

Original Research Article

Non-Compliance to Intake of Antenatal Routine Drugs among Third Trimester Pregnant Women Inumunneato Community in Mbaitoli L.G.A Imo State

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Abstract: This study was designed to look into the non-compliance to intake of antenatal routine drugs among third trimester pregnant women in Umunneato community has been a major problem many countries, states are facing. Four research questions were formulated based on the research objective. The literature were reviewed, the target population was 80 pregnant women. Simple random sampling techniques were used to select 50 pregnant women who were used as sample size. A questionnaire was developed which consisted of a demographic data sheet, checklist on the non-compliance to antenatal routine drugs among third trimester pregnant women in Umunneato community in Mbaitoli L.G.A. Data were analyzed using frequency and percentage and presented in table. Based on the findings of this research study, it has shown that poverty and ignorance are major factors contributing to non-compliance to antenatal routine drugs among third trimester pregnant women. It was recommended that health education by nurses and other health personnel during antenatal and postnatal visit on importance of routine drugs improve the socio-economic status of the population especially the empowerment of women. The researcher therefore suggested that the government and non-governmental organizations should try in the prevention of non-compliance to intake of antenatal routine drugs and also find way to improve intake of antenatal routine drugs.

Keywords: non-compliance, antenatal routine drugs, third trimester pregnant women

INTRODUCTION

Non-compliance to intake of antenatal routine drugs among third trimester pregnant women have been linked to some hazardous health effects such as ante-partum hemorrhage, toxemia in pregnancy, eclampsia, anaemia in pregnancy etc, which makes way for increased maternal and fetal morbidity rate (WHO, 2012) and antenatal care is refers the regular medical and nursing care recommended for women during pregnancy (Ejike, 2011).

Antenatal care is a preventive care with the goals of providing regular check-ups that allows midwives and doctors to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy life style that benefit both mother and child (Eke, 2014).

Antenatal care is also known as prenatal care, it is as old as mankind as pregnant women were being

taken care of in the past by experienced elderly women, this form of care was however considered as inadequate due to the faith it was based on trial and error, with its adverse effects on mothers and babies or even death of both (Ejike, 2011).

According to Fraser *et al.* (2011), modern antenatal care emphasizes the need for pregnant mothers to be attending the antenatal clinic in their various hospitals and health centre around them. They said that early and frequent central care attendance during pregnancy is important to identify risk factors in pregnancy and encourage women to have skilled attended at childbirth. These also help to create room for the midwife or health workers to health educate them on the need to strictly adhere to antenatal routine drugs which includes haematinics such as iron drugs, fesoate, folic acid, multi-vitamin, vitamin B Complex, vitamin C etc (Fraser *et al.*, 2011).

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Ejike (2010) said that haematinics are necessary for the mother’s body maintenance and the baby thus; iron drugs help to increase the haemoglobin level, folic acid for maturation of red blood cells which reduces the onset of anaemia in pregnancy. Also intravenous or intravascular preparations of these haematinics may be used in case where haemoglobin level is very low. Olorigbe (2014) said that calcium in the form of calcium lactate (1 to 5mg) is required along with phosphorous for the ossification of fetal bones.

Eke (2014) Outlined other care and activities that takes place during antenatal clinic which are blood investigation, urine testing, pelvic assessment etc. drugs like anti malaria, antipyretic are given according to complaint presented. Also during antenatal care check-ups, women will receive medical information over maternal physiological changes in pregnancy, biological changes and prenatal nutrition including pre-natal vitamins (Kumar, 2015). The availability of routine antenatal care has played a part in reducing maternal death rates and miscarriages as well as birth defects, low birth weight and other preventable health problems (Chapman, 2013). Therefore, the researcher is motivated on minimizing the rate of non-compliance to antenatal routine drugs among third trimester pregnant women in Umunneato community in Imo State.

