

Reasons for late attendance of pregnant women at the antenatal care at the Révélation Health Center, Kinshasa, Democratic Republic of the Congo

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ABSTRACT

Introduction

Pregnancy is a physiological phenomenon, but it carries increased health risks for both the woman and the unborn child, in terms of morbidity and mortality. The objectives of pregnancy monitoring are to promote normal pregnancies and to identify and prevent possible complications.

Purpose

This study aims to identify the reasons for late attendance at Antenatal Care (ANC) by pregnant women at the Révélation Health Center, Commune of Kisenso, City of Kinshasa, Democratic Republic of the Congo.

Methods

This is a descriptive, cross-sectional, and analytical study conducted at the Révélation Health Center, located in the Commune of Kisenso, City of Kinshasa, Democratic Republic of the Congo. The sample size was 35 pregnant women selected according to inclusion criteria, who provided data through a questionnaire. Data were analyzed using SPSS version 22.0 software.

Results

Analysis revealed that late attendance at prenatal consultations was motivated by the absence of complications during pregnancy (51.4%), financial difficulties (45.7%), professional occupation (28.6%), negligence (25.7%), and lack of decision-making power due to cultural practices (37.1%).

Conclusion

Strengthening awareness among women and their husbands about the importance of early and regular ANC is crucial. Effective measures to increase attendance and reduce delays include community education and involvement.

INTRODUCTION

Globally, pregnancy is not an illness but can be accompanied by complications that jeopardize the health of both the mother and the child. Complications occur in approximately 15% of pregnancies, with up to 5% requiring surgical intervention (Lubuela, 2014). Ensuring the health of mother and child involves comprehensive protection, particularly through quality prenatal care to detect and manage potential complications (Huissoud et al., 2008).

Prenatal consultation is a preventive medical procedure that detects and treats complications during pregnancy. Regular monitoring is essential to improve comfort and ensure safe delivery. Daily, around 1,600 women worldwide die from pregnancy and childbirth-related complications, translating to 585,000 maternal deaths annually (OMS, 2014). ANC should be performed according to standards to identify high-risk pregnancies, promote healthy lifestyles, and prepare women for safer motherhood (OMS, 2016).

In Africa, many pregnant women do not follow recommended ANC protocols, often resorting to traditional care. In countries like Gabon, Togo, Burundi, Zambia, and Namibia, about 60% of pregnant women attend health centers, but the average number of consultations is low (Ziparo & Lapique, 2019). Observations in Kinshasa revealed that many pregnant women attended ANC only in the third trimester, often resulting in complications during childbirth.

The Democratic Republic of Congo (DRC) has one of the highest maternal mortality rates globally, with 1,100 maternal deaths per 100,000 live births (UNFPA, 2023). Factors contributing to late ANC attendance include lack of awareness, permission from the husband, mistrust in caregivers, use of local remedies, and transportation issues. These barriers necessitate targeted strategies to promote timely ANC attendance.

METHODS

Research Area and Type of Study

This quantitative study is descriptive, cross-sectional, and analytical. It aims to determine the knowledge of pregnant women regarding prenatal consultations at the Révélation

Health Center in the Commune of Kisenso, City of Kinshasa, Democratic Republic of the Congo.

Study Environment

The study was conducted at the Révélation Health Center in Kisenso, Kinshasa.

Target Population and Sampling

The target population consisted of all pregnant women attending prenatal consultations at the Révélation Health Center. A non-probability convenience sampling method was used, selecting 35 pregnant women who met the inclusion criteria and were available during the study.

Data Collection Method, Technique, and Instruments

Data were collected using a survey questionnaire, divided into sections on socio-demographic characteristics and study variables. The questionnaire focused on the reasons for late ANC attendance.

Ethical Considerations

Due to the absence of a research ethics committee, the study was evaluated by confirmed researchers. Ethical procedures included guaranteeing anonymity and informed consent from participants. Participation was voluntary.

Data Processing and Analysis

Data were analyzed using SPSS version 22.0 software. Univariate analysis was used to describe the study population and identify reasons for late ANC attendance.

RESULTS

Table 1:
Sociodemographic characteristics

<i>Settings</i>	Number n=35	percentage
<i>Age</i>		
16-23	18	51.4
24-31	10	28.6
32 and over	7	20
<i>Level of studies</i>		
Without level (illiterate)	8	22.9
Primary	5	14.3
Secondary/Humanity	12	34.2
Higher/University	10	28.6
<i>Social status (profession)</i>		
State worker	6	17.1
Informal sector	4	11.4
Student/Pupil	10	28.6
Unemployed/Housewife	15	42.9

This **Table** shows that the majority of respondents are aged between 16 and 23 years old (51.4%), they are at secondary level (34.2%), and they are unemployed/housewives (42.9%).

Table 2:
History (obstetrical, cultural, professional)

Settings	Workforce	Percentage
Parity		
Primiparous	23	65.7
Multiparous	10	28.6
Large multiparous	2	5.7
Spouse's level of education		
Without level	2	5.7
Primary	6	17.1
Secondary/Humanity	19	54.3
Higher/University	8	22.9
Occupation of spouse		
State worker	20	57.1
Informal sector	3	8.6
Student/raised	2	5.7
Unemployed	10	28.6
Marital status		
1) Bride	16	45.7
2) Single	12	34.3
3) Free union	7	20
Number of people in the household		
1) Two	11	31.4
2) Five	3	8.6
3) Three	10	28.6
4) Four	11	31.4
Social Level		
Stable	9	25.7
Moderately stable	18	51.4
Weakly stable	8	22.9

Regarding the background, the majority of women are first-time parents (65.7%), their husbands are academics (54.3%) or state civil servants (57.1%), they are married with 2 or 4 people in the household under their responsibility (31.4%), and their social level is moderately stable (51.4%).

