Perceived Factors Influencing Delay in Attending Antenatal Care Clinic among Expectant Mothers in Anyigba, Kogi State, Nigeria

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ABSTRACT

Antenatal care is a key strategy for reducing maternal and neonatal morbidity and mortality in Nigeria because adequate utilization of antenatal health care services is associated with improved maternal and neonatal health outcomes. However, some expectant mothers delay the utilization of these health care services, hence, the need to investigate the social factors causing their delay. This cross-sectional descriptive survey examined the factors associated with delay in the utilization of Antenatal Care Services among pregnant women in Anyigba, Dekina Local Government Area of Kogi State, Nigeria. The sample size consists of 400 pregnant women which cut across a public hospital and three private clinics that are not in close proximity to one another. Specific objectives include: to determine if expectant mothers in Anyigba, Kogi State attend Antenatal Care Clinic early (that is, in their first trimester which is before 14 weeks of gestation), to establish factors responsible for delay in attending Antenatal Care, to identify perceived benefits of Antenatal Care services and to explore the perceived consequences for delay in attending Antenatal Care among expectant mothers. The study made use of primary data. The questionnaire method was used to gather the needed data. Descriptive statistical method was used to analyze the data generated and hypotheses were tested using multiple linear regression and level of significance was set at 5% (0.05).The Findings from the study revealed among others, that expectant mothers in Anyigba delay in attending Antenatal Care Clinic and that majority of the respondents agreed that cost, long waiting time during Antenatal Care visit, attitudes of the expectant mothers are major factors influencing delay in the utilization of Antenatal Care Clinic in Anyigba, Kogi State. The study also found that delay in attending Antenatal Care Clinic come with consequences such as poor opportunity to monitor pregnancy, general complications and detection of diseases. Socio demographic factors, the perceived benefits of Antenatal Care (ANC), and the knowledge of the consequences associated with delay in attending ANC significantly influenced the utilization of ANC in Anyigba, Kogi State. The study concludes that, delayed Antenatal Care visit is dangerous to both the health of the expectant mother and that of the unborn child. Hence to reduce the risk of maternal and neonatal morbidity and mortality, expectant mothers should be encouraged through the policy developments and governments interventions to book early for Antenatal Care within the first trimester of their pregnancy as recommended by the World Health Organization (WHO) and that government and non-governmental institutions should increase enlightenment drive on both the benefits of early antenatal attendance and the consequences of delayed or non antenatal attendance.

Keywords: Antenatal care, socio-demographic, expectant mothers, pregnancies, clinic.

INTRODUCTION

World Health Organization recommends first-trimester antenatal care visits (before 14 weeks of pregnancy) for expectant mothers. Early intervention to relieve or lessen the consequences of problems on mothers and unborn infants is possible if they are identified at such early visits (WHO,2016). Weiner et al. (2011) found

that pregnant women who received prenatal education had more significant long-term gains in their understanding of infant care. Based on their findings, Ezugwu et al. (2013) concluded that early prenatal booking and enhanced antenatal care were necessary for detecting and treating anemia in pregnancy among women in Enugu, Nigeria. Even though Antenatal Care services and their preventive and interceptive measures for safe pregnancy and delivery have been shown to have a significant impact on lowering the rates of maternal and neonatal morbidity and mortality in Nigeria, it has been found that expectant mothers often put off making their first appointment for various reasons. Several pregnancy-related problems have arisen as a direct result of this holdup, including unnecessary cesarean sections (C.S.) that can be life-threatening for both the mother and the baby, essential interventions during pregnancy via the Antenatal Care package that were not received in time to protect against infection in the developing baby, and so on. Some pregnant women still choose home births despite the known risks of postponing scheduled prenatal care.

Maternal mortality is a public health problem worldwide, especially in underdeveloped countries where it is especially high (Okongi et al., 2023). Many low and middle-income countries have a worryingly high maternal mortality ratio (MMR), with 34% of all maternal deaths occurring in just two countries: Nigeria and India (Ope, 2020). According to the World Health Organization, the maternal mortality ratio in Nigeria is very high at 814 (per 100,000 live births). Compared to 1 in 4900 in developed countries, a woman in Nigeria has a 1 in 22 probability of dying during pregnancy, labor, or postpartum (WHO, 2023). Thaddeus and Marine's three types of maternal delay may explain why Nigeria has a high maternal and newborn death incidence. Delays may occur at any stage of the process, from the woman's initial choice to seek treatment through her arrival at the health institution and the provision of expert prenatal care (Ope, 2020). Antenatal care (ANC) services and competent delivery care are crucial treatments to reduce maternal mortality (Ngowi et al., 2023). Another objective of ANC is to educate expectant mothers and their families about the advantages of receiving prenatal care (Uji et at., 2017). Pregnancy monitoring, anomaly detection and treatment, and other preventive health treatments, including immunizations and HIV testing and counselling, may be accomplished via antenatal care (Kisuuleet at., 2013). A pregnant woman must go regularly and on schedule to get the most out of ANC (Gross et al., 2012). Such visits include tetanus toxoid immunization, infection screening and treatment, and early detection of pregnancy complications (WHO, 2016). Pregnant women benefit significantly from the regular check-ups offered by qualified medical professionals throughout the prenatal care period. The World Health Organization (WHO) proposes at least four visits in low-risk pregnancies as part of its new approach to Focused Antenatal Care (FANC). The first visit occurs as early as feasible, ideally between 8 and 12 weeks of pregnancy. Pregnancy and expected delivery date (EDD) are confirmed at this session; the last appointment should occur around 37 weeks or close to the due date for optimal counsel and care (WHO, 2016).