Objective of the Study

The objectives of the study are to:-

- Assess the level of third trimester pregnant women on antenatal
- Determine the socioeconomic characteristic of pregnant women in Umunneato Community in Mbaitoli L.G.A Imo State.
- Identify the cause of non-compliance to antenatal routine drugs among third trimester pregnant women in Umunneato Community.
- Suggest ways of improving compliance to antenatal routine drugs and create awareness on the benefits of compliance to antenatal routine drugs among third trimester pregnant women in Umunneato Community in Mbaitoli Local Government Area Imo State of Nigeria

RESEARCH METHODOLOGY

Research Design

The study was adopted a cross-sectional descriptive survey design.

Area of Study

The research study was conducted in Umunneato Community in Mbaitoli L.G.A, Imo State.

The Umunneato community is located at Ogwa in Mbaitoli Local Government Area. The community is made up of 5 villages namely: Idemugwu, Idemukwu, Oboro, Oboroumumaruru and Idume. The community is made up of childbearing mothers, women children and aged, youth, indigence and non-indigence.

Population

The target population used for this study is all the third trimester pregnant women found in Umunneato in Ogwambaitoli L.G.A Imo State. The total population of these third trimester pregnant women is 50 irrespective of their gestational age as shown in the table.

Sample and sampling technique

The sample size for the study was 80. The sample size was statistically determined by Taro Yamene formula for a finite using the formula:

$$n = \frac{N}{1+N(e)^2}$$

Where n = Sample size
 N = The finite population of third trimester Pregnant women in Umunneato Community
 I = a constant (unity)
 e = level of significance/ limit of tolerable error.
 Therefore

$$N = \frac{80}{1+80(0.005)^2} = 1.125$$

$$\frac{80}{1.125} = 44$$

The study is shown below in table- 1

Table-1: Population and sample distribution of third trimester pregnant women in Umunneato Community

Villages	Population (number of third trimester pregnant women)	Sample of the third trimester pregnant women
Idemugwu	8	2.5
Idemukwu	12	8.6
Oboro	20	10.6
Oboroumumaruru	20	11.8
Idume	20	10.5
Total	80	44

Source: from record of the leader of Umunneato Community.

Instrument for Data Collection

The data for the study was collected using a

self-developed questionnaire. The questions are consists of two sections: section A was described to seek for the

respondent. Socioeconomic characteristics while section B was composed of items designed to generate data that will solve the problems under investigations. The questionnaire was up to 20 items carefully constructed in a very simple language to avoid any form of confusion.

Validity of the Instrument

The instrument was subjected to face and content validity. The researchers supervisor and other experts from the department of nursing sciences, Imo State University, Orlu Campus were requested to vet the items of the instrument. Necessary corrections were made before approval by the supervisor and administration to the respondents.

Reliability of Instrument

Reliability of the instrument was ascertained by pilot testing the instrument. A pilot study was carried out using test retest method. Ten questionnaires were administered to students and which was administered to the same students after one week. The reliability coefficient of the instrument was obtained. The data was collected and analyzed.

Method of Data Collection

A letter was written to the Head of Department of Nursing Science for permission to carry on the research. The instrument was made without respondent name in order to ensure confidentiality. The respondent consent was obtained after some explanation about the nature and purpose of the study. Consequently the researcher administered 80 copies of the questionnaire personally, on face to face basis to the 80 consenting respondents in 5 villages: idemukwu village, idemgwu village, Oboro village, Oboroumumar village and idume village the questionnaire was administered for the student and pregnant women in this village, especially those in their third trimester. All 80 copies of questionnaire were retrieved by hand within two weeks

Method of data analysis

Data were collated and tallied before computing. The data were analyzed and presented using table.

Ethical Consideration

A letter was written to the head of department of Nursing Science for permission to carry on the research. Verbal informed consent was obtained from each prospective respondent for voluntary participation. All respondents were disused that the study did not involve any invasive procedures and that, in the data collection process and use of information they gave the consent.

Table- 2: showing the socioeconomic characteristics of the respondents.

