http://internationaljournal.org.in/journal/index.php/ijnms

ISSN: 2454-6674

International Journal of Nursing and Medical Science 2018; 7 (2), 793-810

INTERNATIONAL JOURNAL OF NURSING AND MEDICAL SCIENCE

Nursing Education Health Science Research

PANACEA INTERNATIONAL JOURNAL

PRL PUBLISHER

Original Research Article

Volume 7 Issue 2

UTILIZATION OF FOCUSED ANTENATAL CARE SERVICES AMONG PREGNANT WOMEN IN HEALTH FACILITIES IN BAUCHI STATE

Lawali Yakubu2, Alhaji Adamu[1], Isah M. Zayyanu[3], Shehu Tukur[4], Aliyu Sabo[5]

Salisu Musawa Tajuddin[2], Abubakar Faruk[2]

[1]Federal Medical Center Azare, Nigeria
[2]Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences, Usmanu DanFodiyo University, Sokoto, Nigeria
[3]Zamfara state Government House Clinic
[4]Zamfara State School of Nursing and Midwifery
[5]College of Nursing sokoto state

Article history:

Received: 4th May 2018

Received in revised form: May 2018

Accepted: 18th May 2018

Available online: 30th June 2018

****Corresponding author:***

Yakubu Lawali
Email Id:
lawaliyakubu@yahoo.com
Address:
Department of Nursing Sciences, College of Health Sciences, Usman Danfodiyo University, Sokoto

The authors have no conflict of interest to declare.

Abstract

The aim of this study was to assess the focused antenatal care services utilization. A cross sectional descriptive design was adopted. A total of three hundred and eighty four pregnant women attended antenatal care clinic in twenty two health care facilities in Bauchi State were recruited. Multi-stage sampling technique was used. The data collected by used semi-structured questionnaire and observational checklist through face to face interview and audit observation check list during the period of first May to the end August 2016. All official approval was collected and all ethical considerations were kept. Donabedian Bruce quality model (1980) was adopted as a theoretical framework. The result revealed that: Eighty percent of the respondents were over 35 years old, 66% of them were Hausa/Fulani, almost half of them had secondary school certificate, and more than half of them had parity above six times. Eighty percent of the sample utilized focused antenatal care always. there were inadequate material resources, shortage of human resources , high utilization of focused antenatal care services and the client satisfaction was little bit low. Recommendations: Government should Ensure adequate material resources for focused antenatal care services in each facility in Bauchi State, Ensure adequate health care providers to improve quality focused antenatal care services, Periodic In-service training ,monitoring and evaluation to improve the quality services, Health education for the clients to increase the awareness and the importance of focused antenatal care.

Keywords: Focused Antenatal care, Quality of services, client Satisfaction. Healthcare services

INTRODUCTION

The aim of this study was to assess the focused antenatal care services utilization. A cross sectional descriptive design was adopted. A total of three hundred and eighty four pregnant women attended antenatal care clinic in twenty two health care facilities in Bauchi State were recruited. Multi-stage sampling technique was used. The data collected by used semi-structured questionnaire and observational checklist through face to face interview and audit observation check list during the period of first May to the end August 2016. All official approval was collected and all ethical considerations were kept. Donabedian Bruce quality model (1980) was adopted as a theoretical framework. The result revealed that: Eighty percent of the respondents were over 35 years old, 66% of them were Hausa/Fulani, almost half of them had secondary school certificate, and more than half of them had parity above six times. Eighty percent of the sample utilized focused antenatal care always. there were inadequate material resources, shortage of human resources , high utilization of focused antenatal care services and the client satisfaction was little bit low. Recommendations: Government should Ensure adequate material resources for focused antenatal care services in each facility in Bauchi State, Ensure adequate health care providers to improve quality focused antenatal care services, Periodic In-service training ,monitoring and evaluation to improve the quality services, Health education for the clients to increase the awareness and the importance of focused antenatal care

INTRODUCTION

Background to the study

Maternal mortality is a global issue as a result of low focused antennal care; approximately about 830 women die from pregnancy complications around the world every day(World Health Organization, 2015). The differences between regions are stark: There are currently 12 maternal deaths per 100,000 live births in developed regions compared with 546 in sub-saharan Africa. Nigeria is ranked the second in the world with maternal mortality rate (630 per 100,000 live births) Nigeria Demographic and Health Survey, (2013).