Antenatal care services and delivery care have greatly improved mother health and decreased maternal mortality. There is a need for more studies to be conducted on this important topic in various locations within a country or region, allowing for the development of effective interventions to boost maternal health and reduce maternal death rates in Nigeria. Research on maternal health in Nigeria should focus on both the supply (the provision of care) and the demand (the receipt of care) of care and the quality of care provided to each. To better understand healthcare quality, collecting data on the hospital's performance and the woman's perception of that performance is important. Using this method to evaluate maternal healthcare provision might hasten Nigeria's progress towards the Sustainable Development Goal (SDG) of 2030 because it is necessary to reduce maternal death by 7.5% yearly (WHO, 2012). Because quantitative studies alone may not represent how women perceive treatment in depth because most of the questions are preset and close-ended, it will be helpful to examine both qualitative and quantitative research approaches when analyzing the quality of a health institution. The quality of maternity care in Nigeria may be evaluated most accurately using various data-gathering techniques (Ope, 2020), including interviews with providers, observations, community surveys, case notes, and in-depth interviews. Such studies' findings will aid in

promoting maternal health in rural areas and reduce maternal mortality rates by pointing policy makers toward areas where they can concentrate their efforts to serve expectant mothers better. Maternal morbidity and death among women of reproductive age and the spread of infection will decrease due to this shift in pregnant women's mindset. National Medical Standard for Maternal and Newborn Care (2020)lists antenatal care's primary objectives, including detecting high-risk pregnancies, educating patients, ensuring the newborn's health, and meeting the expectant mother's nutritional, social, emotional needs, and physical requirements. Successful pregnancies and healthy babies are more likely when expecting mothers have access to prenatal care and information throughout their pregnancies (Lungu et al., 2023). However, a mother's decision to use antenatal care services during pregnancy may be affected by various factors, including her level of education, age, occupation, income, religion, and cultural beliefs. Therefore, this research aims to determine what causes pregnant women to postpone receiving prenatal care in Anyigba, Kogi State, Nigeria. This research focused on future mothers in the Anyigba, Dekina Local Government Area of Kogi State, Nigeria, who had signed up for prenatal treatment at one of many local hospitals. The study hypothesized that: (a)Socio-demographic factors will not significantly predict a delay in antenatal care attendance among expectant mothers in Anyigba, Kogi State (b) Knowledge of the perceived benefits of antenatal care services will not significantly predict the utilization of antenatal care services and (c) Knowledge of the perceived consequences of antenatal care services will not significantly predict the utilization of antenatal care services.

RESEARCH METHODOLOGY

This section details the methods that were used during the study process. Research design, research environment, sample size, data collecting technique/procedure, data analysis/processing, study restrictions, and ethical consideration are its subheadings.

Research Design

This study used a descriptive survey as its research method. This method is preferred because the researcher may get information from respondents without placing any restrictions on them since both quantitative and qualitative approach will be used to get data from the respondents. Those that are educated filled their questionnaire independently while the few that are not uneducated where guided to fill the questionnaire through interviews. The study focus is on utilization of antenatal services and delivery care as the outcome variable. There were independent variables in the analytical framework such as age, knowledge of women on pregnancy related complications, accessibility to antenatal services, socio-economic and cultural factors.

Research Setting

The study was conducted in Anyigba, a fast-growing town in Dekina Local Government Area of the Eastern Senatorial District of Kogi State on latitude 7^0 15^1-7^0 29^1N and longitude 7^0 11^1 -$7^0$$32^1$ E; the altitude is 420 meters above the sea levels. It has a total land mass of 42 square km^2, with an estimated population of about 71,323 as of 2006 (Kogi State Ministry of Information). Anyigba is bordered to the North by Ajiyolo, the North-East by Iyale, the North-West by Abocho, and the South by Egume (Ifatimehin and Ufuah, 2006). Some of the social and economic facilities in the study area are; Health care facilities like Kogi State University Teaching Hospital, Maria Goretti Hospital, Grimard Catholic Hospital, educational institutions like Kogi State University, Our Ladies of Schools, Financial Institutions like First Bank of Nigeria, United Bank of Africa, Zenith Bank, hospitality homes like Wisdom Home, Habour Bay Hotel among others.

Population of Study

Pregnant women receiving prenatal care in Anyigba healthcare institutions comprised most of the research

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group. The participants were Anyigba women who had signed up to use the city's health care services (see Table 3.1 for a breakdown of this demographic).

Table 1: Distribution of registered expectant mothers by health facilities between March to April 2019

District	Town	Health facilities	Registered Clients
Dekina	Anyigba	Kogi State University Teaching Hospital	80
		Maria Goretti	110
		Grimard Catholic Hospital	137
		Christ The Good Shepherd	90
		Total	417

Source: Fieldwork, 2019

Sample Size and Sampling Techniques

The proportion of the total population represented by each category was used to calculate the total number of participants. For this study, Kogi State Teaching Hospital, a state hospital with a well-structured service delivery system, was used alongside three private clinics very distance from Kogi State Teaching Hospital was included. Due to the manageable population size, the entire population was studied (i.e., the hundred percent (100%) of the study population). Table 1 above shows the population size of 417 for the study and their distribution across the four hospitals.

Sources of Data

This study employed a only primary source to gather data. Instruments in the form of questionnaires were used to collect the data; the primary source of data was pregnant women in Anyigba.

Data Collection Techniques and Procedures

The data was gathered using a questionnaire that the interviewees filled out independently based on face to face mode on paper. The questionnaire that was ultimately used had been modified from earlier studies (Tariku et al., 2010). Some of the information [i.e., (a) the pregnant lady and her partner's socio-demographics (such as age, religion, proximity to the hospital, education, employment, and marital status) (b) the knowledge of the attendance of ANC; (c) the perceived benefits of early ANC visited) (d.) factors responsible for delayed ANC visits, and (e) the consequences of delayed ANC visits.] in the questionnaire was collected using a score format of a YES or a NO answer while other were based on Strongly agree or disagree. The overall reponds were grade on a scale of 100% for each category or question.

Methods of Data Analysis

Data analysis aims to provide a clear, simple interpretation of the data collected. This study analyzed data by recording and showing the information in a tabular form. Using the SPSS statistical software, we recorded and tabulated the data based on frequency and percentage. Mean and standard deviation were used to represent continuous data, while categories were used to represent non-continuous data, and percentages were determined for each category. This study adopted regression (binary logistic) to test the factors responsible for delay in attending antenatal care among expectant mothers in the study area.

Criteria for Inclusion and Exclusion

Having a gestational age of 20 weeks or more, with or without a history of prenatal care use is a requirement

for participation in this study. According to WHO (2016) guidelines, the study did not include pregnant women with amenorrhea lasting longer than 20 weeks. Pregnant women who gave informed permission were interviewed using a questionnaire that had already been field tested.

