Hospital Nsukka. The population for the study comprised of 3940 pregnant women receiving antenatal care in Nsukka Health Centre. The sample for the study comprised of 380 pregnant women. Multi-stage sampling technique was used to draw the sample for the study. Stage one involved simple random sampling of balloting without replacement to select three health facilities out of the twenty-nine health facilities in Nsukka LGA. Stage two involved the stratification of the health care facilities into three strata. The first stratum was Nsukka Health Centre with a population of 1100 pregnant women, the second stratum was Bishop Shanahan Hospital with a population of 2239 and the third stratum was General Hospital Nsukka with a population of 601 pregnant women. Stage three involved the use of proportional stratified sampling technique to draw 380 pregnant women from the three strata. Precisely, 106 pregnant women were drawn from Nsukka Health Centre, 216 pregnant women were drawn from Bishop Shanahan Hospital and 58 pregnant women were drawn from General Hospital Nsukka. Stage four involved the use of convenience sampling to assess the pregnant women during antenatal care in the health care facilities were used.

The face validity of the instrument was established by three experts in the Department of Human Kinetics and Health Education, University of Nigeria, Nsukka. The reliability of instrument was established by split-half method utilizing Spearman's Brown correlation coefficient. The reliability coefficient of .71 was obtained, which was deemed high and reliable for use in this study. Out of the 380 copies of the questionnaire administered, 9 copies were not duly filled out, thus discarded. Only 371 copies duly filled out were returned and used for analyses, which gave a return rate of 97.6 per cent.

The instrument for data collection was a researcher-designed questionnaire titled Attitude towards Obstetric Danger Signs Questionnaire (ATODSQ). The questionnaire was structured in close-ended form requesting the respondents to place a tick (✓) against the options that best applied to them. It consisted of thirteen (13) items classified into sections A and B. Section A contained three items on demographic characteristics (age, level of education and parity) of the respondents. Section B contained 10 items on attitude towards obstetric danger signs with response options of Strongly agree (SA), Agree (A), Disagree (D) and Strongly disagree (D). The information from the questionnaire was coded using the Statistical Packages for the Social Sciences (SPSS), IBM-SPSS (version 24 statistics for windows). Mean and standard deviation were used to answer research questions. To determine attitude towards obstetrics danger signs, the criterion mean of 2.50 was adopted. Therefore, an attitudinal item with mean score less than 2.50 (item $x < 2.50$) was interpreted as negative attitude while an attitudinal item with mean greater than 2.50 (item $x > 2.50$) was interpreted as a positive attitude towards obstetrics danger signs. The null hypotheses were tested using one-way analysis of variance (ANOVA) at 0.5 level of significance.

Results

Table 1: Attitude towards Obstetrics Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA (n=371)

S/N	Items	$\bar{X}$	SD	DEC
1.	I believe it is important to be knowledgeable about maternal complications during pregnancy	3.59	.76	P
2.	Recognizing some threatening signs is crucial for the well-being of both me and my baby	3.46	.83	P
3.	If I experienced any critical maternal symptoms, I would seek immediate medical attention	3.49	.83	P

4. I feel confident in my ability to recognize pregnancy emergencies	3.29	.92	P
5. I would be interested in attending educational sessions to learn more about high risk pregnancy indicators	3.44	.87	P
6. I am likely to seek medical help if I notice any difficulties during pregnancy	3.56	.79	P
7. I feel comfortable discussing about pregnancy crises with my healthcare provider	3.47	.78	P
8. Cultural beliefs influence my attitude towards receiving proper antenatal care	2.92	.98	P
9. I feel prepared to handle issues that comes with pregnancy	3.24	.94	P
10. I am confident in the healthcare systems ability to respond promptly to signals that indicate problems in pregnancy	3.42	.85	P
Overall $\bar{X}$	3.71	.55	P

Key: Positive attitude (P), $\bar{X} \geq 2.50$; Negative attitude (N), $\bar{X} \leq 2.50$. DEC: DECISION

Results in Table 1 showed that overall, pregnant women receiving antenatal care had positive attitude towards obstetrics danger sign ($\bar{X}$ = 3.71; SD = .55).

