*University of Malawi*

*KAMUZU COLLEGE OF NURSING*

# *FACTORS THAT CONTRIBUTE TO LOW ANTENATAL ATTENDANCE BY PREGNANT WOMEN IN FIRST TRIMESTER AT MITUNDU COMMUNITY HOSPITAL IN LILONGWE DISTRICT*

*A RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING AND MIDWIFERY*

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*DUE DATE: 23rd NOVEMBER, 2012*

**DECLARATION**

*I hereby declare that this research proposal has never been done*

*nor published before fore any other purpose and it is my own work.*

*It has not been presented for any degree anywhere*

*and so it has been solely done for my own academic purpose.*

**Candidate: LUCIA SILUNGWE**

Signature: Silungwe Date: 23/11/12

**SUPERVISOR: MRS. C. G. CHITSULO**

**Signature:** Chitsulo **Date:** 25/11/12

This Student rarely came for supervision.



58%

**DEDICATION**

My dedication goes to my parents for their financial and social support. They were always there for me. May GOD be there for them always

**ACKNOWLEGEMENT**

First of all, heartfelt gratitude should go to Almighty God for seeing me through this work. Had it been not for his endless mercy and favors, this work could not have been done.

Further acknowledgement should go to the library staff for their guidance and provision of books and other literature sources which made information for this proposal available the work was made much easier since the staff was so welcoming and approachable at all times.

In addition, many thanks should go to Kamuzu College of Nursing staff for their academic assistance they have showed me as I was writing this proposal. Your guidance can not be underrated.

May God bless you all

**ABSTRACT**

This is a qualitative research study whose purpose is to identify factors that contribute to low antenatal attendance by pregnant women in first trimester of pregnancy at Mitundu community hospital in Lilongwe district. Research has revealed that male circumcision can reduce men's risk for HIV infection by 60%. However the practice is very low among Tumbuka's. The study will be conducted at Mitundu hospital from July to September. A sample of 100 pregnant women aged between 16-40 years will be selected using random sampling. The health belief model is used as a conceptual framework for the study. Data will be collected using an in depth interview guided by a questionnaire. Data will be analysed using Statistica Package for social Science SPSS version 16). Studies related to the topic done world wide as well as, in Africa and Malawi have been incorporated. The findings in this study may help the government in coming up with strategies to interventions for increasing antenatal attendance in first trimester of pregnancy in order to prevent pregnant related conditions such as eclampsia, pre-eclampsia which contribute to maternal deaths worldwide.

**LIST OF ABBREVIATIONS**

| | |
|---|---|
| ANC | Antenatal care |
| CHAM | Christian Health association of Malawi |
| DHO | District health office |
| DHMT | District health management team |
| HBM | Health Belief Model |
| HIMS | Health information management Systems |
| HIV | Human immunodeficiency virus |
| LDHO | Lilongwe district health office |
| MCH | Maternal and Child Health |
| MDGs | Millennium development goals |
| MDHS | Malawi Demographic and Health Survey |
| MLG | Local Government |
| MHOP | Ministry of Health and Population |
| NSO | National Statistical Office |
| PMTC | Prevention of Mother to Child Transmission |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations children's Fund |
| WHO | World Health Organization |

TABLE OF CONTENTS


Item page

Declaration.....i

Dedication.....ii

Acknowledgements.....iii

Abstract.....iv

Abbreviations.....v

Table of contents.....vi

CHAPTER ONE

1.0 ntroduction.....1

1.1 Background.....2

1.2 Problem statement .....3

1.3 Significance of the study.....3

1.4 Objectives.....5

CHAPTER TWO

2.0 Literature review.....6

2.1 Studies done on knowledge of women on the signs and symptoms of pregnancy.....6

2.2 Studies done on the knowledge of women on the importance of attending antenatal clinic in the first trimester of pregnancy.....7

2.3 Studies done on cultural beliefs related to pregnancy.....7

2.4 studies on the barriers affecting the utilization of antenatal care services during the first trimester of pregnancy.....8

2.6 conclusion of literature.....10

**CHAPTER THREE**

3.0 Theoretical frameworks.....11

3.1 The Health Belief Model.....11

3.1.1 introduction.....11

3.1.2 Background.....11

3.1.3 Components of Health Belief Model.....11

3.2 the Health Belief Model in a diagrammatic form.....14

3.3 application of the Health Belief Model.....15

**CHAPTER FOUR**

**4.**0 Research methodology.....17

4.1 Study design.....17

4.2 Study Setting .....17

4.3 Study population.....17

4.4 Sampling and sample size.....18

4.5 Pilot study.....18

4.6 Data collection instrument .....18

4.7 Data collection and analysis.....18

4.8 Ethical considerations.....19

4.8 Dissemination of results.....20

4.9 Limitation of the study.....20

5.0 References:.....21

5.0 APPENDICES

Appendix A: Informed consent.....23

Appendix B: Questionnaire.....24

Appendix C : working time table.....40

Appendix D: budget.....41

Appendix E : letter to research and publications committee.....43

Appendix F: Letter to Director, Mitundu community hospital.....44

CHAPTER ONE

# FACTORS THAT CONTRIBUTE TO LOW ANTENATAL ATTENDANCE IN FIRST TRIMESTER BY PREGNANT WOMEN AT MITUNDU COMMUNITY HOSPITAL IN LILONGWE

## 1.0 INTRODUCTION

Worldwide at least 600,000 women die yearly as a result of complications of pregnancy and child birth. Maternal mortality represents one of the widest gaps between developed and developing nations, with 99 percent of all maternal deaths occurring in developing countries. The fact that less percentage of maternal deaths worldwide occur in developed countries indicates that maternal deaths can be best avoided if proper health resources and services were available to women in developing nations, Bayer ( 2001).

The developed countries, register approximately 27 maternal deaths per 100,000 live births each year which is in great disparity as compared to that of the developing nations whose average is 18 times higher, representing 480 deaths per 100,000 live births. Country differences in maternal mortality are even more dramatic where fourteen countries have maternal mortality ratios of at least 1000 per 100,000 live births of which all but Afghanistan are in sub-Saharan Africa, Angola, Burundi, Cameroon, Chad, Democratic republic of Congo, Guinea-Bissau, Liberia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone and Somalia ,WHO( 2007).

Antenatal care is defined as health care (medical and support) of the pregnant woman and her fetus from conception to the onset of labor, integrated maternal and neonatal manual (2009). Early antenatal attendance commence when the pregnancy is about 12-16 weeks gestation. Antenatal care services involves detecting high risks of pregnancy through medical examination of pregnant women as well as preventing complications which may arise as a result of anaemia, malnutrition, malaria through early treatment.