Validity and Reliability of Research Instruments

Triangulation of data sources was used to collect information from expecting moms at the healthcare institutions under investigation to ensure the genuine value of the results. We exploited the complementary strengths of both methods to guarantee the accuracy and consistency of our findings. The study supervisor and a medical sociologist from Kogi State University, Anyigba's Department of Political Science, were contacted because of their extensive knowledge of research techniques. Modifications were made to their first impressions of the form and content of the questions that should be asked. The research supervisor provided feedback while the tool was refined. The scores on the relevant measure were associated with a known predictor variable. If the correlation coefficient is more than60, criterion-related validity exists. The test-retest technique involves giving the same instrument to the same sample at two separate, but presumably spaced-apart, times. If there is a strong correlation between the two sets of results (>.60), then the results may be trusted. Two instruments with comparable materials are needed for the alternate form approach. The same sample must take both instruments to achieve High correlations, indicating that the instrument is accurate. The test-pretest (measure of stability) approach of establishing dependability in research instruments reflected the instrument's reliability.

Pilot Study

A pilot study involving 20 expecting women at Good Shepherd Hospital Anyigba was conducted before the primary fieldwork. The pilot study was valued for its ability to detect errors and omissions, evaluate response times, and evaluate language clarity. Pilot testing of equipment enhanced data accuracy, dependability, and cultural validity. The realibilty value of the pilot test "r" is 0.80. Results from the reliability analysis revealed that the scales had good internal consistency. After reviewing the pilot study results, researchers rewarded or eliminated any questions that didn't make themselves apparent.

Ethical Consideration

The Kogi State University Teaching Hospital Anyigba's Research and Ethics committee gave its clearance. Participants verbally agreed to the research, and all data collected were kept private however the verbal consent was not recorded but a written clearance from the hospital was obtained.

RESULT PRESENTATION, ANALYSIS, AND INTERPRETATION

This section will display, analyze, and evaluate data collected from 400 pregnant women attending antenatal in four selected hospitals under study. A total number of four hundred and seventeen (417) copies of the questionnaire was used to elicit the necessary data from the respondents, and four hundred copies were adequately filled. The research hypotheses drawn were also tested for their validity.

Socio-Demographic Characteristics of Respondent

The socio-demographic characteristics of respondents of age, marital status, religion, educational qualification, annual household income, occupation status, and stage of pregnancy were distributed across the four hospitals, as revealed in Table 3.1 below; Eighty (20%) of the respondent's state that they attended antenatal care at Kogi State University Teaching Hospital, 105 (26.25%) respondents attended antenatal care at Maria Goretti, 130 (32.5%) respondents attended antenatal care at Grimard Catholic Hospital. The

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remaining 85 (21.3%) respondents attend antenatal care at Christ the Good Shepherd. It indicated that more respondents attended Grimard Catholic Hospital for their antenatal care, while a smaller fraction of the respondents attended Kogi State University Teaching Hospital for their antenatal care. Regarding the respondents' age distribution, the findings hint that none of the respondents were minors, as all were indicated to be between the age of 18- 47. The study revealed that 200 (50%) respondents were in the age range of 26-35 years, which indicates that pregnant women within the middle age range are more than the younger and the older ones in Anyigba, Kogi State. The table also reveals that 194 (48.5%) respondents were Christians, 196 (49%) respondents were Muslims, and the remaining 10 (2.5%) respondents claimed to belong to other religions. As regard their marital status, table 3.1 indicates that 304(76%) of the respondents were married women, 72(18%) were single women, 10(2.5%) were divorced while 14(3.5%) were widowed. It indicates that most of these pregnant women are married at an early age. It was also discovered from the table the occupation of pregnant women that most of the women, 47(12%), are housewives. The minority of the group 98(24.5%) are civil servant, 210(52.5%) runs small scale business while 45(11%) are farmers. It shows that more than half of pregnant women are not dependent on their husbands. It is evident from the study that the majority of the women, 166(41.5%) earn 96, 000 and above annually, 98(24.5%) Earn 76,000 – 95,000, 80(20%) earn between 50,000- 75,000, the least group of 56(14%) earns less than 50,000 annually. The table further revealed that 38(9.5%) of the respondents had attained primary school education and 212(53.0%) had managed to get a secondary education, 111(27.7%) had reached the tertiary level, and a minor group, 39 (9.8%) have no any formal education. It indicates that the school dropout rate among women in this community is high, as just about half of the pregnant women finished their secondary school education. The table further revealed that 35(8.75%) of the respondent's husbands had attained a primary school education, 203(50.8%) secondary education, 148(37%) reached the tertiary level, and the last group is 14(3.5%) had no any formal education. This result indicates that more men attained a tertiary school education than women.

Table 3.1 Percentage Distribution of the Respondent's Socio-Demographic Characteristics

Frequency	Category	Kogi State University Teaching Hospital N= 80 (%)	Maria Goretti Hospital N = 105 (%)	Grimard Catholic Hospital N = 130 (%)	Good Shepherd N = 85 (%)
Age in Years	Less than 18	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	18-25	26 (19.7%)	34 (25.8%)	44 (33.3%)	28 (21.2%)
	26-35	40 (20.0%)	52 (26.0%)	66 (33.0%)	11 (22.0%)
	36-46	12 (20.0%)	16 (26.7%)	20 (33.3%)	13 (21.7%)
	47 +	2 (25.0%)	2 (25.0%)	3 (37.5%)	1 (13.0%)
Marital Status	Single	14 (19.4%)	19 (26.4%)	24 (33.4%)	15 (20.8%)
	Married	61 (20.1%)	79 (26.0%)	100 (39.9%)	64 (21.1%)
	Widow	3 (21.4%)	4 (28.6%)	5 (35.7%)	23 (21.4%)
	Divorced	2 (20.0%)	3 (30.0%)	3 (30.0%)	5 (20%)
Religion	Christianity	39 (21.1%)	50 (25.8%)	64 (33.0%)	46 (21.1%)
	Islam	39 (19.9%)	51 (26.0%)	65 (33.2%)	46 (20.9%)
	Others	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Educational level of expectant mothers	Primary Education	8 (21.1%)	10 (26.3%)	15 (31.6%)	8 (21.1%)