Variable age range in Year	Frequency	Percentage (%)
18-22	14	17.5%
23-27	34	42.5%
28-32	26	32.5%
33-37	6	7.5%
<i>Total</i>	80	100%
<i>Marital status</i>		
Married	64	80%
Divorced	4	5%
Single	12	15%
<i>Total</i>	80	100
<i>Educational Status</i>		
No formal Educational	8	10%
Primary education	12	15%
Secondary education	45	56.26%
Tertiary education	15	18.75%
<i>Total</i>	80	100
<i>Occupation</i>		
Farming	8	10%
Trading	20	25%
Teaching	14	17.5%
Civil servant	20	25%
House wife	18	22.5%
<i>Total</i>	80	100
<i>Religion</i>		
Christian	75	93.75%
Muslim	5	6.25%
Traditional	0	-
<i>Total</i>	80	100
<i>Parity</i>		
Multipara	70	87.5%
Primigravida	10	12.5%
<i>Total</i>	80	100

From the above table, it can be observed that about 14 (17.5%) are between the age 18-22years 34 (42.5%) are between the age 23-27 years, 26 (32.5%) were between 28-32 years of age while 6(7.5%) indicated being between 33-37 years of age.

The table also showed that 64 (80%) of respondent were married 4 (5%) stated being divorced while 12(15%) indicated single. Their educational status are as follows 8 (10%) had no formal education, 12 (15%) had primary education, 45 (56.25%) indicated having attended secondary education while 15 (18.75%) has tertiary education from the above table, 8(10%) of the respondents engaged in farming, 20 (25%) were civil servant while 18 (22.5%) are house wives. From the table above, 75 (93.75%) were Christian while 5 (6.25%) were Muslim while none was indicated as traditional religion. The table also shows the parity of the respondent as 70 (87.5%) were multipara while 10(12.5%) were primigravida.

Table- 3: showing that lack of knowledge about what antenatal care is by pregnant women is a cause of non-compliance

Responses	No of respondents	Percentage
Agree	48	60%
Strongly agree	20	25%
Disagree	12	15%
Strongly disagree		
Total	80	100

From the above table, 48 (60%) agreed that lack of knowledge about what antenatal care is by third trimester pregnant women is a cause of non-compliance to antenatal care, 20(25%) strongly agree, 12 (15%) disagreed while no respondents strongly disagreed. Considering the 50% minimum percentage, without doubt, it is acceptable to say that lack of knowledge on the part of pregnant women is a cause of non-compliance to the intake of antenatal routine drugs.

Table- 4: Showing factors that causes non-compliance to intake of antenatal routine drugs among pregnant women.

Option	No of respondent	Percentage
Poverty	18	22.5%
Cultural factor	20	25%
Ignorance	32	40%
Poor accessibility to the health facility	10	12.5%
Total	80	100

From the above table 18(22.5%) respondents were of the view that poverty is one of the causes of non-compliance to the intake of routine drugs in pregnancy, 20 (25%) said cultural factors, 32 (40%) affirmed that ignorance is the cause while 10 (12.5%) said that poor accessibility to the health facility is a cause of non-compliance. Considering the different view of the respondents it can be said that these factors listed above are cause of non-compliance to intake of antenatal routine drugs.

Table-5: Showing the implications of non-compliance to intake of antenatal routine drugs

Options	No of respondents	Percentage
Anaemia	40	50%
Fetal death	22	27.5%
Maternal death	18	22.5%
Healthy mother and baby	-	-
Total	80	100

From the above table, 40 (50%) were of the view that non-compliance can lead to anaemia in pregnancy, 22 (27.5%) said that fetal death can result from non-compliance 18 (22.5%) gave the option of

mothers death while non-gave the option of healthy mother and baby. From the above analysis, it can be deduced that pregnant mothers were able to identify some of the health implication associated with non-compliance to intake antenatal routine drugs.

Table-6: Showing that ante-partum haemorrhage is a health implication of non-compliance of antenatal routine drugs.

Response	No of respondents	Percentage
Agreed	50	62.5%
Strongly agreed	20	25%
Disagreed	10	12.5%
Strongly disagreed	-	-
Total	80	100

From the above table, 50 (62.5%) of the respondents agreed that ant-partum hemorrhage is a health implication, 20 (25%) strongly agreed, 10 (12.5%) disagreed and none of the respondent strongly disagreed. Considering the 50% minimum, it is acceptable to say that ante-partum hemorrhage is one of the health implication of non-compliance to the intake of antenatal routine drugs among pregnant women.

