FACTORS CONTRIBUTING TO LATE BOOKING AMONGST PREGNANT WOMEN AT EKURHULENI HEALTH DISTRICT

BY

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SUPERVISOR: PROFESSOR AZWIHANGWISI HELEN MAVHANDU-MUDZUSI

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DEDICATION

I would like to dedicate this dissertation to the following people:

- My parents, Mrs. ME Napo and Mr MT Napo.
- My only Son Tshepang Phenyo Selala for all his support on this to process which is going to be a successful stepping stone in life.
- Above all, I thank God the Almighty, who was and still is able, exceedingly and abundantly above all to give me the strength throughout the research journey.

STUDENT NUMBER: 33085390

DECLARATION

I declare that "**FACTORS CONTRIBUTING TO LATE BOOKING AMONGST PREGNANT WOMEN AT EKURHULENI HEALTH DISTRICT**" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Signature…… Date…….

Full name: Dikeledi Beauty Selala

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ARV	Antiretroviral treatment
BANC	Basic Antenatal Care
DHIS	District Health Information System
DOH	Department of Health
END	Early Neonatal Deaths
GA	Gestational Age
HIV	Human Immunodeficiency Virus
IPA	Interpretative Phenomenological Analysis
LNMP	Last normal menstrual period
MOU	Maternity and Obstetric unit

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ABSTRACT

The aim of the study was to determine factors contributing to late booking amongst pregnant women at Ekurhuleni health district in order to offer recommendations for enhancing early booking. Interpretative phenomenological analysis design was used. Data were collected using semi-structured individual face-to-face interviews from 20 purposively selected pregnant women. Each interview was audio recorded and lasted between 45-60 minutes. Fields notes were taken to triangulate data collection method. Audio recorded interviews were transcribed verbatim. Data were thematically analysed using Interpretative Phenomenological Analysis framework for data analysis. Results indicate that healthcare service related factors such as human resources, infrastructure and the type of service rendered at the clinic contribute to late bookings. Client related factors such as socioeconomic status, cultural beliefs and knowledge deficit also contribute to late bookings. Recommendations are made addressing both healthcare service and client related factors in order to enhance early booking among pregnant woman at Ekurhuleni district.

Key concepts: Antenatal care, booking, factors, healthcare clinic, late booking, pregnant woman.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Most women irrespective of age are at risk for a number of adverse outcomes during pregnancy (Hamilton, Martin, & Ventura, 2014:347). Early antenatal attendance contributes to early detection and management of maternal and fetal problems, thus curbing several problems related to pregnancy (Fraser, Cooper & Nolte 2014:231). The problems which can be detected early and managed include conditions such as maternal high blood pressure, maternal infection in pregnancy, fetal growth retardation, and congenital abnormalities. Alan Guttmucher Institute [AGI], (2013:203) mention that several pregnancies end up in miscarriage due to late bookings. Researchers show that high statistics of mentally retarded babies and stillbirths are results of women who book late for an antenatal clinic or those who never booked (Davidson, London & Ladewig 2012:379). This study explored factors contributing to late booking amongst pregnant women at Ekurhuleni Health District.

This chapter presents the background to the study, problem statement, research question, research aim, and objective. It also provides a definition of key concepts. An overview of research methodology is also presented. The last section of the chapter provides an overview of the entire dissertation.

1.2 BACKGROUND OF THE PROBLEM

About 1.2 million pregnancies which occur annually are unplanned (AGI 2013:202. Most of such unplanned pregnancies result from casual intimacy by inexperienced individuals such as teenagers and students at tertiary levels of education due to limited knowledge or none use of contraceptives (AGI 2013:202). Most of these pregnancies end in miscarriage. This is attributed by women attitudes toward booking for antenatal care, and lack of pre-conception care (Haddril, Jones, Mitchell & Anumba 2014:5). Late booking for

antenatal care contribute to high stillbirths. Haddril et al (2014:5) noted that two-thirds stillbirth occurs in rural areas where there are limited numbers of skilled birth attendants to provide essential care during pregnancy until childbirth. According to Dr Flavia Bustreo, World Health Organisation (WHO) assistant director for family and community health, late bookings contribute to missing early diagnosis and treatment of conditions such as maternal infection in pregnancy, maternal disorders and several congenital abnormalities (Davidson, London & Ladewig 2012: 197). In a review of all newborn deaths reported in the World Health Organization, it was discovered that 125 per 1000 of stillbirths that occurred were spontaneous preterm and hypertensive related disorders (Feresu, Harlow, Welch & Gillespie 2015 12).