	Secondary Education	42 (19.8%)	55 (25.9%)	67 (31.6%)	45 (21.2%)
	Tertiary Education	22 (18.2%)	29 (26.1%)	37 (33.3%)	23 (20.7%)
	No Formal Education	8 (20.5%)	10 (25.7%)	13 (33.3%)	8 (20.5%)
Educational level of husband	Primary Education	7 (20.0%)	9 (25.7%)	12 (34.3%)	7 (20.0%)
	Secondary Education	41 (20.2%)	53 (26.1%)	67 (33.0%)	43 (21.2%)
	Tertiary Education	30 (20.3%)	38 (25.7%)	49 (33.1%)	31 (20.9%)
	No Formal Education	3 (21.4%)	4 (28.6%)	5 (35.7%)	3 (21.4%)
Annual household income	Less than 50,000	11 (19.6%)	15 (26.8%)	19 (33.9%)	12 (21.4%)
	50,000 – 75,000	16 (41.2%)	21 (26.3%)	26 (32.5%)	17 (21.3%)
	75,000 – 95,000	20 (20.4%)	26 (26.5%)	32 (32.7%)	21 (21.4%)
	95,000 and above	33 (19.9%)	43 (25.9%)	39 (23.5%)	35 (21.1%)
Occupation	Civil service	20 (20.4%)	26 (26.5%)	32 (32.7%)	21 (21.4%)
	Trading	42 (20.0%)	55 (26.2%)	69 (32.9%)	44 (20.9%)
	Farming	9 (20.0%)	12 (26.7%)	15 (33.3%)	9 (20.0%)
	Full-time housewife	9 (19.2%)	12 (25.5%)	16 (34.0%)	10 (21.3%)
Stage of pregnancy	First three months	22 (20.4%)	28 (25.9%)	36 (32.3%)	23 (21.4%)
	Second three months	41 (20.0%)	53 (25.9%)	68 (33.2%)	43 (21.0%)
	Third three months	17 (19.5%)	23 (26.4%)	29 (33.3%)	18 (20.7%)

Source: Fieldwork, 2019.

Section 3.2: Validation of the Research Questions

The following research questions were raised to guide this study:

1. What are the level of knowledge and the perceived benefits of Antenatal Care among expectant mothers in Anyigba, Kogi State.?
2. What are the incidence and prevalence of delay in using Antenatal Care Services among expectant mothers in Anyigba, Kogi State?
3. What social factors are responsible for delayed Antenatal Care visits among expectant mothers in Anyigba, Kogi State?
4. What are the knowledge and perceived consequences of delay in attending Antenatal Care among expectant mothers in Anyigba, Kogi State?

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Research Question 1: What are the social factors responsible for delayed Antenatal Care visits among expectant mothers in Anyigba, Kogi State?

From Table 3.2 below:343 (85.8%) were familiar with ANC, while 57 (14.2%) respondents indicated they were unfamiliar with ANC. 242 (60.5%) respondents believed that one could be registered too early for ANC, while 158 (39.5%) respondents indicated that one could not be registered for ANC too early. 196 respondents representing 49%, stated that this was their first pregnancy, while 204 (51%) indicated that this was not their first pregnancy. Ninety (45.9%) of respondents caring for their first pregnancy registered for ANC in their first trimester. In comparison, 60 (30.6%) respondents registered for ANC in their second trimester, and the remaining 46 (23.5%) registered for ANC in their third trimester. Sixty-Five (31.9%) respondents who were not carrying their first pregnancy registered for ANC in their first trimester, while 104 (51.0%) registered for ANC in their second trimester. Also, 35(17.2%) respondents registered for ANC in their third trimester.

Table 3.2 Distribution of Respondents by Socio factors to Antenatal Care Visit

Frequency	Category	Kogi State University Teaching Hospital	Maria Goretti Hospital	Grimard Catholic Hospital	Good Shepherd
Is early antenatal care visit of any benefit?	Yes	62 (20.0%)	81 (26.1%)	102 (32.9%)	65 (21.0%)
	No	18 (20.0%)	23 (25.6%)	30 (33.3%)	19 (21.1%)
Early detection and treatment of anomalies is a major benefit of early Antenatal Care visit.	SA	35 (19.9%)	46 (26.1%)	58 (33.0%)	37 (21.0%)
	A	25 (19.6%)	33 (26.0%)	42 (33.1%)	27 (21.3%)
	SD	5 (1.0%)	0 (0%)	0 (0%)	0 (0%)
	D	2 (1.0%)	0 (0%)	0 (0%)	0 (0%)
A good opportunity to monitor a pregnancy is a benefit of early Antenatal Care visits.	SA	16 (19.5%)	21 (25.6%)	27 (32.9%)	18 (22.0%)
	A	21 (19.8%)	28 (26.4%)	35 (33.1%)	22 (20.8%)
	SD	5 (19.9%)	7 (26.0%)	9 (33.2%)	6 (20.9%)
	D	19 (20.0%)	25 (26.3%)	31 (32.6%)	20 (21.1%)
General counseling that will help the mother is a benefit	S.A.	40 (20.0%)	52 (26.0%)	66 (33.0%)	42 (21.0%)
	A	16 (19.5%)	21 (25.6%)	27 (32.9%)	18 (22.0%)
	SD	16 ()			
	D	9 (19.6%)	12 (26.1%)	15 (36.6%)	10 (21.7%)
Preventive care such as immunization and HIV testing could greatly benefit Antenatal Care.	SA	17 (24.8%)	17 (24.8%)	22 (31.4%)	14 (20.0%)
	A	21 (20.1%)	27 (25.9%)	34 (32.8%)	22 (21.2%)
	SD				
	D	7 (20.0%)	9 (25.7%)	12 (34.3%)	7 (20.0%)

Source: Fieldwork

Research Question 2: What are the level of knowledge and the perceived benefits of antenatal care among expectant mothers in Anyigba, Kogi State?

According to Table 3.3 below, it was revealed that 310 (77.5%) respondents believed that an early antenatal care visit is of benefit. In comparison, 90 (22.5%) respondents did not believe any benefit was attached to early antenatal care visits. It shows that the majority of the respondents affirmed the fact that early antenatal care visit is beneficial. Regarding respondents who agreed that early antenatal care is of benefit, it,

therefore, shows the major benefits of early antenatal care. From Table 3.2.2, it was discovered, based on the calculated mean, that early detection and treatment of anomalies, a good opportunity to monitor a pregnancy, and preventive care such as immunization and HIV testing could be a great benefit of early antenatal care visits.

Most respondents indicated this as their mean response was above the acceptance benchmark of a 4-point Likert scale of 2.5; therefore, it was accepted.