Table 2: Attitude towards Obstetrics Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA Based on Age (n=371)

S/N	Items	15-24 years		DEC	25-34 years		DEC	35 years and above		DEC
		$\bar{X}$	SD		$\bar{X}$	SD		$\bar{X}$	SD	
1.	I believe it is important to be knowledgeable about maternal complications during pregnancy	3.45	.88	P	3.68	.66	P	3.54	.81	P
2.	Recognizing some threatening signs is crucial for the well-being of both me and my baby	3.14	.87	P	3.62	.69	P	3.46	.95	P
3.	If I experienced any critical maternal symptoms, I would seek immediate medical attention	3.35	.88	P	3.59	.74	P	3.44	.92	P
4.	I feel confident in my ability to recognize pregnancy emergencies	2.89	.96	P	3.46	.78	P	3.36	1.04	P
5.	I would be interested in attending educational sessions to learn more about high risk pregnancy indicators	3.08	1.04	P	3.61	.67	P	3.46	.95	P
6.	I am likely to seek medical help if I notice any difficulties during pregnancy	3.36	.96	P	3.67	.64	P	3.54	.87	P
7.	I feel comfortable discussing about pregnancy crises with my healthcare provider	3.09	.92	P	3.68	.59	P	3.46	.87	P
8.	Cultural beliefs influence my attitude towards receiving proper antenatal care	2.69	1.15	P	3.02	.86	P	2.96	.99	P
9.	I feel prepared to handle issues that comes with pregnancy	2.81	1.11	P	3.36	.83	P	3.49	.76	P
10.	I am confident in the healthcare systems ability to respond promptly	3.56	.61	P	3.80	.47	P	3.70	.60	P

to signals that indicate problems in pregnancy

Overall $\bar{X}$ **3.56 .61 P 3.80 .47 P 3.70 .60 P**

Key: Positive attitude (P), $\bar{X} \geq 2.50$; Negative attitude (N), $\bar{X} \leq 2.50$. **DEC: DECISION**

Results in Table 2 showed that overall, pregnant women regardless of age receiving antenatal care had positive attitude towards obstetrics danger signs (15-24 years, $\bar{X} = 3.56$, SD = .61; 25-34 years, $\bar{X} = 3.80$, SD = .47; 35 years +, $\bar{X} = 3.70$, SD = .61).

Table 3: Attitude towards Obstetrics Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA Based on Level of Education (n=371)

S/N	Items	NFE		DEC	PE		DEC	SE		DEC	TE		DEC
		$\bar{X}$	SD		$\bar{X}$	SD		$\bar{X}$	SD		$\bar{X}$	SD	
1.	I believe it is important to be knowledgeable about maternal complications during pregnancy	2.29	1.26	N	2.91	1.07	P	3.65	.58	P	3.74	.63	P
2.	Recognizing some threatening signs is crucial for the well-being of both me and my baby	1.94	1.14	N	2.82	1.18	P	3.55	.62	P	3.60	.72	P
3.	If I experienced any critical maternal symptoms, I would seek immediate medical attention	2.00	1.28	N	2.86	1.04	P	3.55	.68	P	3.68	.68	P
4.	I feel confident in my ability to recognize pregnancy emergencies	1.94	1.14	N	2.73	1.20	P	3.47	.81	P	3.32	.82	P
5.	I would be interested in attending educational sessions to learn more about high risk pregnancy indicators	1.88	1.27	N	2.77	1.19	P	3.65	.58	P	3.47	.82	P
6.	I am likely to seek medical help if I notice any difficulties during pregnancy	2.12	1.27	N	3.14	1.08	P	3.68	.59	P	3.65	.71	P
7.	I feel comfortable discussing about pregnancy crises with my healthcare provider	1.94	1.03	N	2.91	.97	P	3.59	.63	P	3.59	.69	P
8.	Cultural beliefs influence my attitude towards receiving proper antenatal care	2.00	1.17	N	2.73	.94	P	3.04	.86	P	2.91	1.04	P
9.	I feel prepared to handle issues that comes with pregnancy	2.41	.94	N	2.95	1.09	P	3.36	.88	P	3.25	.92	P
10.	I am confident in the	2.06	1.14	N	3.23	1.11	P	3.55	.68	P	3.45	.83	P

healthcare systems
ability to respond
promptly to signals
that indicate problems
in pregnancy

Overall $\bar{X}$ 2.71 .85 P 3.27 .70 P 3.27 .70 P 3.80 .45 P

Key: Positive attitude (P), $\bar{X} \geq 2.50$; Negative attitude (N), $\bar{X} \leq 2.50$

Note: NFE-No formal education; PE-Primary education; SE-Secondary education; TE-Tertiary education. **DEC:** DECISION

Results in Table 3 showed that overall, pregnant women irrespective of level of education receiving antenatal care had positive attitude towards obstetrics danger signs (No formal education, $\bar{X} = 2.71$, SD = .85; Primary education, $\bar{X} = 3.27$, SD = .70; Secondary education $\bar{X} = 3.27$, SD = .70; Tertiary education, $\bar{X} = 3.80$, SD = .45).