The goal established by united states to reduced the worldwide maternal mortality ratio (MMR) –the number of maternal deaths per 100,000 live births by 75% between 1990

and 2015 was not achieved, but significant progress has been made (43.9% decline). The 2015 global MMR is estimated at 216 deaths per 100,000 live births, down from 385 in 1990 (Zolat & pa, 2016). Maternal morbidity and mortality has remained high in sub-Saharan Africa as a result of poor antenatal cares, despite concerted efforts at its reduction, by various stakeholders and development partners (Sholeye, Abosede, & Jeminusi, 2013). Seeing that it is possible to accelerate the decline, countries have now united behind a new target to reduce maternal mortality even further. One target under Sustainable Development Goal 3 is to reduce the global maternal mortality ratio to less than 70 per 100 000 births, with no country having a maternal mortality rate of more than twice the global average by focused antenatal care.

Focused Antenatal Care is a Goal oriented care that is client centered, timely, friendly, simple, beneficial and safe to pregnant women. (United States Agency for International Development,2009).World Health Organization recommended a minimum of 4 visits antenatal care for pregnancies without complications scheduled as First visit: within 16 weeks or when woman first thinks she is pregnant, Second visit: At 20 - 24 weeks or at least once in second trimester, Third visit: At 28 - 32 weeks and Fourth visit: At 36 weeks or later. Limited resources of developing countries like Nigeria can be redirected to give better quality antenatal care services across the recommended four visits (villar and Bergsgo, 2001).Currently, (WHO, 2016) Recommended eight visits of focused antenatal care with first contact at 12 weeks of gestation, with subsequent contacts taking place at 20,26,30,34,36,38, and 40 weeks of gestation.

The essential elements of a focused approach to antenatal care are; identification and surveillance of the pregnant woman and her expected child, Recognition and management of pregnancy-related complications, particularly pre-eclampsia, Recognition and treatment of underlying or concurrent illness and screening for conditions and diseases such as anemia (Ademola, 2011) The objectives of focused antenatal care as follows ; Maintenance of health of mother during pregnancy, Identification of high risk cases and appropriate management, Prevent development of complications, Decrease maternal and infant mortality and morbidity, Remove the stress and worries of the mother regarding the delivery process, Teach the mother about child care, nutrition, sanitation and hygiene, Advice about family planning, and Care of under fives accompanying pregnant mothers (Johnson, 2015).

Global health, (2014) Stated the goals of focused antenatal care as; Identification of pre-existing health conditions, Early detection of complications arising during the pregnancy, Health promotion and disease prevention and Birth preparedness and complication readiness planning. United States Agency for International Development (2009) Stated the services provided during FANC as; History taking; Personal information , Medical history- Medication, allergies, HIV status , Surgical history , Obstetrics and gynecological history ,Family and social history , Immunization. Physical examination; General appearance, Blood Pressure, Weight, height, Pulse and Respiratory rates, Head to toe assessment. Laboratory investigations; Urine test for albumin and sugars, Hb, Blood grouping and Rhesus factor, VDRL/RPR for syphilis screening ,HIV testing, CD4 count if indicated, Blood examination for malaria parasites where indicated.

Understanding the level of utilization of ANC is crucial in providing appropriate interventions to improve the situation as the case may be; hence the need for the study.

Research questions

1. What is the level of utilization of focused Antenatal care Services among pregnant women in health facilities in Bauchi State?

METHODOLOGY

Research Design

The design used in the study was a descriptive cross-sectional design, quantitative parameter was used.

Target Population

The population of the study comprises of all pregnant women attended focused antenatal clinic in Secondary and Tertiary hospitals in Bauchi State from May to August, 2016.

Sample size

A total of 384 pregnant women were recruited from a total population of 3003.664. This selection is accordance with krejcie and Morgan (1970) who stressed that (if the total population of the study is between 75,000 to 1,000,000 sample size will be 384).

Inclusion criteria:

- All normal pregnant women who reported for focused antenatal care and delivered at least once
- Those who consented.

Exclusion Criteria:

- All women of high risk and primigravida
- Clients that refused to participate in the research were excluded
- Those who declined participation.

Sampling Technique

Multi-stage sampling technique was used.

Stage i. Bauchi State was taken as a unit

Stage ii. Bauchi State was divided in to three Senatorial Districts

Stage iii. Local Governments of each Senatorial District were used as follows; Bauchi south Senatorial District has seven Local Governments, Bauchi Central Senatorial District has six Local Governments and Bauchi North has seven Local Governments making total of twenty Local Governments in the State.

All the Local Governments in the three Senatorial districts were used and all facilities that render focused antenatal care services in all Local Government were purposively selected.