Table -7: Showing that ante-partum hemorrhage is a health implication of non-compliance of antenatal routine drugs.

Response	No of respondents	Percentage
Agreed	50	62.5%
Strongly agreed	20	25%
Disagreed	10	12.5%
Strongly disagreed	-	-
Total	80	100

From the above table, 50 (62.5%) of the respondents agreed that ant-partum hemorrhage is a health implication, 20 (25%) strongly agreed, 10 (12.5%) disagreed and none of the respondent strongly disagreed. Considering the 50% minimum, it is acceptable to say that ante-partum hemorrhage is one of the health implications of non-compliance to the intake of antenatal routine drugs among pregnant women.

Table -8: Showing that fetal malformation is a health implication of non-compliance to intake of antenatal routine drugs

Response	No of respondents	Percentage
Agreed	48	60%
Strongly agreed	25	31.25%
Disagreed	7	8.75%
Strongly disagreed	-	-
Total	80	100

The above table showed that 48 (60%) of the respondent agreed that fetal malformation is a health

implication of non-compliance to intake of antenatal routine drugs among pregnant women, 25 (31.25%) strongly agreed on this fact while 7 (8.75%) disagreed and none of the respondent strongly disagreed.

Table -9: Showing that health education improves to intake of antenatal routine drugs.

Response	No of respondents	Percentage
Agreed	30	37.5%
Strongly agreed	40	50%
Disagreed	10	12.5%
Strongly disagreed	-	-
Total	80	100

In the above table 30 (37.5%) respondents agreed that health education by the midwife to pregnant women in the rural setting helps to improve the attitude towards acceptance of this antenatal routine drugs 40 (50%) strongly agree to this, 10 (12.5%) of respondents disagreed, non-strongly disagreed.

Table -10: Showing that counseling can improve the attitude of pregnant women towards acceptance of routine drugs in pregnancy.

Response	No of respondents	Percentage
Agreed	40	50%
Strongly agreed	30	37.5%
Disagreed	10	12.5%
Strongly disagreed	--	-
Total	80	100

From the above table, 40 (50%) of the respondent agreed to the fact that counseling can improve the attitude of pregnant women to intake of routine drugs, 30 (37.5%) strongly agreed to that, while 10 (12.5%) disagreed to that and non-strongly disagree.

Table -11: Showing that creating awareness can help improve the Compliance to intake of antenatal routine drugs.

Response	No of respondents	Percentage
Agreed	32	42.5%
Strongly agreed	40	37.5%
Disagreed	8	10%
Strongly disagreed	-	-
Total	80	100

From the table above 32 (42.5%) of the respondent agreed that creating awareness can help improve the compliance of pregnant mothers to antenatal routine drugs, 40(37.5%) strongly agreed while 8 (10%) disagreed and none of the respondent strongly disagreed.

DISCUSSION

The study showed the socioeconomic characteristics of pregnant women in Umunneato according to the table 4.1: 14 (17.5%) were between the age of 18-22 years, 34 (42.5%) were between 23-27

years, 26 (32.5%) were between 28-32 years while 6 (7.5%) indicated being between 33-37 years of age the majority of the respondent 64 (80%) were married, 4 (5%). Stated being divorced while 12 (15%) indicated single. 8 (10%) had no formal education, 12 (15%) primary education, 45 (56.25%) had secondary education while 15 (18.75%) had tertiary education. (18.75%) had tertiary education. About 8 (10%) of the respondents engaged in farming, 20 (25%) engaged in trading, 14(17.5%) were teachers, 20 (25%) were civil servants while 18 (22.5%) were house wives. Also 75 (93.75%) were Christians while 5 (6.25%) of respondents were Muslim while non-indicated traditional religion. 70 (87.5%) of respondents were multipara while 10 (12.5%) were primips.