Care during pregnancy known as "antenatal care" is essential for diagnosing and treating complications that could endanger the lives of mother and child. Early commencement of ANC(attending as early as 12-16 weeks gestation) by pregnant women as well as the regular visits has the potential to affect maternal and foetal outcome positively. It aids early documentation of woman's baseline physiological and laboratory parameters for subsequent comparison and early detection of anomalies with the progress of pregnancy. Similarly, it provides opportunities for preventive health care services such as immunization against tetanus, prophylactic of malaria through the use of intermittent presumptive treatment approach, HIV counseling and testing Villar et al ( 2001).

## 1.1 BACKGROUND INFORMATION

Health services in Malawi are provided at three levels: primary, secondary and tertiary. At primary level curative and preventive services are delivered through rural hospitals, health centers, health posts and outreach clinics.

Mitundu community hospital is one of the health facility that provides curative and preventive health services, which include Outpatient, Maternal and child health services thus Antenatal, Postnatal care, Family planning, Immunization, Health education, Nutrition as well as prevention of mother to children transmission(PMTC) free of charge.

The hospital is situated in the southern part of Lilongwe city, 35 km from Lilongwe district health office and it is in traditional authority Chiseka's area. The hospital shares its borders with Maluma and Nanthenje to the east; Malingunde to the west; Bwaila and Mlale (CHAM paying hospital) to the north. It has a total population of 112,399 people,( Lilongwe DHO HIMS 2010)

Malawi is among the countries hardest hit by high maternal death in the world. It is ranked as one of the poorest indicators of health in developing countries. The maternal mortality ratio is one of the highest in Africa, it almost doubled by 80% from 620 per 100,000 to 1120 per 100,000 live births in 2000, NSO ( 2001).

Not relevant to the problem

However, currently the maternal mortality ratio has dropped to 870 per 100,000 live births. This is attributed to the government's introduction of the safe motherhood initiative programme through the ministry of health whose aim is to reduce maternal and infant mortality by improving access to quality essential obstetric and neonatal care as one way of achieving millennium development goal number 5 MDHS ( 2004).

The government of Malawi through the ministry of health and population introduced the maternal and child health services in order to reduce the maternal and infant mortality rate. The maternal and child health services offered are principally aimed at promoting the health status of women during the pregnancy, childbirth as well as promoting the well being of children. The maternal and child health services which are offered in various health facilities in the country include the following: Antenatal care, Post natal care, Family planning, Health education, Immunization and Nutrition.

Safe motherhood initiative was launched by World Health Organization (WHO) and other international agencies in 1987. At this time the number of women suffering maternal death worldwide was estimated to be at least 600 000 each year with 99% of deaths occurring in developing countries.

Information not focusing on the problem

Antenatal care is one of the "four pillars" of safe motherhood initiative which provides both medical and supportive services to the pregnant woman and her foetus from conception to the onset of the labour, Viccars et al (2006).

## 1.2 PROBLEM STATEMENT

Despite the fact that Mitundu community hospital is a non paying hospital, the records have shown that there is low attendance of pregnant women to antenatal care (ANC) services during the first trimester of the pregnancy. In the three consecutive years the total number of women attending antenatal and number of women attending in the first trimester are;

In 2008, out of 9186 ANC women, only 133(1.4%) attended ANC in the first trimester. In 2009 9449 pregnant women reported to ANC clinic and 199(2.1%) came in the first trimester of pregnancy. Similarly in 2010, out of 8460 pregnant women who attended ANC, only 176(2%) came in the first trimester of pregnancy.

These figures show that only small number of women receive ANC during first trimester of pregnancy. This puts them at risk of developing complications during pregnancy, labour and delivery. Thus the researcher has decided to investigate the possible factors that are contributing to low attendance of pregnant women to ANC services during the first trimester of pregnancy.

## 1.3 SIGNIFICANCE OF THE STUDY

This study help the care providers develop strategies to motivate pregnant women to access ANC during the first trimester of pregnancy. And also this study will help in community sensitization on the importance of attending ANC in the first trimester.

It will help the facility to know how many mothers are attending the antenatal care so that it can be able to plan for the services that will be needed in caring for them.

The study will also help the pregnant women to understand why antenatal care is important in the first trimester in order to prevent other problems that may rise early in pregnancy that may need medical attention.

The study will also help the health care provider to give accurate and adequate information to the women on possible complications of not attending antenatal in the first trimester of

pregnancy. This will help the women to have insight of the possible problems or complications that may rise due to delay in antenatal attendance.

## 1.4 STUDY OBJECTIVES

### 1.4.0 BROAD OBJECTIVE

To determine factors that contributes to low attendance to antenatal care among women during the first trimester of pregnancy.

### 1.4.1 SPECIFIC OBJECTIVES

- To assess the level of knowledge of pregnant women at Mitundu on signs and symptoms of pregnancy.
- To assess the knowledge of pregnant women at mitundu on the importance of attending antenatal clinic during the first trimester.
- To identify cultural beliefs of pregnant women at Mitundu related to pregnancy.
- To identify and explain the barriers affecting the utilization of antenatal care service during the first trimester of pregnancy.

# CHAPTER TWO

## 2.0 LITERATURE REVIEW

Literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a partial topic. Literature review helps to give knowledge as to what is already known in the area of study hence preventing repetition of the study. This chapter presents a review of studies done related to factors that contribute to low antenatal attendance in the first trimester of pregnant women.

## 2.1 LITERATURE ON KNOWLEDGE OF WOMEN ON THE SIGNS AND SYMPTOMS OF PREGANCY

Ndidi and Oseremen in 2007 conducted a study, whose aim was to determine why women presenting at the booking clinic in a major tertiary hospital in the Niger Delta Nigeria. The results revealed that the majority of respondents were aged 20–39 years (97.1%), quarters were primgravidas and 25 % of the women belonged to the upper socioeconomic class. Seventy three point six percent booked in the second trimester and 26.4% in the third trimester. Of the women who had given birth before, 80% had booked late in at least one previous pregnancy. More than three-fifth of the women (65.6%) booked late due to ignorance or misconceptions of the purpose of, and right time to commence antenatal care.

Another study was conducted with the aim of describing factors related to low visits for antenatal care (ANC) services among pregnant women which were done in Indonesia. The results of the study showed that three quarter of the respondents (77.9%) received ANC more than four times. The other 21.1% received ANC less than four times. 59.4% received ANC visits during pregnancy which was statistically significant compared to multiparous (P=0.001). Women who were encouraged by the their family to receive ANC had statistically significant higher traditional beliefs scores compared to those who encouraged themselves(P=0.003), preference for traditional birth attendance was most strongly affected by traditional beliefs (P=0.001). On the contrary preference for the midwives was negatively correlated with traditional beliefs(P<o.oo1)

## 2.2 LITERATURE ON THE KNOWLEDGE OF WOMEN ON THE IMPORTANCE OF ATTENDING ANTENATAL CLINIC IN THE FIRST TRIMESTER OF PREGNANCY

ANC is of many benefits to the women and unborn child especially when the visits started earlier in the first trimester. One of the researcher whose name is Nisar and White in 2008 who conducted a research who aimed at describing the socio-demographic characteristics and utilization pattern of antenatal care of reproductive age group women (15-49 years) in an urban squatter settlement of Karachi and to assess and compare the knowledge on antenatal care between women who received and those who did not receive antenatal care. The Multivariate logistic regression analysis showed that higher income women were twice likely to use antenatal care services (AOR=2.11 95% CI 1.14-3.89) than those of lower income. Women receiving antenatal care were more knowledgeable about the importance of dietary protein (AOR=1 .97 95% CI 1.16-3.33), intake of green leafy vegetables for the prevention of anemia (AOR=2.34 95% CI 1.33-4.11), and reporting danger signs (AOR=2.25 95% CI 1.07-4.74).