Sample Size Distribution

Sample was distributed to each facility based on proportion of the number of pregnant women attended the facility for FANCs. Using a sample size (384) divided by total number of utilization (53770) multiply by each variable's number.

ISSN: 2454-6674

International Journal of Nursing and Medical Science 2018; 7 (2), 793-810

Table 3.1 Sample Size Distribution according to the total population

S/N	Local Government	Facility	FANC utilization May.-Aug.2016	Sampled
1	Dass	Gen. Hospital	3160	23
2	Bauchi	Gen. Hospital	4770	34
3		Teaching Hospital	5200	37
4	Katagum	FMC Azare	1080	8
5		Gen. HospitalAzare	3340	24
6	TafawaBalewa	Gen. Hospital	1120	8
7	Toro	Gen. Hospital	3980	28
8	Alkaleri	Gen. Hospital	2130	15
9	Warji	Gen. Hospital	1620	12
10	Ningi	Gen. Hospital	1980	14
11	Darazo	Gen. Hospital	2180	16
12	Giade	Gen. Hospital	1120	8
13	Shira	Gen. Hospital	1400	10
14	Jama'are	Gen. Hospital	2100	15
15	ItasGadau	Gen. Hospital	3180	23
16	Zaki	Gen. Hospital	3000	21
17	Gamawa	Gen. Hospital	1660	12
18	Kirfi	Gen. Hospital	1780	13
19	Dambam	Gen. Hospital	3000	21
20	Misau	Gen. Hospital	2250	16
21	Ganjuwa	Gen. Hospital	2100	15
22	Bogoro	Gen. Hospital	1620	11
TOTAL			53770	384

3.9 Tools and Instrumentation

Semi structured interview questionnaire; It was developed by the researcher and has the following sections:

Section one: Socio-demographic Characteristics of the respondents**;** to collect the socio-demographic characteristics of the pregnant women. It has four items namely: Age, Ethnicity, level of education and parity of the respondents.

Section two: Utilization of focused antenatal care by pregnant women; to measure prevalence of service utilization. It consists of ten items. Examples: proximity of Antenatal clinic, months of pregnancy at first visit and number of times of FANC visits in previous pregnancy.

Validity of the instrument

A draft questionnaire was prepared and submitted to the researcher's supervisors and jury of five who specialized in the following fields: community medicine, community health nursing, Administration, and Education. Comments, corrections and suggestions made were duly affected to give the face and content validity for the instruments. Kelinger (2003) remarked that validation by specialists is an effective method for content validity of research instrument.

Method of data collection

A letter of introduction from the Department of nursing Sciences, Ahmadu Bello University Zaria was collected and taken to the Ministry of Health Bauchi State.

The research ethical clearance from the ministry of health Bauchi State was collected before questionnaires were administered.

- Five research assistance were recruited from primary health facilities
- One day training on how to administer the questionnaires was given to them.
- The researcher introduced the research assistance to the health personnel of the studied facilities.
- Oral consent was taken from the Clients and had the right to participate or not to participate in the research.
- The aim of the research was explained to the clients.

- The researcher wrote the list of the health facilities that render FANC services Purpose of the research was explained to the respondents,
- Questionnaires were administered to the pregnant women individually upon their consent. Respondent that could not read and write or understand English, each statements of the questionnaire was translated to the Hausa language by the research assistance and recorded it in English Language.
- Respondents were discouraged to discuss their responses to the questions among themselves so as to determine their individual level of satisfaction with Focused Antenatal Care Services.
- All pregnant women were thanked for their contribution
- All data collected were kept in confidentiality
- The observational checklist was used to evaluate material, human resources and service quality for Focused Antenatal Care services.
- SPSS version 23 was used in data analysis.

Ethical Consideration

An official permission to conduct the research study was obtained from ethical committee ministry of Health of Bauchi State. Participation in the study was voluntary and the ethical issue considered includes; explaining the purpose and nature of the study, confidentiality and there was no risk of participation. The researcher informed the trainee that the purpose of the study was for academics and will be confidential.

Method of Data Analysis

The Data collected from the respondents were coded and entered in to the Statistical package for Social Sciences (SPSS) Version 23. The Data was presented using descriptive statistic in the form of frequency distribution, percentages and mean.

ISSN: 2454-6674

International Journal of Nursing and Medical Science 2018; 7 (2), 793-810

RESULT

Section one: Socio-demographic Characteristic

Table 4.1 Distribution of the pregnant women according to their socio-demographic characteristics.