Table 3.3 Distribution of Respondents by Perceived Benefit of Early Antenatal Care Visit

Frequency	Category	Kogi State University Teaching Hospital	Maria Goretti Hospital	Grimard Catholic Hospital	Good Shepherd
Is early antenatal care visit of any benefit?	Yes	62 (20.0%)	81 (26.1%)	102 (32.9%)	65 (21.0%)
	No	18 (20.0%)	23 (25.6%)	30 (33.3%)	19 (21.1%)
Early detection and treatment of anomalies is a major benefit of early Antenatal Care visit.	SA	35 (19.9%)	46 (26.1%)	58 (33.0%)	37 (21.0%)
	A	25 (19.6%)	33 (26.0%)	42 (33.1%)	27 (21.3%)
	SD	5 (1.0%)	0 (0%)	0 (0%)	0 (0%)
	D	2 (1.0%)	0 (0%)	0 (0%)	0 (0%)
A good opportunity to monitor a pregnancy is a benefit of early Antenatal Care visits.	SA	16 (19.5%)	21 (25.6%)	27 (32.9%)	18 (22.0%)
	A	21 (19.8%)	28 (26.4%)	35 (33.1%)	22 (20.8%)
	SD	5 (19.9%)	7 (26.0%)	9 (33.2%)	6 (20.9%)
	D	19 (20.0%)	25 (26.3%)	31 (32.6%)	20 (21.1%)
General counseling that will help the mother is a benefit	S.A.	40 (20.0%)	52 (26.0%)	66 (33.0%)	42 (21.0%)
	A	16 (19.5%)	21 (25.6%)	27 (32.9%)	18 (22.0%)
	SD	16 ()			
	D	9 (19.6%)	12 (26.1%)	15 (36.6%)	10 (21.7%)
Preventive care such as immunization and HIV testing could greatly benefit Antenatal Care.	SA	17 (24.8%)	17 (24.8%)	22 (31.4%)	14 (20.0%)
	A	21 (20.1%)	27 (25.9%)	34 (32.8%)	22 (21.2%)
	SD				
	D	7 (20.0%)	9 (25.7%)	12 (34.3%)	7 (20.0%)

Source: Fieldwork.

Research Question 3: What are the incidence and prevalence of delay in using Antenatal Care Services among expectant mothers in Anyigba, Kogi State?

Table 3.4 below shows that about half of the respondents, 201(50.25%), liked attending ANC, while 199 (49.75%) respondents indicated that they did not like attending ANC. It shows that the majority of the respondents like attending ANC. The table also showed that 210 (52.5%) of the total expectant mothers studied affirmed that some other expectant mothers do not like attending ANC and thereby delay their first ANC visit, while 190 (47.5%) respondents like attending ANC. It revealed that most expectant mothers believed that some other expectant mothers did not like attending ANC and even delayed their first visit. Also revealed was that 205 (51.3%) respondents confirmed that some factors could influence the decision of expectant mothers, while 195 (48.75%) respondents opined that no factors are responsible for their decision. Based on the calculated mean from the table above, it can be deduced that a lot of money is required for registration during the first visit, the attitude of health workers towards expectant mothers, the stress of

regular visits if you register early, the long waiting period during antenatal care visit, a means of running away from drugs, Ignorance or misconception, the expectant mother or husbands educational qualification, no time as a result of expectant mothers job or business could be a factor influencing delayed antenatal care visit. Most respondents indicated this as their mean response was above the acceptance benchmark of a 4-point Likert scale of 2.5, except from advice from significant others such as husbands and in-laws, whose mean response was below the acceptance benchmark of a 4-point Likert scale of 2.5.

Table 3.4 Distribution of Respondents by Factors Responsible for Delayed Antenatal Care Visit

Frequency	Category	Kogi State University Teaching Hospital	Maria Goretti Hospital	Grimard Catholic Hospital	Good Shepherd
Do you like attending ANC?	Yes	40 (19.9%)	52 (25.9)	66 (32.8%)	42 (20.9%)
	No	40 (20.1%)	52 (26.1%)	66 (33.2%)	41 (20.6%)
Some expectant mothers dislike attending ANC and delay their first Antenatal Care visit.	Yes	42 (20.0%)	55 (26.1%)	69 (32.9%)	44 (21.0%)
	No	38 (20.0%)	49 (25.8%)	63 (33.2%)	40 (21.1%)
Do you think there are some factors influencing their decision not to register or visit early?	Yes	41 (20.0%)	53 (25.9%)	68 (33.2%)	43 (21.0%)
	No	39 (20.0%)	51 (26.2%)	64 (32.8%)	41 (21.0%)
A lot of money required for registration during the first visit could be a major concern for expectant mothers.	SA	59 (14.8%)	77 (19.3%)	98 (24.5%)	62 (15.5%)
	A	17 (4.3%)	23 (5.8%)	27 (6.8%)	18 (4.5%)
	SD	4 (1.0%)	6 (1.5%)	0 (0%)	0 (0%)
	D	2 (0.5%)	4 (1.0%)	0 (0%)	0 (0%)
The attitude of health workers towards expectant mothers could be a factor influencing their decision.	SA	17 (4.3%)	22 (5.5%)	28 (7.0%)	18 (4.5%)
	A	40 (10.0%)	52 (13.0%)	66 (16.5%)	42 (10.5%)
	SD	5 (1.3%)	17 4.3%)	0 (0%)	0 (0%)
	D	17 (4.2%)	24 (6.0%)	31 (7.8%)	20 (5.0%)
The stress of regular visits could be a factor if you register early.	SA	33 (8.3%)	43 (10.8%)	55 (13.8%)	35 (8.8%)
	A	22 (19.5%)	28 (25.6%)	36 (32.9%)	23 (22.0%)
	SD	17 (3.5%)	22 (5.5%)	28 (7.0%)	18 (4.5%)
	D	18 (4.5%)	24 (6.0%)	28 (7.0%)	20 (5.0%)
The long waiting period during antenatal care visits could make them lose interest.	SA	49 (12.3%)	62 (15.5%)	79 (19.8%)	18 (4.5%)
	A	20 (5.0%)	26 (6.5%)	33 (8.3%)	21 (5.3%)
	SD	9 (2.3%)	17 (4.3%)	2 (0.5%)	2 (0.5%)
	D	13(3.4%)	11(2.8%)	4(1.0%)	3(0.8%)
Delayed antenatal care visits could be a means of running away from drugs	S.A.	15 (3.4%)	19 (4.8%)	24(6.0%)	15 (3.4%)
	A	19 (4.8%)	25 (6.3%)	31 (7.8%)	20 (5.0%)
	SD	20 (5.0%)	27 (6.8%)	34 (8.5%)	27 (6.8%)
	D	26 (6.5%)	34 (8.5%)	43 (10.8%)	27(6.9%)
Ignorance or misconception about antenatal care services facilities to an expectant mother could be a challenge.	SA	19 (4.8%)	24 (6.0%)	31 (7.8%)	12 (3.0%)
	A	16 (4.0%)	21 (5.3%)	27 (6.8%)	17 (4.3%)
	SD	14 (3.5%)	18 (4.5%)	22 (5.5%)	14 (3.5%)
	D	11 (2.8%)	15 (3.4%)	18 (4.5%)	12 (3.0%)