Similar study was also done by Jimmoh in 2004 whose aim was to know whether educational level affect ANC booking in the first trimester in the equatorial Guinea. It was found that higher levels of education generally increase ANC attendance particularly early booking.

In south India, similar study was done by who purpose was to compare the relationship between literacy and ANC. It was found that the utilization pattern of ANC was higher among literate mothers than among illiterate mothers. The first antenatal check up in the first trimester was found to be low among illiterate mothers (8.3%) as compared to literate mothers 54.9%.

The finding is consistent with the Demographic and Healthy Survey conducted in Malawi in the year 2000 which also revealed that the use of ANC service is strongly associated with education. Women with no education were eight times more likely to have not attended to antenatal care and 23% less likely to have received antenatal care from a doctor in the first trimester,( MDHS 2000).

## 2.3 CULTURAL BELIEFS RELATED TO PREGNANCY

Ngomane did a research in 2006 whose aim was to explore and describe the indigenous beliefs and practice that influence the delayed attendance of ANC clinic by women in Bohlabelo district in south Africa. The findings were grouped into 6 main categories; pregnant is honoured, pregnant is preserved, the unborn infant is protected, the knowledge that client have, trust in

indigenous perinatal practices and perceptions regarding clinic or hospital services. It became clear that the indigenous beliefs and practices of pregnant women have an influence on their attendance of ANC clinics. Women have use herbs to preserve and protect the unborn infant from harm, they also trust the knowledge from traditional birth attendance and prefer their care and expertise to the harsh treatment they receive from midwives in hospital and clinics who look down on their indigenous beliefs and practices.

Similarly Gutierrez conducted a study in 2009 whose aim was to investigate the difference in timing of the first antenatal visit between ethnic groups and to explore the contribution of several noneconomic risk factors in Pakistan. Following the study the results showed that The questionnaire was returned by 8267 pregnant women (response rate 67%). All non-Dutch ethnic groups were significantly later in starting antenatal care during the whole duration of pregnancy compared with the ethnic Dutch group (hazard ratio [95% CI]: other Western, 0.83 [0.76–0.90]; Surinamese, 0.62 [0.56–0.68]; Antillean, 0.56 [0.45–0.70]; Turkish, 0.62 [0.55–0.69]; Moroccan, 0.56 [0.52–0.62]; Ghanaians, 0.50 [0.43–0.58] and other non-Western, 0.61 [0.56–0.67]). The range at which 90% were in care varied between 16 weeksand 3 days for Dutch and 24 weeks and 4 days for Ghanaians. These differences disappeared almost totally in the non-Dutch-speaking ethnic groups when the following risk factors were added to the model: poor language proficiency, low maternal education, teenage pregnancy, multiparity and unplanned pregnancy. The differences remained in the Dutch-speaking ethnic groups.

Another reason for not attending ANC In the first trimester was fear associated with the belief that the early period of pregnancy was most vulnerable to witchcraft. Women held the belief that blood could be used for bewitching women if it came into contact with wrong hands and that it would be tested for HIV and results recorded on their ANC card, Mathole et al (2004).

## 2.4 BARRIERS AFFECTING THE UTILISATION OF ANTENATA CARE SERVICES DURING THE FIRST TRIMESTER OF PREGNANCY

They are several barriers that can affect the utilization of antenatal services in first trimester.

Y ang YE in 2009 did a research whose aim was to identify the socio-demographic characteristics , knowledge attitude and accessibility factors related to the utilization of ANC services among pregnant women in the Khan district Laos. The findings revealed that about 53.9% of mothers did not receive any ANC services due to the following reasons, no time(93.4%), not necessary(83.8%), feeling embarrassed (74.3%) and living far away from the ANC facility(71.3%). They found that significant predictors of ANC utilization(p-value<0.05)were level of education, income, knowledge ,attitude, distance, availability of public transportation, costs of transportation, and costs of service.

Similar study was also done by Bahilu Tewodros in 2004 whose aim aim was to assess ANC care utilization and factors that affect it in south west Ethiopia. The results showed that from the data that was collected from ANC, from 622 mother making response rate of 96.3%,179(28.5%) women were reported to have received ANC at least once during their last pregnancy. Of these, 88(49.2%) women made the first ANC visit during their 2nd trimester while 52(29.1) had four or more ANC follow ups during their last pregnancy. In the logistic regression analyses ANC users were found to be more likely to be educated(or=6.81, 95% CI; 3.76, 12.33) and live in less than 6o minutes walk from health facilities (62=6.75, 95 CI; 4.30, 10.56). moreover illness experienced during pregnancy(OR=2.57, 95% CI;1.75, 3.78), husbands approval (OR:2.38, 95% CI;1.69,11,42) and planned last pregnancy (OR:2.38. 95% CI;1.52;3.71) were among factors associated with the utilization of ANC.

Another study was done by b. Simkhanda and Edwin R. Van in June 2008 who aimed at identifying and analyzing the main factors affecting the utilization of antenatal care in developing countries. The results revealed that most commonly identified the following factors affecting antenatal care uptake: maternal education, husband's education, marital status, availability, cost, household income, women's employment, media exposure and having a history of obstetric complications. Cultural beliefs and ideas about pregnancy also had an influence on antenatal care use. Parity had a statistically significant negative effect on adequate attendance. Whilst women of higher parity tend to use antenatal care less, there is interaction with women's age and religion. Only one study examined the effect of the quality of antenatal services on utilization. None identified an association between the utilization of such services and satisfaction with them.

P. Buekens ,MD, Issabelle Godin, PhD and Michel Boutsen conducted a study in 2001 whose aim was to identify Barriers to prenatal care in Europe. And it was found that Based on combined data of the ten countries, lack of health insurance was found to be an important risk factor for inadequate prenatal care (crude odds ratio [OR] at 95% confidence interval [CI]: 30.1 [20.1–47.1]). Women with inadequate prenatal care were more likely to be aged <20 years (16.4% vs 4.8%) and with higher parity (number of children previously borne) than controls. They were more likely to be foreign nationals, unmarried, and with an unplanned pregnancy. Women with inadequate care were also more likely to have less education and no regular income. They had more difficulties dealing with health services organization and child care. Cultural and financial barriers were present, but after adjusting for confounders by logistic regression, perceived financial difficulty was not a significant factor for inadequate prenatal care (adjusted OR [95% CI]: 0.7 [0.4–1.3]).