Variables	F	%
Age		
• 18	19	5.0
• 19-34	47	13.0
• >35	301	80.0
Ethnic Group	Mean age 26.5	
• Hausa	249	66.2
• Igbo	23	6.1
• Yoruba	27	7.2
• Kanuri	38	10.1
• Jarawa	19	5.1
• Seyawa	20	5.3
Education		
• Informal education	34	9.0
• Primary School	106	28.2
• Secondary School	171	45.5
• Tertiary education	65	17.3
Parity		
• 1-3 times	78	21
• 4-5 times	118	31
• 6-7 times	92	25
• >7 times	88	23
•		

In relation to respondents age table (1) shows that the majority of respondents (80 %) 301 were above 35 years, while 47 respondents (13%) were between 19-34 years, the mean age was (30 years old).With regards to the ethnicity also the same table shows that more than half of the respondents (66.2%) 249 of them were Hausa/Fulani while 34% divided among Igbo ,Yoruba, Kanuri, Jarawa, Seyawa 6.1%,7.2% 10.1%, 5.1% and 5.3% respectively. With regards to education level almost half of the respondents 45.5% had secondary school education, only 9% were had informal education, while 28.2% and 17.3% had primary school and tertiary education respectively. Less than half of the respondent 118(31%) were pregnant eight times, 92(25%) were pregnant six times in previous pregnancy, 88(23%) of the respondents were pregnant four times and 78(21%) were pregnant four times.

Section two: Utilization of focused antenatal care services

Table 4.2 Distribution of the respondents according to the Utilization of focused antenatal care services in the studied facilities **N=376**

Variables	F	%
Attend focused antenatal care regularly		
• Sometimes	76	20
• Always	300	80
Gestational age at first visit		
• 1st trimester	303	81
• 2nd trimester	62	16
• 3rd trimester	11	3
Pattern of focused antennal care after booking		
• Appointed days	287	76
• Only work days	49	13

• When I have complain	40	11
Number of visits the respondents received during the previous pregnancy		
• 4 times	183	49
• 3 times	102	27
• Twice	80	21
• Once	11	3
Pay a fee for focused antennal care		
• No	2	0.5
• Yes	374	99.5
The fee is affordable		
• No	103	27
• Yes	273	73
Proximity of focused antenatal care services		
• 1-2km	105	28
• 3-4km	153	41
• >5km	118	31

Table 4.5 shows that majority of the respondents 300 (80 %) attended ANC always while 76 (20%) sometimes, majority of the respondents 303(81%) booked for antenatal care in the first trimester, 62(16%) in the second trimester and 11 (3%) register in the third trimester. Only (76%) 287 attend on appointed days after booking, (13%) 49 attend on work days and (11%) 31 only when they have complaints.

Most of the respondents (41%) 153 had a distance of 3-4km from their homes to the facility, while 118 (31%) had the distance of greater than 5km from their homes to the facility and the remaining respondents 105 (28%) had distance of 1-2 km. Most of the respondents183 (49%) received focused antenatal care four times in their previous pregnancy, while 102(27%) received care three times in their previous pregnancy, 80(21%) received focused antenatal care twice, and only 11(3%) received focused antennal care once in their previous pregnancy. Majority of the respondent 374(99.5) paid for focused antenatal care services, only 2(0.5%) did not pay for the services provided .The payment for focused antenatal care was affordable to273(73%) of the respondents, only 103(27%) was not affordable to them.

Discussion of the Findings

Socio-demographic characteristics of the pregnant women

with regard to the age : more than three quarter of the respondents (80%) were above 35 years of age, this result was expected as the high fertility rate and the reproductive age of women in Nigeria. In (2013) Nigeria demographic survey Bauchi state has reported the largest number of pregnant women within this range Also this agrees with the findings of Adeniyi and Erhabor ,(2015) in the research titled : Assessment of quality of antenatal care services in Nigeria found that 51% of 13410 pregnant women who claimed to have used the ANC facilities at least once within five year preceding the 2013 Nigeria Demographic and Household Survey (NDHS), Were between age of 30-40. It also conforms to the findings of Yeoh, Hornetz and Dahlui (2016) in the research titled: Antenatal Care Utilization and Content between low- Risk and High-Risk pregnant Women. Found that the majority of pregnant women (76%) are of 35 years and above. Similarly, it is in line with the study conducted by Vain, (2012) in the research titled: study on antenatal and delivery care utilization in urban and rural contexts in Vietnam which found that more than half of the pregnant women were 35 years and above. Study found that 32.4% of 102 respondents were between 35-44 years of age, Shows that more than half of the respondents were at risk (35 years). This advanced of age of pregnant women may be due to the cultural practice of early marriage and malty parity within women in Northern Nigeria and or lack of knowledge among them about the risks of pregnancy in elderly women.