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The expectant mother or husband's educational qualification could be the reason.	SA	20 (5.0%)	27 (6.8%)	34 (8.5%)	21 (5.3%)
	A	41 (10.3%)	54 (13.5%)	68 (17.0%)	43 (10.8%)
	SD	19 (4.9%)	10 (2.5%)	13 (2.9%)	7 (1.8%)
	D	7 (1.8%)	9 (2.3%)	12 (3.0%)	15 (3.4%)
Advice from significant others such as husband and in-laws	S.A.	13 (3.3%)	17 (4.3%)	22 (5.5%)	14 (3.5%)
	A	17 (4.3%)	23 (5.8%)	29 (7.3%)	19 (4.8%)
	SD	24 (6.0%)	31 (7.8%)	40 (10.0)	26 (6.5%)
	D	25 (6.3%)	32 (8.0%)	41 (10.3%)	26 (6.5%)
No time as a result of expectant mothers' jobs or business	S.A.	16 (4.0%)	20 (5.0%)	26 (6.5%)	16 (4.0%)
	A	32 (8.0%)	41 (10.3%)	52 (13.0%)	33 (8.3%)
	SD	12 (3.0%)	16 (4.0%)	20 (5.0%)	13 (3.4%)
	D	21 (5.3%)	27 (6.8%)	34 (8.5%)	22 (5.5%)

Source: Fieldwork.

Research Question 4: What are the knowledge and perceived consequences of delay in attending Antenatal Care among expectant mothers in Anyigba, Kogi State?

It was revealed in Table 3.5 below that 300 (75%) respondents had access to antenatal care services, while 100 (25%) respondents did not have access to ANC. 305 (76.3%) respondents believed that delayed antenatal care visits have some consequences, while 95 (23.75%) respondents did not believe that delayed antenatal care has any consequences. Also, based on the calculated mean value, it was gathered that poor monitoring of pregnancy, anomalies during pregnancy, late detection of diseases, and General complication during delivery could be consequences of delayed antenatal care visits. Most respondents indicated this as their mean response was above the acceptance benchmark of a 4-point scale of 2.5, except Anomalies during pregnancy could be due to delayed Antenatal Care visits, whose mean response was below the acceptance benchmark of a 4-point Likert scale of 2.5.

Table 3.5 Distribution of respondents by perceived consequences of delayed antenatal care

Frequency	Category	Kogi State University Teaching Hospital	Maria Goretti Hospital	Grimard Catholic Hospital	Good Shepherd	Total
Does delay antenatal care visits come with any consequences?	Yes	61 (15.3%)	79 (19.8%)	101 (25.3%)	64 (16.0%)	305 (76.4%)
	No	19 (4.8%)	25 (6.3%)	31 (7.8%)	20 (5.0%)	95 (23.9%)
Delayed Antenatal Care could lead to poor monitoring of pregnancy	S.A.	19 (14.8%)	25 (19.3%)	31 (24.5%)	20 (15.5%)	95 (74.1%)
	A	21 (5.3%)	28 (7.0%)	35 (8.8%)	22 (5.5%)	106 (26.6%)
	SD	7 (1.8%)	10 (2.5%)	12 (3.0%)	8 (2.0%)	37 (9.3%)
	D	12 (3.0%)	17 (4.3%)	20 (5.0%)	13 (3.3%)	62 (15.6%)

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Anomalies duringpregnancy could be a resultof delayed Antenatal Carevisits.	SA	28 (4.3%)	36 (5.5%)	46 (7.0%)	29 (4.5%)	139 (21.3%)
	A	32 (10.0%)	42 (13.0%)	53 (16.5%)	34 (10.5%)	161 (50%)
	SD	8 (2.0%)	16 (4.0%)	4 (1.0%)	10 (2.5%)	38 (9.5%)
	D	9 (2.3%)	21 (5.3%)	11 (2.3%)	11 (2.3%)	52 (12.2%)
General complications during delivery could be a result of delayed Antenatal Care visits.	SA	18 (4.5%)	24 (6.0%)	30 (7.5%)	19 (4.8%)	49 (22.8%)
	A	22 (5.5%)	28 (7.0%)	36 (9.0%)	23 (5.8%)	109 (27.3%)
	SD	40 (10.0%)	31 (7.8%)	28 (7.0%)	25 (6.3%)	124 (31.1%)
	D	16 (4.0%)	21 (5.3%)	26 (6.5%)	17 (4.3%)	80 (20.1%)

Source: Fieldwork.

Test of Hypotheses:

The following hypotheses were formulated to guide the study:

Ho_1: Socio-Demographic factors will not significantly predict a delay in antenatal care attendance among expectant mothers in Anyigba, Kogi State

Ho_2: Knowledge of the perceived benefits of antenatal care services will not significantly predict the utilization of antenatal care services

Ho_3: Knowledge of the perceived consequences of antenatal care services will not significantly predict the utilization of antenatal care services.

Hypotheses one

Ho Socio-Demographic factors will not significantly predict a delay in antenatal care attendance among expectant mothers in Anyigba, Kogi State.

H1: Socio-Demographic factors will significantly predict a delay in antenatal care services among expectant mothers in Anyigba, Kogi State

From figure1below, our R 0.845 or 84.5% indicates a strong positive correlation of socio-demographic factors to accessibility to antenatal care services among expectant mothers in Anyigba, Kogi State. The R^2 shows an 84.5% correlation between social demographic factors and perceived socio-factors that prompt the usage of ANC services among expectant mothers in Anyigba, Kogi State.

The findings above show a strong positive relationship between study variables, as shown by the correlation coefficient (R) = 0.919. The table above shows the analysis of variance with an F. value of 235.258 with a P-value of 0.000 at a 5% significance level. It clearly shows a significant relationship between the dependent and independent variables at a 5% significance level. It indicates that the socio-demographic factor

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significantly affects accessibility to ANC services among expectant mothers in Anyigba, Kogi State.