Table 3:
Reasons for late attendance at CPN

Settings	Workforce	Percentage
Health and organizational reasons for late attendance at the CPN		
Woman not knowing the age of pregnancy	4	11.4
State of illness or fatigue	1	2.9
Being uncertain about pregnancy	3	0.9
No complications/problems with pregnancy	18	51.4
Continuity of CPN services	2	0.6
Bad service organization	4	11.4
Avoid coming and going	3	0.9
Staff quality	5	14.3
The economic reasons for late attendance at the CPN		
Financial difficulties	16	45.7
Professional occupation	10	28.6
Unemployment	4	11.4
Spouse's standard of living	3	0.9
Poverty	4	11.4
Distance to the FOSA in relation to the place of residence	5	14.3
Other (s) to be specified	6	17.1
Sociocultural reasons for late attendance) the CPN		
Spouse's professional occupation	2	0.6
The difficulty of transportation	3	0.9
Absence from the city/travel/no CPN	1	0.3
Neglect	9	25.7
Personal convenience	1	0.3
Advice from friends	3	0.9
Absence of decision-making power in cultural practices.	13	37.1

In this **Table**, we see some predominant reasons cited, including lack of complications or problems during pregnancy (51.4%), financial difficulties (45.7%), professional occupation (28.6%), negligence (25.7%), and absence of decision-making power over cultural practices (37.1%).

DISCUSSION

The results of this study show that the majority of respondents are aged between 16 and 23 years old (51.4%), have a secondary level of education (54.3%), and are unemployed/housewives (42.9%). This observation aligns with the study by [Mucail-a-Mucail et al. \(2021\)](#), which found the average age to be 29.1 ± 5.8 years, with 81.6% aged between 20 and 34 years, living in a union (97.7%), and having secondary school education (60.4%). The majority were housewives (83.9%).

In contrast to our findings, [Masirika et al. \(2021\)](#) found that three-quarters of women had completed only primary school, mainly working as farmers (70.8%) and in small businesses (25%).

Pregnant women who did not adhere to the CPN1 schedule represented 59.5%. These results are similar to those found by [Mafuta and Kayembe \(2011\)](#), where 85.7% of respondents attended prenatal care, with late attendance for 59.8% of pregnancies (95% CI: 54.0-65.6). Conversely, a 2013 study in Rwanda showed that only 13.4%

of pregnant women adhered to the four standard prenatal visits (Gatarayiha, 2013), which hinders the proper progression of pregnancy and endangers the vital prognosis of the fetus. Proper and timely health care during pregnancy and childbirth is essential for better maternal health. However, factors such as poverty, low education, long distances to health facilities, and high costs of health services pose barriers to timely maternal health services (Kota et al., 2023).

Although antenatal care (ANC), delivery, and postnatal care are free in Burundi, service use remains low. Between 2011 and 2017, only 49% of pregnant women attended at least four ANC visits (Habonimana & Batura, 2021). This rate, along with that of this study, shows that African countries continue to struggle with the use of ANC services.

The results show that the most cited reasons for late attendance at ANC are the absence of complications during pregnancy (51.4%), financial difficulties (45.7%), professional occupation (28.6%), negligence (25.7%), and absence of decision-making power due to cultural practices (37.1%). These findings align with those from Equateur province, where financial constraints and the absence of problems during pregnancy were determined by factors like living environment, education level, religion, parity, fertility, age, household size, occupation, and perception of costs. Education and paid employment reduce these issues (Mafuta & Kayembe, 2011).

A similar study in Mwene-Ditu, Lomami province, found that factors such as travel time to ANC sites, transportation means, and required funds for care were associated with low attendance (Kadiata, 2023). Accessibility affects prenatal consultation attendance. A study in Benin showed that the distance to the nearest health center negatively impacts a woman's likelihood of receiving appropriate maternal health care, reducing the chances of attending at least one ANC visit by 0.042 for every additional kilometer (Tanou et al., 2021). This observation was also made in Burkina Faso (Tanou & Kamiya, 2019).

In Morocco, the level of education (OR=0.02 [0.07-0.62], p=0.005), knowledge of the period for the first prenatal consultation (OR=2.87 [1.22-6.75], p=0.015), and

knowledge of the role of prenatal consultation in malaria prevention (OR=3 [1.26-7.10]) were associated with delays in the first prenatal consultation. Strengthening women's knowledge of the benefits of early prenatal consultation is essential (Kouamé et al., 2023).

CONCLUSION

The study identifies several reasons for late attendance at prenatal consultations, including the absence of complications during pregnancy (51.4%), financial difficulties (45.7%), professional occupation (28.6%), negligence (25.7%), and absence of decision-making power due to cultural practices (37.1%). Strengthening women's awareness of the importance of initiating ANC early and its regular follow-up, as well as educating husbands on the importance of ANC, are effective measures to increase attendance and reduce delays.

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Ethics Approval: The context of the study has no research ethics committee. Consequently, the researchers followed universally acceptable guidelines for conducting this type of research ethically.

Conflicts of Interest: None declared.

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