Table 4: Attitude towards Obstetrics Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA Based on Parity (n=371)

S / N	Items	NP		DE C	PP		DE C	MP		DE C	GMP		DE C
		$\bar{X}$	S D		$\bar{X}$	S D		$\bar{X}$	S D		$\bar{X}$	S D	
1.	I believe it is important to be knowledgeable about maternal complications during pregnancy	3.51	.90	P	3.72	.45	P	3.62	.74	P	2.77	1.24	P
2.	Recognizing some threatening signs is crucial for the well-being of both me and my baby	3.29	.97	P	3.58	.53	P	3.55	.78	P	2.77	1.48	P
3.	If I experienced any critical maternal symptoms, I would seek immediate medical attention	3.45	.91	P	3.62	.49	P	3.50	.89	P	2.77	1.24	P
4.	I feel confident in my ability to recognize pregnancy emergencies	3.04	.97	P	3.35	.79	P	3.46	.90	P	2.77	1.24	P
5.	I would be interested in attending educational sessions to learn more about high risk pregnancy indicators	3.24	.99	P	3.51	.73	P	3.59	.76	P	2.77	1.48	P
6.	I am likely to seek medical help if I notice any difficulties during pregnancy	3.39	1.01	P	3.66	.51	P	3.68	.69	P	2.77	1.24	P
7.	I feel comfortable discussing about pregnancy crises with my healthcare provider	3.25	.92	P	3.57	.59	P	3.62	.72	P	2.92	1.19	P
8.	Cultural beliefs influence my attitude towards receiving proper antenatal care	2.93	1.13	P	2.92	.90	P	2.97	.88	P	2.23	1.24	P
9.	I feel prepared to handle issues that comes with pregnancy	2.94	1.12	P	3.26	.79	P	3.43	.84	P	3.38	.87	P
10.	I am confident in the healthcare systems ability to respond promptly to signals that indicate problems in pregnancy	3.22	1.00	P	3.46	.63	P	3.54	.82	P	3.23	1.30	P
Overall $\bar{X}$		3.62	.64	P	3.78	.42	P	3.76	.52	P	3.38	.87	P

Key Positive attitude (P), $\bar{X} \geq 2.50$; Negative attitude (N), $\bar{X} \leq 2.50$

Note: Nulliparity(NP)- None; Primiparity(PP)- 1 child; Multiparity(MP)- 2-5 children; Grandmultiparity(GMP)- above 5 children. DEC: DECISION

Results in Table 4 showed that overall, pregnant women irrespective of number of children receiving antenatal care had positive attitude towards obstetrics danger signs (None, $\bar{X}$ = 3.62, SD = .64; 1 child, $\bar{X}$ = 3.78, SD = .42; 2-5 children $\bar{X}$ = 3.76, SD = .52; Above 5 children, $\bar{X}$ = 3.38, SD = .87).

Table 5: Summary of One-way ANOVA Testing Difference in the Mean Attitude Towards Obstetric Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA Based on Age (n=371)

Source of Variance	Sum of Squares	Df	Mean Square	F	p-value
Between Groups	3.941	2	1.971	6.729	.01
Within Groups	107.773	368	.293		
Total	111.714	370			

Note: F = F-ratio value; df = Degree of freedom

*Significant at P < 0.05

Results in Table 5 showed there is no significant difference in the mean attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on age. ($F_{(2,368)} = 6.729$; $p = .01$). Since the p-value is less than 0.05 level of significance, the null hypothesis was rejected. This implies that age of pregnant women significantly affect attitude towards obstetrics danger signs.

Table 6: Summary of One-way ANOVA Testing Difference in the Mean Attitude Towards Obstetric Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA Based on Level of Education (n=371)

Source of Variance	Sum of Squares	Df	Mean Square	F	p-value
Between Groups	23.749	3	7.916	33.029	.00
Within Groups	87.965	367	.240		
Total	111.714	370			

Note: F = F-ratio value; df = Degree of freedom

*Significant at P < 0.05

Results in Table 6 showed there is no significant difference in the mean attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on level of education. ($F_{(3,367)} = 33.029$; $p = .00$). Since the p-value is less than 0.05 level of significance, the null hypothesis was rejected. This implies that level of education significantly affect attitude towards obstetrics danger signs.

Table 7: Summary of One-way ANOVA Testing Difference in the Mean Attitude Towards Obstetric Danger Signs among Pregnant Women Receiving Antenatal Care in Health Care Facilities in Nsukka LGA Based on Parity (n=371)

Source of Variance	Sum of Squares	Df	Mean Square	F	p-value
Between Groups	3.196	3	1.065	3.603	.01
Within Groups	108.519	367	.296		
Total	111.714	370			

Note: F = F-ratio value; df = Degree of freedom

*Significant at $P < 0.05$

Results in Table 7 showed there is no significant difference in the mean attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on parity. ($F_{(3,367)} = 3.603$; $p = .01$). Since the p-value is less than 0.05 level of significance, the null hypothesis was rejected. This implies that parity significantly affect attitude towards obstetrics danger signs