Figure 1 Shows multiple linear regression results

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.69	0.102		6.755	0
Clinic	0.043	0.015	0.103	2.853	0.005
Religion	-0.214	0.02	-0.269	-10.626	0
Age	0.031	0.017	0.052	1.862	0.063
Marital status	-0.049	0.023	-0.062	-2.136	0.033
Educational Qualification	0.345	0.022	0.627	16.005	0
Husband educational qualification	-0.075	0.015	-0.118	-4.853	0
Annual household income	-0.007	0.013	-0.018	-0.55	0.582
Occupation	-.162	.017	.337	-9.553	.000
Stage of pregnancy	.273	.025	-.439	10.861	.000

R=0.919

R^2=0.845

Std. Error of the estimate= 0.17288

F= 235.258

P= 0.000

Source: Fieldwork.

Hypotheses two

1. **Ho:** Knowledge of the perceived benefits of antenatal care services will not significantly predict the utilization of antenatal care services
2. **H1:** Knowledge of the perceived benefits of antenatal care services will significantly predict the utilization of antenatal care services

According to Table 2. below, R-squared is the coefficient of determination that tells us the correlation or variation in the independent variables due to changes in the dependent variables. From the findings above, our R^2 is 0.871 or 87.1%, indicating a strong positive correlation between awareness of the benefits of antenatal care services and attendance among expectant mothers in Anyigba, Kogi State.

Figure 2 Shows multiple linear regression results

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.065	0.024		2.673	0.008

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Are you familiar with antenatal care service	.127	.079	.110	1.607	.110
Is early Antenatal Care visit of any benefit?	0.968	0.019	0.933	51.745	0
Early detection and treatment of anomalies	-.379	.330	-0.078	1.146	.253
Preventive care such as immunization and HIV testing	-.251	.164	-0.103	1.531	0.127

Source: Fieldwork

Hypotheses three

1. **Ho:** Knowledge of the perceived consequences of antenatal care services will not significantly predict the utilization of antenatal care services
2. **H1:** Knowledge of the perceived consequences of antenatal care services will significantly predict the utilization of antenatal care services

According to figure 3 below, R-squared is the coefficient of determination that tells us the correlation or variation in the independent variables due to a change in the dependent variable. From the table above, our R^2 is 0.315 or 31.5%. It indicates a strong correlation between the awareness of the consequences of antenatal care services and the utilization of antenatal care services in the study area. R is the correlation coefficient showing the relationship between the study variables. The findings above show a strong correlation between study variables, as shown by the correlation coefficient (R) = 0.561. The table above shows the analysis of variance with an F. value of 182.688 with a P-value of 0.000 at a 5% significance level. It clearly shows a significant relationship between the dependent and independent variables at a 5% significance level. This indicates a statistically significant difference between the awareness of the consequences of antenatal care services and the utilization of antenatal care services in Anyigba, Kogi State.

Figure 3 Shows multiple Linear regression results

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.682	0.064		10.688	0
	Does delayed Antenatal Care visit have any consequences on the expectant mothers?	0.659	0.049	0.561	13.516	.000
2	Delayed Antenatal Care could lead to poor monitoring of pregnancy	0.115	0.065	0.1	1.304	.100
3	Anomalies during pregnancy could be a result of delayed Antenatal Care Visit	0.867	0.015	0.854	53.534	.000
4	General complications during delivery could be a result of delayed Antenatal Care Visit	-0.285	0.298	-0.057	1.035	.237

R=0.561

R^2=0.315

Std. Error of the estimate= 0.41498

F= 182.688

P= 0.000

DISCUSSION OF FINDINGS

This study researched perceived factors influencing delay in attending antenatal care clinics among expectant mothers in Anyigba, Kogi State, Nigeria. The findings from research question one revealed that expectant mothers in Anyigba, Kogi State, are familiar with antenatal care services and that most expectant mothers believe that an expectant mother can register too early for antenatal care. Also revealed that a larger percentage of expectant mothers whose present pregnancy is not their first also affirmed that they usually register for antenatal care in their second trimester. This result is consistent with what was reported by Aliyu and Dahiru (2017) that 27%, 62% and 12% of women-initiated ANC in the first, second and third trimesters respectively in Nigeria. Also, it agrees with a research in Zimbabwe by Singh and Khare, (2012)which reported that most expectant mothers only underwent prenatal care once in their second trimester. This attitude however contradicts World Health Organization recommendations (2016, 2023b), which state that antenatal care appointments should begin no later than the end of the first trimester and continue for at least four further visits if complications arise. From the second research question, it was revealed that early antenatal care could be of benefits such as early detection and treatment of anomalies; a good opportunity to monitor a pregnancy, general counseling that will help the expectant mother and preventive care such as immunization and HIV testing and also the awareness of these benefits mentioned above influenced the utilization of ANC by expectant mothers. Most respondents indicated this as their mean response was above the acceptance benchmark of 4- a point Likert scale of 2.5.The third research question revealed that a lot of money is required for registration during the first visit, the attitude of health workers towards expectant mothers, the stress of regular visits if you register early, the long waiting period during antenatal care visits, means of running away from drugs, Ignorance or misconception, the expectant mother or husbands' educational qualification, advice from significant others such as husband and in-laws, no time as a result of expectant mothers job or business could be factors influencing delayed antenatal care visit among expectant mothers in Anyibga, Kogi State. These results are consistent with Hadi et al. (2013) found in Afghanistan's Ballha region, where they found that much fewer economically active women used ANC services than those who were not. It suggests that their participation added an unnecessary burden and cut into the time they might have spent obtaining treatment, particularly if the wait was excessive. Also, Badia Maje Sayyadi et al. (2021) work, conducted in rural areas of Kano State, Nigeria, revealed that limited financial resources are one of the reasons why some expectant mothers are delayed or do not use ANC services. The fourth research question, which was also the last, revealed that poor monitoring of pregnancy, anomalies during pregnancy, late detection of diseases, and general complication during delivery could all be consequences of delayed antenatal care visits. It agrees with the WHO (2023) study that maternal deaths can result from pregnancy-related complications during pregnancy, childbirth, or postpartum. This study also showed that the majority of the respondents, 343(85.8%), had good knowledge of ANC. However, 57 respondents representing 14.2%, still don't know ANC, but in this case, they attended. It might be due to other reasons not covered in this study. The level of individual knowledge has been highlighted as a crucial structural component that may determine whether or not ANC services are used. Women may be less likely to use ANC services if they do not know about them (Matua, 2014). This study discovered that most respondents, including their husbands, had formal educations (79%). Abigail (2017) stated that the education of women not only improves maternal health but helps to reduce maternal mortality and morbidity. Matua (2014) believe that the lack of education of both husband and wife can negatively affect women as they won't be able to comprehend important information given to them during ANC and the inability to make an informed