The study showed 48(60%) of the respondents agreed and 20 (25%) strongly agreed that lack of knowledge about what antenatal care by pregnant women is a cause of non-compliance while 12 (15%) disagreed. Considering the 50% minimum percentage, without doubt, it is acceptable to say that lack of knowledge on the part of pregnant women is a cause of non-compliance to the intake of antenatal routine drugs.

The study showed that 18 (22.5%) respondents were of the view that poverty is one of the causes of non-compliance to the intake of antenatal routine drugs in pregnancy, 20 (25%) said cultural factors, 32 (40%) affirmed that ignorance is a cause while 10 (12.5%) said that poor accessibility to the health facility is a cause of non-compliance. Considering the different views of the respondent, it can be said that these factors listed above are causes of non-compliance to intake of antenatal routine drugs.

The study shows that 40 (50%) of the respondents said that anemia is the health implication of non-compliance to intake of antenatal routine drugs, 22 (27.5%) said fetal death is the cause, 18 (22.5%) said maternal death is the cause, while none respondent to the option of healthy mother and baby. This shows that pregnant women were able to identify some of the health implications associated with non-compliance to intake of antenatal routine drugs.

The study showed that 50 (62.5%) agreed that ante-partum haemorrhage is a health implication associated with non-compliance to the intake of antenatal routine drugs, 20 (25%) strongly agreed to the fact, 10 (12.5%) disagree while none of the respondent strongly disagree, considering the 50% minimum percentage, it is acceptable to say that ante-partum haemorrhage is one of the health implication of non-compliance to the intake of antenatal routine drugs among pregnant women.

The study showed that 48 (60%) of the respondents agreed that fetal malformation is a health implication of non-compliance to intake of antenatal

routine drugs among pregnant women, 25 (31.25%) strongly agreed on this fact while 7 (8.75%) disagreed and none of the respondent strongly disagreed.

This was in line with the opinion of Okpere (2014) that pregnancy reduces the haemoglobin level leading to anaemia which affects both the mother's health and may cause still birth, fetal malformation which is as a result of non-compliance to the intake of antenatal routine drugs e.g. folic acid daily.

The study showed that 30 (37.5%) of the respondents agreed that health education by the midwife to pregnant women in the rural setting helps to improve the attitude of pregnant women towards acceptance of routine drugs, 40 (50%) strongly agreed to this, 10 (12.5%) disagreed while none of the respondent strongly disagreed.

The study showed that 40 (50%) agreed that counseling can improve the attitude of pregnant women, 30 (37.5%) strongly agreed to the fact while 10 (12.5%) disagreed and none of the respondent strongly disagreed.

The study showed that 32 (42.5%) of the respondent agreed that creating awareness can help improve the compliance of pregnant mothers to intake of antenatal routine drugs, 30 (37.5%) strongly agreed to this fact while 8 (10%) disagreed and none of the respondent strongly disagreed.

These findings are in accordance with the opinion of Fraser *et al.* (2011), the role of the midwife in propagating education, awareness campaign, organizing seminars and embarking on community mobilization.

The findings of the above study have shown that majority of pregnant women in Umunneato Mbaitoli have the knowledge about what antenatal routine drugs is while few are still ignorant about that. Also from the finding above, pregnant women in Umunneato Mbaitoli are aware of the health implications to non-compliance in taking routine drugs but there are factors that causes non-compliance to these drugs which are cultural factors, ignorance, poverty, lack of accessibility to the health facility etc.

The midwives have roles to play because there is need to enlighten pregnant mothers more on the benefits of these drugs and health implication of non-compliance to it. This can be achieved through health education, counseling them and encouraging them to take the drugs, supervising them and speaking against these factors that causes non-compliance. This could also be achieved by communicating women through mass media, embarking on community awareness programme, organizing free medical services to encourage and motivate the woman, sharing of free

drugs to the women which help to improve maternal and child health.

CONCLUSION

From the findings of the research, the following conclusions were made:

- That a good number of pregnant women are aware of the causes of non-compliance to ante-natal routine drug.
- That almost every pregnant woman knows the health implication associated with non-compliance to intake of ante-natal routine drugs.
- There are many preventable measures which can be carried out by the health worker to reduce non-compliance.

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