( Adamu et al 2002) in a study to identify barriers associated with the use of antenatal and obstetric care services in rural Kano, Nigeria he found that financial constraint was the most

important factor in non-use of ANC services. The costs of the service including transportation and necessary laboratory tests were major factors prohibiting service utilization.

In Malawi, there is also other people who conducted research similar to this topic. Charles Edward Chitimbe in 2005 conducted a study whose aim was to identify some of the factors that discourage women from starting ANC during the first trimester of pregnancy in Nsanje district . the findings were the knowledge about various aspects of ANC is critical to starting ANC, knowledge of ANC attendees about the ideal time for starting ANC is statistically significant to start up time, ANC clinics are understaffed and that there is too much workload, characteristics of ANC client such as age , gravidity, education level, and level of household income.

## 2.5 CONCLUSION ON THE LITERATURE

According to the literature above it shows that women especially those who have given birth before knows signs and symptoms of pregnancy than primgravidas. For this reason most multigravida start ANC late in pregnancy. The literature also shows that education level is related to early booking of ANC. Those women who are literacy book ANC in early pregnancy (within 3 months of pregnancy) while those who are not educated start ANC late in pregnancy because they are not aware on importance of early booking of ANC in pregnancy. Culture, low social economic status and husband education affects early ANC.

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## CHAPTER THREE

### 3.0 CONCEPTUAL FRAMEWORK

### 3.1 INTRODUCTION

Conceptual framework is very important in a research study. It helps to generate and guide ideas for research thereby enabling the formulation of questions. In this study a Health Belief Model (HBM) will be used.

### 3.2 HEALTH BELIEF MODEL (HBM)

#### 3.2.0 Introduction

The health belief model is one of the most popular frameworks that emphasizes on people's compliance and preventive health care practices. The HBM was developed to give a framework for understanding why some people take specific actions to avoid diseases, as others fail to protect themselves. Allender and Spradley (2005) state that the HBM is useful for explaining the behaviors and actions taken by people to prevent illness and injury.

#### 3.2.1 Background

The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services. Originally, the model was designed to predict behavioural response to the treatment received by acutely or chronically ill patients, but in more recent years the model has been used to predict more general health behaviors. The HBM suggests that your belief in a personal threat together with your belief in the effectiveness of the proposed behaviour will predict the likelihood of that behaviour (Glanz , Barbara & viswanath, 2008).

#### 3.2.2. components of the Health Belief Model.

**Individual perception.**

The model explains that individual's perceived susceptibility and perceived seriousness of the health problem, determine threat that will increase the likelihood of the preventive action or participation in a health intervention that decreases the perceived threat (Clemen-Stone et al., 2001). Unless acknowledgement of perceived susceptibility and severity of health problems exist, the individual will not indulge themselves in health preventive behaviours.

**Modifying factors.**

Demographic values such as age, sex, religion, marital status and educational level; socio-psychological variables such as personality, peer pressure, social class and culture; and structural variables such as knowledge and experience about health problem affect individual's perceived susceptibility and perceived seriousness of a given health problem. They also affect the perceived benefits and barriers to health action (Clemen-Stone et al., 2001; Pender et al., 2002). For example non-smokers may have low perceived susceptibility to health problems and this can lead to not avoiding exposure to second hand smoke.

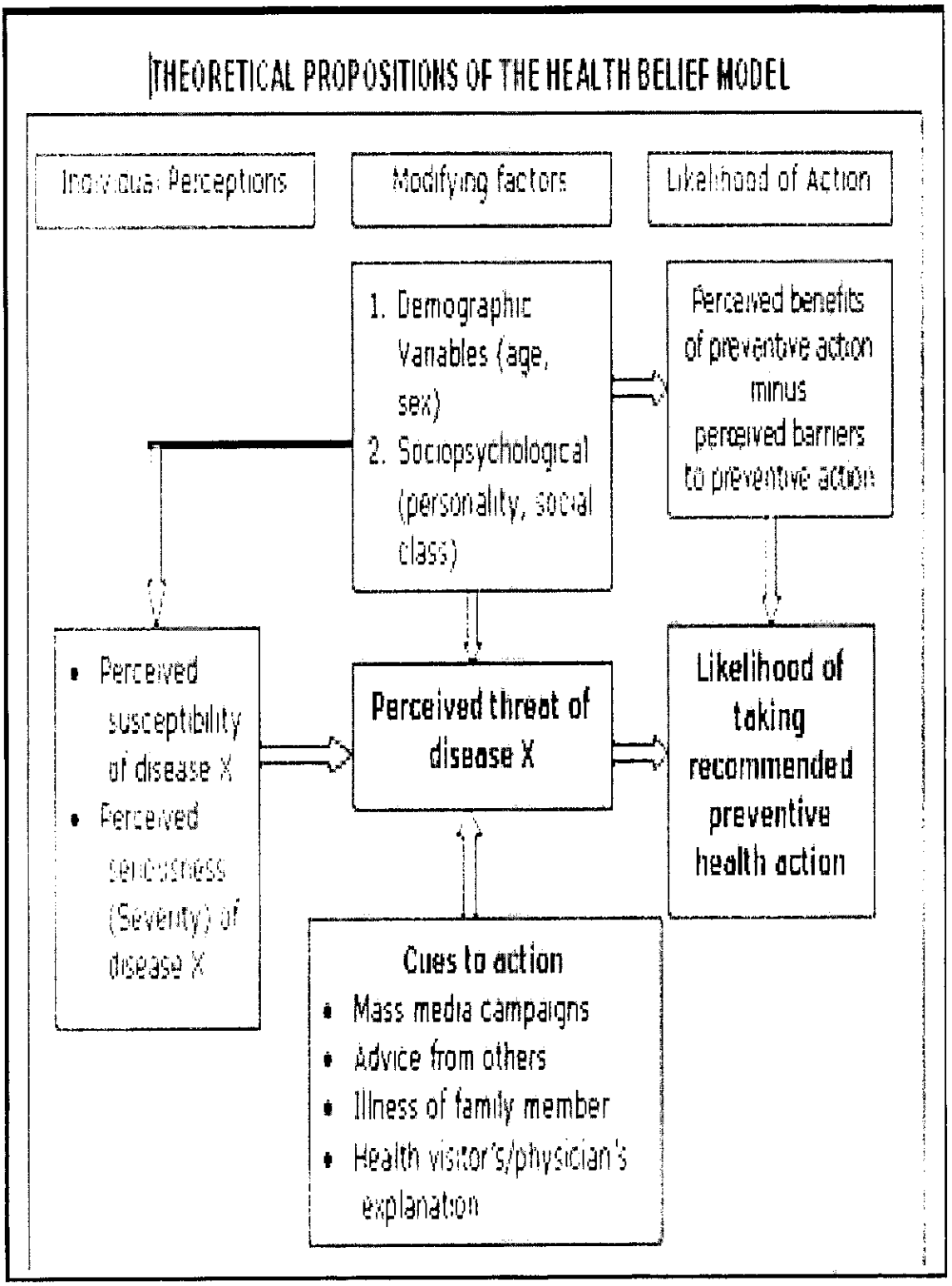
Cues of action are also modifying factors. They provide suggestions on how to trigger health action. These include public and media information, health education, symptoms, illness of the family member and environmental changes (Kozier et al. 2004). Cues of action motivate clients to take preventive action.