decision, including the awareness of their right. Bouteman and Miller (2023) found that illiterate women had trouble understanding and following medical guidelines. But in this study, most of the respondents had formal education. Timbo et al. (2023) revealed that women prefer home delivery because of the distance of primary health care, minimal cost, cultural beliefs, and negative experience with the professional staff. Olivas et al. (2023) also proved that most pregnant women could not afford maternity fees because of their financial limitations. Although less than half of the respondents, 166(41.5%) in this study, have a household income above 95,000 per annum, the remaining are less, signifying that most are low-income earners. This non-affordability of hospital bills was also reported by Wang et al. (2011) in their survey as one of the factors contributing to death due to less accessibility of ANC services and skilled delivery. To combat the high cost of care and boost maternal health; the National Health Insurance Scheme (NHIS) was implemented. Gebremedhin et al. (2023) found that women in developing countries are more likely to use ANC if it is close to their homes. Similarly, Gabrysch and Campbell (2009) found that expectant mothers had unfavorable perceptions of medical professionals; one participant said that some women avoided maternity care out of fear of the doctors and nurses. They equally stated that pregnant women could also base their behavior on previous negative experiences and perceptions of care received. This study reveals a significant predictive relationship between socio-demographic factors and access to antenatal care services among expectant mothers in Anyigba, Kogi State, Nigeria, because our R squared (R^2) is 84.5% is sufficient enough to reject the null hypotheses. The probability value of 0.000 is less than the 5% decision criteria needed to reject the null hypotheses. The study also reveals a statistically significant predictive relationship between awareness of the benefits of attending ANC and its utilization in Anyigba, Kogi State, Nigeria. Since our R-square or correlation coefficient is 0.871 or 87.1%, this shows a strong positive relationship between awareness of the benefits of ANC services and attendance of ANC in Anyigba Kogi State. Furthermore, the study was able to highlight the views of the expectant mothers in the study area on the perceived benefits of an early visit to ANC services; these include: general counseling that will help the woman, a good opportunity to monitor the pregnancy, early detection and treatment of anomalies, preventive care such as immunization and HIV testing are the benefits of early ANC visit while some respondents think that all of the above are benefits of early ANC visit. These hypotheses are consistent with those of Gebremedhin et al. (2023), who found that pregnant women should be informed of the advantages and disadvantages of ANC attendance to decide whether to attend. This study revealed that there is a significant relationship between understanding the consequences of delay in attending ANC and utilization of antenatal care services among expectant mothers in Anyigba, with R^2 is 0.315 or 31.5%, and indicates that there is a strong positive variation between knowing the consequences of delay in attending ANC and utilization of antenatal care services in Anyigba, Kogi State. Our R squared (R2), which is 31.5%, is sufficient to reject the null hypotheses. The prob. value of 0.000 is less than the 5% decision criteria to reject the null hypotheses. The results from this study are per the Andersen and Newman Framework of Health Services Utilization Theory. The correlation in predisposing factors, enabling, and need factors are products of the environment. Women in the research may have seen the socio-demographic characteristics linked to reduced prenatal care usage as moderating factors and perceived impediments to health-seeking behavior. Also, results further emphasize the influence of Andersen and Newman's Framework of Health Services Utilization as it explains how the interaction between Predisposing factors, enabling factors, and the need factors all interact and determine each other. All those mentioned earlier were displayed in the study findings, which show that expectant mothers are influenced by the attitudes of health workers and the supposed benefits they hope to get from attending ANC.

CONCLUSION

The findings revealed that expectant mothers in Anyigba, Kogi State, delay antenatal care visits as most mothers usually book antenatal care in their second trimester. This attitude could be dangerous or harmful to the expectant mothers and the unborn baby. This study also revealed that early Antenatal Care visit has some perceived benefits, such as good opportunity to monitor pregnancy, early detection and treatment of

anomalies, etc. These perceived benefits influence the utilization of ANC and help improve maternal and neonatal health. The study also revealed that financial constraints and the attitude of health workers, among others, influence the delay in attending Antenatal Care among expectant mothers in the study area. The delay in attending antenatal care comes with some consequences, such as anomalies during pregnancy and general complications, which can be avoided if early ANC attendance can be imbibed or cultivated; a significant percentage of the studied population is aware of these consequences. This study also showed that most of the respondents, 343(85.8%), have good knowledge of ANC, although 57 respondents representing 14.2%, still don`t know ANC. The study also reveals a statistically significant predictive relationship between awareness of the benefits of attending ANC and its utilization in Anyigba, Kogi State, Nigeria. Furthermore, the study was able to highlight the views of the expectant mothers in the study area on the perceived benefits of an early visit to ANC services; these include: general counseling that will help the woman, a good opportunity to monitor the pregnancy, early detection and treatment of anomalies, preventive care such as immunization and HIV testing are the benefits of early ANC visit while some respondents believe that all of the above are benefits of early ANC visit. The findings from this study might be used to form the basis for policy developments and government interventions in encouraging the early attendance of antenatal care by expectant mothers in Anyigba Kogi State. Also, Government institutions and Non-Governmental Organizations should increase enlightenment drive on the benefits of early ANC attendance and the consequences of delayed or non-attendance of ANC services.

LIMITATIONS ENCOUNTERED DURING THE STUDY

Apart from the limitations of finance and time was that of the respondents: while some respondents shied away from answering the questions by making different complaints ranging from tiredness, hunger, and the likes, some of the respondents, on the other hand, did not just see the essence of embarking on such exercise since the similar exercise of filling a questionnaire has been carried out before without serious of meaningful result. However, upon several pleas and interactions with the respondents on the study's importance, many realized the need to provide necessary information to help improve antenatal care delivery and utilization.

RECOMMENDATION

Future researchers must shed more light on the sociocultural factors influencing delay in Antenatal Care visits among expectant mothers in Anyigba, Kogi State. Also, the study population and sample size should be enlarged in future research to capture more towns in the Dekina Local Government area of Kogi State.

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COMPETING INTERESTS

The author declares that there is no conflict of interest

ETHICAL APPROVAL

An ethical approval letter was gotten for this study.

INFORMED CONSENT

Consent was taken from the respondents to publish this study.

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