In relation to the parity: Half of the pregnant women (69%) were multi-parous (2-7 pregnancies). It is the same with the study of Nwagha and Anyaehie (2008) in Enugu, Nigeria that found majority of the respondents (62.07%) were multiparous. In the same vain Onasoga, Afolayanand Oladimeji (2012) in Ife, Nigeria that majority of the respondents (72.5%) were multiparous. It is also in line with the study of Emelumadu, Ukegbu, Ezeama, Kanu, Ifeadike and Onyeonoro (2014) in Anambara found that majority of respondents (64.6%) were multiparous. Similarly, in a study conducted in Indonesia majority of the respondents (66%) were multiparous. It is also in the same line with the study of Grace,Oyin, Muyideen and Charles (2012) in Nigeria found that majority of the respondents (87%) were multiparous. It could be as a result of early marriage in the state that led to have more children.

Effective utilization of focused antenatal care (FANC) is associated with improved maternal and neonatal health outcomes

(Bullough , Meda , Makowiecka , Ronsmans , Achadi & Hussein 2005) ;

Darmstadt, Bhutta ,Adam , Walker , & de Bernis 2005). The study demonstrated that more than three quarters of the pregnant women (80%) attended Focused Antenatal Care regularly while the remaining 20% occasionally attended the focused antenatal care. It is in line with the study of Yeoh, Hornetz and Dahlui (2016) in United State of America that found large proportion of women (63%, 330/522) with “adequate-plus” or intensive ANC utilization, while 21% (107/522) of the women had “inadequate” utilization. This corroborates with the statement of WHO,(2012) that found 60% of women receive antenatal care in Nigeria, and not all of them attended the antenatal clinic regularly. In the same vein, Kiplagat (2009) in Kenya found that 89.5% of the respondents reported that they could use the same facility for ANC during another pregnancy and 88.9% could recommend the facility to a relative or a friend for ANC checkups. Similarly, in a study conducted by Nicholas, Collins, Sabine (2012) in Zambia found that 98% of the 4148 women in the Zambia attended ANC at least once and 94% attended at least once and saw a skilled health worker, only 60% had the recommended four antenatal visits and 58% received the recommended ANC of at least four visits with a skilled health worker. Only 19% of mothers who attended ANC had their first ANC visit in the first trimester, while 74% attended for the first time during the second trimester. Most mothers (72%) attended ANC at a health center and the vast majority

(91%) received care from a nurse or midwife. In the same vain USAID (2009) In Tanzania found that of high antenatal attendance of pregnant women in various health facilities, maternal mortality rate remains high at 578 per 100,000 live births and infant mortality rate at 68 per 1,000 births, 94% of all pregnant women received antenatal care at least once from health professionals.

May be due to proximity of their homes to the health facilities that made them to be regular or they were health educated on the importance of been regular on focused antenatal care.

Conclusion

Based on the findings of the study it is concluded that, focused Antenatal Care Services were highly utilized

Recommendation

Based on the findings the following were recommended:

- Government should ensure adequate material resources for focused antenatal care services in each facility in Bauchi State.
- Government should ensure adequate health care providers to improve quality focused antenatal care services.
- Government should ensure Periodic In-service training ,monitoring and evaluation to improve the quality services
- The results suggest that improving the content of care during ANC visits may foster adequate use of ANC and encourage early initiation of ANC visits. Furthermore, health promotion programmes need to further encourage male involvement in pregnant women's decision to seek ANC to encourage adequate use of services and Health education for the clients to increase the awareness and the importance of focused antenatal care utilization.
- Government should ensure regular assessment of the level of clients' satisfaction is needed to improve the lacking areas.

Implication of the Study

Based on the findings, three implications were stated:

First, the result of this research will be useful to facilities administrators and the ministry of health to provide them with exist condition of focused antenatal care in Bauchi state.

Secondly, the study will be provided as reference to level of clients' satisfaction in Bauchi state

Finally, this study will help others in conducting their research of same nature in different states.

The government has to discover the causes of lacking and shortage of the staff.

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How to cite this article:

Lawali Yakubu, Alhaji Adamu, Isah M. Zayyanu, Shehu Tukur, Aliyu Sabo, Salisu Musawa Tajuddin, Abubakar Faruk, "Utilization of focused antenatal care services among pregnant women in health facilities in Bauchi State" *International Journal of Nursing and Medical Science 2018; 7 (2), 793-810.*