Discussion of the Findings

The findings in Table 1 showed that overall, pregnant women receiving antenatal care had positive attitude towards obstetrics danger signs. The finding was expected and therefore not surprising, because early recognition of these signs enables them to seek medical attention promptly and improving outcomes for both the mother and the baby. The finding was consistent with Ali, Mohamed, Arief, Abdel-Salam and Khalaf (2020) which revealed that 82.3 per cent of the studied sample had a positive attitude towards obstetrics danger signs. The findings also agreed with the findings of Mekonnen, Bitewlegn and Fekadu (2018) who reported that 72.6% of the studied participants had a positive attitude towards obstetrics danger signs. The findings were inconsistent with the findings of Nkencho, Okeoghene and Vincent (2022) that more than 50 per cent of the study participants had negative attitude towards obstetric danger signs during pregnancy. The differences might be due to cultural and geographic location variations. Findings from the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka Local Government Area have implication to pregnant women in having aware of the importance of these danger signs and are more likely to seek prompt medical attention when they notice any potential complications.

The findings in Table 2 showed that overall, pregnant women regardless of age receiving antenatal care had positive attitude towards obstetrics danger signs (15-24 years, $\bar{X} = 3.56$, $SD = .61$; 25-34 years, $\bar{X} = 3.80$, $SD = .47$; 35 years +, $\bar{X} = 3.70$, $SD = .61$). The corresponding hypotheses in Table 5 showed that there was a significant difference in the mean attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on age. ($F_{(2,368)} = 6.729$; $p = .01$). This implies that pregnant women irrespective of age group, differ in attitude towards obstetrics danger signs. The findings were expected and not surprising, due to high knowledge usually leads to positive attitude. This is in line with the findings of Sufiyan, Adam, Umar, Ibrahim, Bashir and Birukila (2016) who reported that there was a statistically significant association between pregnant women's age towards their attitude to danger signs during pregnancy.

The findings in Table 3 showed that overall, pregnant women irrespective of level of education receiving antenatal care had positive attitude towards obstetrics danger signs (No formal education, $\bar{X} = 2.71$, $SD = .85$; Primary education, $\bar{X} = 3.27$, $SD = .70$; Secondary education $\bar{X} = 3.27$, $SD = .70$; Tertiary education, $\bar{X} = 3.80$, $SD = .45$). The corresponding hypotheses in Table 6 showed that there was a significant difference in the mean attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on level of education. ($F_{(3,367)} = 33.029$; $p = .00$). The findings were expected and not surprising because pregnant women always have the opportunity to receive firsthand knowledge during antenatal care health talks. The findings were consistent with the findings of Nurgi, Tachbele, Dibekulu and Wondim (2017) which revealed that the educational status of the pregnant women was found to be significantly associated with participants obstetric danger signs attitude, participants who had formal education have 2.2 times positive attitude than a participants who had informal

education. Healthcare providers should acknowledge and respect the diverse attitudes and educational backgrounds of their patients, offering clear, comprehensive, and patient-centered communication about obstetric danger signs.

The findings in Table 4 showed that overall, pregnant women irrespective of number of children receiving antenatal care had positive attitude towards obstetrics danger signs (None, $\bar{X} = 3.62$, $SD = .64$; 1 child, $\bar{X} = 3.78$, $SD = .42$; 2-5 children $\bar{X} = 3.76$, $SD = .52$; Above 5 children, $\bar{X} = 3.38$, $SD = .87$). The corresponding hypotheses in Table 7 showed that there was a significant difference in the mean attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka LGA based on parity. The findings were expected and not surprising, because pregnancies and multiple deliveries could expose mothers to better understanding which help them to improve their attitude towards adopting a better approach to pregnancy complications thus seeking healthcare at the appropriate time. The findings were consistent with the findings of Abiyot, Kassa, Buruh and Kidanu (2014) which revealed that pregnant women with high parity (3–5 pregnancies) were three times as likely to have positive attitude towards obstetric danger signs compared to those of lower parity. Findings from the attitude towards obstetrics danger signs among pregnant women receiving antenatal care in health care facilities in Nsukka Local Government Area based on parity have implication to pregnant women. Healthcare providers should inculcate their communication to resonate with the experiences, concerns, and needs of women in each parity group.

Recommendations

Based on the findings, discussion and conclusion of the study, the following recommendations were made:

1. Health centers should establish antenatal programs to educate all pregnant women about the clinical dangers of pregnancy and when it is best to see a doctor.
2. Interventions should be aimed at improving maternal health taking into account the quality of ANC, as well as the quality of information provided to pregnant women and the general public, with a particular emphasis on pregnancy's potentially dangerous clinical aspects.
3. There should be maximum collaboration with local community leaders, traditional birth attendants, and women's groups to disseminate information about obstetric danger signs and the importance of seeking timely medical care are needed.
4. Continuous education and reinforcement of the importance of recognizing and responding to danger signs throughout different pregnancies can contribute to better maternal and child health outcomes.

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