**Likelihood of action.**

Perceived benefits are weighed against perceived barriers of action and these determine the recommended preventive health action (Clemen-Stone, et al. 2001). This means that the individual's health action will depend on the benefits of having weighed the problems that she/he may face during the course of attempting the action. For example, a client may view going to hospital for antenatal care as a benefit but bad attitude of health worker prevents her to attend service. Unless there are no barriers to the health action, the woman would rather stay at home.

### 3.3 FIGURE 1: THE HEALTH BELIEF MODEL IN A DIAGRAMMATIC FORM

where is the diagram?


THEORETICAL PROPOSITIONS OF THE HEALTH BELIEF MODEL
Individual Perceptions
Modifying factors
Likelihood of Action
1. Demographic Variables (age, sex)
2. Sociopsychological (personality, social class)
Perceived benefits of preventive action minus perceived barriers to preventive action
• Perceived susceptibility of disease X
• Perceived seriousness (Severity) of disease X
Perceived threat of disease X
Likelihood of taking recommended preventive health action
Cues to action
• Mass media campaigns
• Advice from others
• Illness of family member
• Health visitor's/physician's explanation

### 3.4 APPLICATION OF THE HEALTH BELIEF MODEL

Individual perception explains that individual perceived susceptibility and perceived seriousness of health problem determine threat that will increase the likelihood of the preventive action or participation in a health intervention that decreases the perceived threat. In relation to this study, pregnant woman just like any other individual can perceive susceptibility and perceived seriousness of health problem or not. Therefore if they perceive susceptibility and perceive seriousness of pregnant related health problems that can result due to late ANC as a threat, they can be able to start ANC as early as in first trimester. While those who does not perceive as a threat they are likely to start ANC late in pregnancy.

If pregnant women understand how serious pregnant related conditions can be: thus perceiving the seriousness of the complications and its impact on their health, family, community and the nation they will be motivated to start antenatal care in the first trimester of their pregnant.

Pregnant women can make informed choices (ie attending antenatal care in the first trimester) if they know those factors that can predispose them to pregnant related conditions if they don't go for ANC in the first trimester. They will refrain from risk behaviors and go for early (16-20 weeks) ANC to prevent the likelihood of pregnant related conditions such as pre-eclampsia, anemia and eclampsia that can occur due to lack of antenatal care in the first trimester. This will help to improve their health status.

Modifying factors such as demographic variables like age , education level, sociopsychologic variables and structural variables, influence her ability to perceive the susceptibility and the seriousness of pregnant related conditions. For example education level can influence someones perception. Well educated pregnancy women have knowledge on the importance of early ANC in pregnancy and on prevention of pregnant related condition causing them to perceive late booking as a threat so they can easily take preventive measures such as attending antenatal care in the first trimester. while those who are not educated they are not aware on the importance of early ANC and on pregnant related health problems therefore they cannot perceive late ANC as threat. This can make them start ANC very late. At the same time modifying factors determine the ability of pregnant women to perceive the benefit of attending ANC in the first trimester accordingly minus the barriers of not being circumcised.

Cues such as public and media information, health education or discovery of symptoms also affect pregnant women's perception just like any individual. Some pregnant women can be taught on the disadvantage of starting ANC late and consider it as threat which can push them

to start ANC earlier in order to prevent pregnant related condition. While on other hand other pregnant women can have information on disadvantage of late ANC but not considering it as threat.in these women they are likely to start ANC late because they don't consider it as threat.

## CHAPTER FOUR

## 4.0 RESEARCH METHODOLOGY

This chapter describes the methodological techniques that the researcher will deploy in carrying out the study. It includes the research design, the study setting, sampling and sample selection, pilot testing , data collection methods, data collection instrument or tool, and ethical considerations.

### 4.1 STUDY DESIGN

A study design is a guide chosen by the researcher to answer questions or the hypotheses. Selection of appropriate design compels the researcher to address critical issues that are to be answered (Fain 2009 p174).

what type of quantitative research?

The quantitative research design will be used in this study because according to Burns and Grove, 2009:22, quantitative research is a formal, objective, systematic process in which numerical data is used to obtain information about the world, it is a systematic study that involves empirical data analzed through statistical method (George, 2002). In relation to this study on factors that contribute to low antenatal attendance among pregnant women in the first trimester, quantitative research design is more relevant than any other research designs. To get data from these pregnant women it will require to interact and get objective data from them by using a questionnaire and later analyzing the data in terms of figures making quantitative research design more appropriate for this study. The study will be be survey because data will be collected using a questionnaire.

How?

Not relevant

### 4.2 STUDY SETTING

The study setting is the physical location and condition in which data collection takes place in the study (Polit and Hungler, 1995). The study will be conducted in the antenatal clinic at Mitundu community hospital. This setting was chosen because there is low antenatal attendance in first trimester despite being nonprofit hospital, thus according to the figures obtained. This setting will give a researcher the opportunity of meeting the pregnant women easily.

### 4.3 STUDY POPULATION

Study population is the entire aggregation of cases in which a researcher is interested(Polit,2010)

The subjects will be drawn from accessible population that will include all pregnant women aged between 16-40 years who have registered for antenatal care at Mitundu community hospital. The pregnant women chosen will be those who have attended school to any level

### 4.4 SAMPLING AND SAMPLE SIZE

Sampling is the process of selecting a group of people, events, behavior or other elements that are representative of the population being studied (Burns and Grove, 1999).

The researcher will select available clients meeting the criteria for the study and the sample size will be 100 pregnant women using random sampling because it is more likely to represent the population than samples obtained with non-probability sampling

### 4.5 PILOT STUDY

Pilot study is a smaller version of a proposed study conducted to refine the methodology (Burns and Grove, 1999 p40). The questionnaire will be pre tested on 25 pregnant women who will come for antenatal services at Bwaila antenatal clinic. This will be done to ensure the validity and reliability of the tool and to check for the understanding of the questions, whether clear or not. These questions which were not clear will be modified. It will also assist to iron out any mistakes that might be made in the main study.

### 4.6 DATA COLLECTION INSTRUMENT

The study will use a semi-structured interview guide to obtain information from the subjects. This interview guide will include both open and close ended questions. The tool will be in English and then translated in Chichewa language in order to suit the language clients could easily understand.

### 4.7 DATA COLLECTION AND ANALYSIS

Analysis of the data is important so as to summarize, organize, evaluate, interpret, and numerically communicate the obtained data (Polit, 2003). All questionnaires will be checked after interviews by the principle investigator for completeness, accuracy and consistency. Data then will be analyzed manually using a data master sheet and presented in tables, graphs and charts using Microsoft excel computer package.

## 4.8 ETHICAL CONSIDERATION

Ethical considerations are very important especially in research that involves human beings as they provide the basis for good conduct in research. It also allows the subjects to participate in the study while well informed. In order for this research to be ethical, the following considerations were ensured so that human rights are protected. Ethical approval will be taken from KCN Research and Ethics Committee, Permission to proceed with the research project was obtained from the Lilongwe District Health Office (LDHO) and the in charge of Mitundu community hospital through writing. Before interview, respondents will be asked to sign a written consent form confirming willingness to participate in the study and no names were used to ensure confidentiality

Before started interviewing them, participants will be given a brief explanation on the purpose of the study, methods and procedures of data collection. This also include rights that the participants had and the benefits the study will bring about. The risks that the participants will likely face due to their acceptance to participate in the study will be also explained to them.

On the rights, the participants will be told about their rights not to be harmed, right to self determination, right to privacy, confidentiality and anonymity. They will also be told about the right to refuse to participate or withdraw at anytime.

The participants will also be told about some risks, like risk of being embarrassed by some questions which will be used to answer the study problem.

All this facilitate voluntary participation of the subjects in the study.

When the participants agree to participate in the study, they will be asked to sign the consent form to confirm their acceptance to participate in the study which will serve as a legal document in case something happened during the study.

Then, the participants will be asked questions using an interview guide which included both open and close ended question which are in Chichewa for the participants to understand it easily and answer appropriately.

The names of the participants will not be asked to ensure anonymity and confidentiality. The rights and dignity of participants will be upheld by allowing the participants to seek clarification throughout the process of data collection.

What are you going to do to ensure confidentiality?

### 4.9 DISSEMINATION OF RESULTS

The study findings will be disseminated through a written report that will be placed in the KCN library and at Mitundu community hospital.

### 4. 10 LIMITATION OF THE STUDY

This study will involve only a small sample of 100 pregnant women attending Mitundu community Hospital as a result the findings cannot be generalized.

APA Format not followed.

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APPENDIX

**Appendix A. INFORMED CONSENT**

I am Lucia Silungwe a fourth year student at Kamuzu College of Nursing doing nursing and midwifery. I am doing a research on factors contributing to low attendance to antenatal care among women during the first trimester of pregnancy at Mitundu community hospital in Lilongwe.

I will ask you some questions, I want to assure you that your name will not be mentioned in any way and I will not reveal to any other person about the findings of this research. You are free to take part or not.

Are you ready to take part in this study?

1. Yes ☐
2. No ☐

Signature/thumb print.....

Date.....

Witness.....

Appendix No?

**DATA COLLECTION INSTRUMENT: QUESTIONNARE FOR PREGNANT WOMEN**

**INTRODUCTION.**

~~Nsare~~ But indicates Interview guide in the methodology

The research is aimed at finding out the factors contributing to low attendance to antenatal care among women during the first trimester of pregnancy at Mitundu Community Hospital catchment area.

Questionnaire number ☐

Name of interviewer.....

Date.....

PART A: DEMOGRAPHIC DATA

1. AGE: 15-19 ☐

20-24 ☐

25-29 ☐

30-34 ☐

35 Above ☐

2. MARITAL STATUS: Single ☐

Married ☐

Divorced ☐

Widowed ☐

3. LEVEL OF EDUCATION: Primary ☐

Secondary ☐

College ☐

Others (specify).....

4. OCCUPATION: House wife ☐

Business ☐

Farming ☐

Formal employment ☐

Others (specify).....

5. TRIBE: Chewa ☐

Ngoni ☐

Yao ☐

Tumbuka ☐

Lomwe ☐

Others (specify).....

6. RELIGION: Catholic ☐

CCAP ☐

SDA ☐

Muslim ☐

Others (specify).....

7. Gravida ☐ Para ☐

8. Number of children living ☐

PART B: LEVEL OF KNOWLEDGE ON SIGNS AND SYMPTOMS OF PREGNANCY.

1. When did you know that you are pregnant?

.....

2. How did you know that you are pregnant?

.....

PART C: IMPORTANCE OF ATTENDING ANTENATAL CARE IN THE FIRST TRIMESTER

1. What is the right time for a pregnant woman to start antenatal care?

i. 1-3 months ☐

ii. 4-6 months ☐

iii. 7-9 months ☐

2. Give reasons for your response to the above question.

.....

.....

.....

.....

.....

3. When did you start attending to antenatal care service at this facility (check the card?)

i. 1-3 months ☐

ii. 4-6 months ☐

iii. 7-9 months ☐

4. What made you to start antenatal care at this period?

.....

.....

.....

.....

.....

5. In your opinion, does starting antenatal care early in pregnancy have any benefits to the pregnant woman? Yes ☐

No ☐

If yes to the above question, go to 6.

6. Mention the benefits a pregnant woman gets when she starts antenatal care early in pregnancy.

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7. Do you think starting antenatal care late in pregnancy have any disadvantage to the pregnant woman? Yes ☐

No ☐

If yes to the above question go to 8

8. Mention the problems a pregnant woman may come across if she starts antenatal care late in pregnancy

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.....

PART D: CULTURAL BELIEFS RELAATED TO PREGNANCY

1. Are there any traditional beliefs and cultural practices that women follow when they are pregnant? Yes ☐

No ☐

If No to the above question go to part E.

2. What are these traditional beliefs and cultural practices that women follow when they are pregnant?

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3. Why do you think women practice these traditional belief and cultural practices?

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4. Do you think the presence of traditional beliefs and cultural practices discourage women from starting antenatal care early in pregnancy? Yes ☐

No ☐

If Yes to the question above, go to 5.

5. How does it affect the woman's decision to start antenatal care early in pregnancy?

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.....
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.....
.....

PART E: BARRIERS AFFECTING UTILISATION OF ANTENATAL CARE SERVICES

1. How far is it from your home to this antenatal care clinic?
   i. 0-5km ☐
   ii. 6-10km ☐
   iii. 10km above ☐
2. What mode of transport do you use to get to this antenatal care clinic?
   i. Walking ☐
   ii. Cycling ☐
   iii. Motorized transport ☐
   iv. Others (specify).....

If by motorized transport go to 3 and 4

3. Do you have regular commercial transport plying the road? Yes ☐
   No ☐
4. How do you perceive the cost of transportation to this facility?
   i. Too high ☐
   ii. High ☐
   iii. Moderate ☐

5. What is the nature of the road leading to this facility?

   i. Good ☐

   ii. Bad ☐

   iii. Very bad ☐

6. How long does it take you to travel to this antenatal care clinic?

   i. 0-30minutes ☐

   ii. 31-60minutes ☐

   iii. 60minutes above ☐

7. How long do you have to wait before being attended to by the health worker at this clinic?

   i. 0-30minutes ☐

   ii. 31-60minutes ☐

   iii. More than 60minutes ☐

8. What are the opening days for antenatal care service at this facility?

   i. Daily ☐

   ii. Twice a week ☐

   iii. Weekly ☐

   iv. Monthly ☐

   v. Do not know ☐

9. Are these opening days convenient for you? Yes ☐

   No ☐

10. Give reasons for your response to the above question.

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11. Are you satisfied with the way health workers treat you when attending to You?

Yes ☐

No ☐

11. Explain the reason to your answer above

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**1. Rating on level of knowledge on signs and symptoms of pregnancy.**

5 Correct responses= High level of knowledge

3-4 Correct responses = Medium level of knowledge

1 Correct response= Low level of knowledge

**2. Rating on level of knowledge on the importance of starting attending antenatal care in the first trimester.**

a. "No" answer to question 5= No knowledge

b. "Yes" answer to question 5 and 1-2 correct responses to question 6 = Low knowledge

c. "Yes" answer to question 5 and 3-4 correct responses to question 6 = Medium knowledge

d. "Yes" answer to question 5 and 5 correct responses to question 6 = High knowledge

**3. Rating on level of knowledge on disadvantages of starting antenatal care late in pregnancy.**

a. "No" answer to question 7 = No knowledge

b. "Yes" answer to question 7 and 1-2 correct responses to question 8 = Low knowledge

c. "Yes" answer to question 7 and 3-4 correct responses to question 8 = Medium knowledge

d. "Yes" answer to question 7 and 5 correct responses to question 8 = High knowledge

**4. Key on distance.**

a. 0-5 km = Short distance

B.6-10 Km = Long distance

c. >10 km = Very long distance

5. **Key on travel time.**

a. 0-30 Minutes = Short time

B.31-60 Minutes = Long time

c. More than 60 minutes = Very long time

**5. Key on waiting time.**

a. 0-30 Minutes = Short waiting time

B.31-60 Minutes = Long waiting time

c. More than 60 minutes = Very long Waiting time

Appendix No?

MAFUNSO MU CHICHEWA

Dzina la ofunsa.....

Tsiku lofunsa.....

Nambala.....

GAWO A

1. Muli ndi zaka zingati? ☐

2. Kodi ndinu

a) okwatira ☐

b) osakwatira ☐

c) banja linatha ☐

d) namfedwa ☐

3. Kodi sukulu munalekeza pati?

a) pulaimale ☐

b) sekondale ☐

c) koleji ☐

d) palibe ☐

4. Kodi mumagwira ntchito yanji?

.....

5. Ndinu amtundu wanji?

a) Chewa

b) Ngoni

c) Yao

d) Tumbuka

e) Lomwe

f). Ena.....

6. Ndinu ampingo wanji?

a) Katolika

b) CCAP

c) SDA

d) Chisilamu

f) Ena.....

7. Mwankhalapo ndipakati kangati? ☐ vabelekapo kangati? ☐

8. Muli ndi ana angati? ☐

GAWO B: KUDZIWA ZA ZINDIKILO ZA MIMBA

1. Munadziwa liti kuti muli ndi pakati? .....

2. Nanga munadziwa bwanji kuti muli ndi pakati.....

GAWO C: KUDZIWA ZA UBWINO WOYAMBA SIKELO YAMAYI

WOYEMBEKEZELA MWACHANGU

1. Kodi ndi nthawi yiti yomwe mayi woyembekezela ayenela kuyamba sikelo?

a) Mwezi woyamba mpaka wa chitatu ☐

B) Mwezi wa folo mpaka wa sikisi ☐ ☐

C) Mwezi wa seveni mpaka wa nayini

2. Chifukwani chani mwezi mwa wutchulawo ndi woyenela mayi kuyamba sikelo?.....

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3. Kodi sikelo munayamba mwezi wanji pa chipatala pano? (wonani khadi)

a) Mwezi woyamba mpaka wa chitatu

b) Mwezi wa folo mpaka wa sikisi

c) Mwezi wa seveni mpaka wa nayini

4. Chidakupangitsani kuyamba sikelo nthawi mwatchulayo ndichani?

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5. Kodi kuyamba sikelo mwachango kuli ndi ubwino uli onse kwa mayi woyembekezela? eya ☐

ayi ☐

Ngati ndi eya yankhani funso la chi skisi

6. Ntchulani ubwino woyamba sikelo mwachangu

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7. Kodi mukuganiza kuti kuyamba sikelo mochedwa kuli ndi kuyimba kwa a mayi woyembekezela? eya ☐

ayi ☐

Ngati eya yankhani funso eyiti

8. Ntchulani mavuto womwe a mayi woyembekezela anga kumane nawo ata yamba sikelo mochedwa

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GAWO D: Zikhululupiliro zokhuza pakati

1. Kodi pali zikhululupiliro zina zomwe amayi amasatila aka khala ndi pakati?

eya ☐

ayi ☐

Ngati palibe pitani gawo e

2. Zikhululupilirozi ndi monga chani zomwe amayi amatsatila akakhala ndi pakati.....
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.....

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3. Chifukwa chiyani amayi amasatila zikhululupilirozi

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4. Muganiza ngati zikhululupilirozi zimabwezeletsa amayi kuyamba mwachangu.

eya ☐

ayi ☐

Ngati ndi eya yankhani funso fayivi.

5. Zimabwezeletsa bwanji amayi kuyamba sikelo mwachangu?

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GAWO E: MAVUTO UKUMANA NAWO POGWILITSA SIKELO

1. Kodi mumayenda mtunda wotalika bwanji kuzafika kusikelo?

a) Makilomita okwanira asanu mpakana khumi

b)Makilomita okwanila sikisi mpakana khumi

c) Makilomita opyolera khumi

2. Mayendedwe anji omwe mugwilitsa ntchito kubwela kusikelo

a) Kuyenda pansi

b) Njinga

c) Galimoto

Ngati pali pa galimoto yankhani funso lachitatu ndi lachifolo

3. Kodi magalimoto amayenda kawilkawili komwe mumakhala? eya ☐

ayi ☐

4. Kodi mtengo wa transipoti kuchokela komwe mumakhala mukuwona bwanji?

a) Ndi yodula

b) Ndi yotchipa

5. Kodi mumatha phindi zochuluka bwanji kuzafika kusikelo kuno?

a) 0-30minisi

b) 31-60minisi

c) Kupyolera 60minisi

6. Kodi mumadikilira phindi zochuluka bwanji kusikelo kuno musanathandizidwe ndi a dokotala?

a) 0-30minisi

b) 31-60minisi

c) Kupyolera 60minisi

7. Kodi mumabwela masiku ake ati kusikelo?

a) Deyile

b) Kawili pa sabata

c) Sabata yonse

d) Pamwezi ka modzi

e) Sindikuziwa

8. Ndinu wokhutisidwa ndika segulidweka kasikelo? eya ☐

Ayi ☐

9. Ntchulani zifukwa za yankho yomwe mwatchula pa funso eyiti.

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10. Ndinu wokhutisidwa ndimene madokotala amakuthandizilani?

eya ☐

ayi ☐

11. Longosolani zifukwa za yankho yomwe mwa yankha pa fuso khumi

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## TIME FRAME OF THE STUDY

Not to appear as an appendix

The study followed a work plan in order to be accomplished within a required time frame. The period was from January to December, 2012.

## PROPOSED WORK SHEDULE

### TIME IN MONTHS

| ACTIVITY | JAN | FEB | MAR | APRIL | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Identification and presentation of a research topic | ■ | ■ | ■ | | | | | | | | | |
| Development and submission of research proposal | | | | ■ | ■ | ■ | | | | | | |
| Clearance and pretesting | | | | | | | ■ | | | | | |
| Data collection and analysis | | | | | | | | ■ | ■ | | | |
| Report writing | | | | | | | | | | ■ | | |
| Submission of the dissertation | | | | | | | | | | | ■ | |
| Dissemination of the results | | | | | | | | | | | | ■ |

D. BUDGET

Not to appear as an appendix

| ITEM | COST | TOTAL |
|---|---|---|
| **STATIONARY** | | |
| 2 reams of plain papers | K1400 | K2,800 |
| 5 Ball pens | K60 | K300 |
| 2 pencils | K25 | K50 |
| 1 eraser | K120 | K120 |
| 2 Lever arch file | K900 | K1,800 |
| 1 puncher | K700 | K700 |
| 1 stapling machine & a packet of stapling pins | K650 | K650 |
| **SUBTOTAL** | | **K6,420** |
| **PRINTING SERVICES** | | |
| Printing three copies of proposal | K900 each | K2,700 |
| Printing ten copies of questionnaire | K80 each | K800 |
| Printing four copies of dissertation | K1000 each | K4000 |
| Binding three copies of proposal | K35o each | K1,050 |
| Binding four copies of dissertation | K500each | K2000 |
| Internet services | K2000 | K2000 |
| Transportation | K7,000 | K7,000 |
| Phone calls | K2000 | K2000 |
| Contingency 15 % | | K4,525 |
| **SUBTOTAL** | | **K26,075** |
| **GRAND TOTAL** | | **K32,495** |

## JUSTIFICATION OF THE BUDGET

The stationary outlined in the budget will be used during the whole research process. Money will be needed for printing and binding services, buying writing materials, transportation to and from Mitundu community hospital. There is also a need for communication with the supervisor and this requires fund for buying airtime. The researcher also needs funds for internet service to access information through electronic journals. Contingency money amounting to K2, 565 will be used to top up the budget since there are some inconveniences during data collection period.

Appendix No 7

**E. LETTER ASKING PERMISSION**

Kamuzu college Of Nursing

Private Bag 1

Lilongwe 3

TO: The District health officer

Bwaila District hospital

P.O Box 1274

Lilongwe

Through: The District Environmental Health officer

Bwaila District hospital

P.O Box 1274

Lilongwe

CC : The In charge

Mitundu community hospital health

P.O Box.....

Dear Sir,

**REF : Request for permission to carry out a research study on factors that contribute to low attendance to antenatal care by pregnant women in the first trimester of the pregnancy at Mitundu community hospital catchment area**

I hereby write to seek permission to carry out a research study as mentioned above. I am a fourth year doing my bachelors in Nursing and midwifery student at Kamuzu College of Nursing, as part of the lesson one has

to submit a health systems research topic for partial fulfillment of a degree award in the course am studying. The exercise of data collection will be conducted from 30th August to 3rd October in the same catchment area.

I hope my request meets your favorable consideration.

Yours faithfully,

LUCIA NYIRENDA SILUNGWE

.....

(Trainee of nursing and midwifery year four).

**CONSENT FORM**

I have clearly understood the requirements and contents of the letter and I therefore give my consent to take part in the study freely and voluntarily.

**DATE _____Participant's signature_____**

**DATE_____Researcher's signature_____**

**Contact address**

**Lucia S ilungwe**

**Kamuzu College of Nursing ,**

**Private bag 1,**

**Lilongwe .**

**Cell phone: 0888871127**

University of Malawi

Kamuzu College of Nursing

Private Bag, 1

Lilongwe.

Wokondedwa Amayi,

Dzina langa Ndine Lucia Silungwe.Ndine mmodzi wa ophunzira ku sukulu ya unamwino ya Kamuzu kolenji, ndipo ndili chaka chomaliza pa kolenjiyi.Malingana ndi maphunziro anga ndili oyenera kupanga kafukufuku wondiyenereza kutindidzalandire digiri yanga.Kafukufuku amene ndikupanga ine ndikufuna kupeza zina mwa zinth zimene zimapangisa azimayi kuti ayambe mochedwa sikelo ya mzimayi wa pakati kuno kuMitundu.

Kutenga nawo mbali mukafukufuku ameneyu sikokakamiza.Inu mulindi ufulu wosankha kutenga nawo mbali mu kafukufuku ameneyu kapena ayi.Inu muli odziwitsidwa kuti muli ololedwa kusiya mutavomera kale kutenga mbali opanda chilango chilichonse.Ndipo zimene zidzachitike pakafukufuku ameneyu sidzidzawononga moyo wanu.Komanso ngati muli ndifunso lokhudzana ndikafukufuku ameneyu muli omasuka kudzafunsa.

Mukafukufuku ameneyu chipepala chamafunso chidzidzagwiritsidwa ntchito.Inu mukavomera kutenga mbali zomwe mudzatiuze zidzakhala zachinsinsi.Chinsinsi chimenechi tidzachisunga posalemba dzina lanu papepala lamafunso ndipo anthu ena sadzalolezedwa kuona nawo zomwe inu mwanena.

Pomaliza ndidzakhala wokondwa ngati mutenga nawo mbali mukafukufukuyu.

Ndine,

Lucia Silungwe.

**Kupereka chilolezo.**

Ndamva zonse zokhuzana ndi kafukufuku ameneyu ndipo ndikuvomera kutenga nawo mbali mopanda kuumilizidwa.

Wotenga mbali..... Tsiku.....

Wopangitsa kafukufuku..... Tsiku.....