Late booking is a tragic event in the health agenda. Literature specifies that contributory causes of late booking are misconceptions surrounding early booking, limited information related to the value of early booking, the belief that pregnancy is not a sickness, myth around early disclosing of pregnancy to the relatives and community members (Fraser, Cooper & Nolte 2014: 397). Some contributing factors to late booking include poverty related to unemployment and overpopulation (Davidson, London & Ladewig 2012: 403).

1.3 STATEMENT OF THE RESEARCH PROBLEM

The researcher is working with pregnant women, and early postnatal care on daily basis at the midwife and obstetric unit in one of the clinics at Ekurhuleni Health District, Gauteng Province. She realised that there is an escalation of late bookers in pregnancy. Overtime, the researcher observed that the number of women who book for their antenatal care before 20 weeks of pregnancy is decreasing. Late booking is a problem as studies indicate that it hinders early de while the number of stillbirth and maternal death remains high regardless of good management of labour. The increase in maternal and perinatal death rates are the major challenges of health care in South Africa (Department of Health (DoH) 2015: 37). The late bookings are continuing despite all the government's effort to improve maternal and child health care services. Thus this study which focused on exploring factors contributing to late booking for antenatal care. This late booking is a

challenge as it will defeat the sustainable development goals which focus on eradication of maternal and mortality rate and HIV infection. It also defeats the aim of Maternal guidelines of South Africa, mentioning there should be a reduction of perinatal deaths and improvement in maternal health care (DoH 2012: 12).

1.4 AIM OF MY STUDY

The aim of the study was to determine factors contributing to late booking amongst pregnant women at Ekurhuleni Health District in order to offer recommendations for enhancing booking practices of pregnant women at Ekurhuleni Health District.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were:

- To explore and describe factors contributing to late booking amongst pregnant women at Ekurhuleni Health District.
- To make recommendations for enhancing booking practices of pregnant women at Ekurhuleni Health District.

1.6 RESEARCH QUESTION.

- What are the factors contributing to late booking amongst pregnant women at Ekurhuleni Health District?
- What can be done to enhance early booking of pregnant women at Ekurhuleni Health District?

1.7 SIGNIFICANCE OF THE STUDY

Significance refers to the relevance of the research to some aspects of a profession, its contribution towards improving the knowledge base on a profession and its contribution

towards evidence-based practice (Burns & Grove 2013: 4). The findings of the study will address the knowledge gaps in relation to factors which hinders pregnant women to book early for their antenatal visit. The findings will also assist the programme managers in primary health care to plan activities which will promote early bookings. The findings will also contribute towards improving evidence-based practice to address late bookings among pregnant women

1.8 DEFINITION OF KEY CONCEPTS

Definition of concepts assists in conveying the general theoretical meaning of the word used in a study to avoid misinterpretation (Brink, van der Walt & van Rensburg 2014: 91). The following are the definitions of key concepts used in this study:

1.8.1 Antenatal Care

Antenatal care refers to all aspects of care given during pregnancy till the woman goes into labour (Davidson 2012: 306). It is the care given to a pregnant woman and her unborn baby throughout the pregnancy. This care involves regular visits to the doctor or midwife, who performs an abdominal examination, blood and urine tests, and monitors blood pressure and fetal growth to detect disease or potential problems. Care starts from the confirmation of pregnancy, continues throughout the pregnancy, but does not include delivery (Davidson 2012: 306).

1.8.2 Booking

Booking is the first time visit by the pregnant women to the antenatal care clinics for the first time screening tests (Fraser, Cooper & Nolte 2014:109).

1.8.3 Late booking

Late booking is defined as visiting the clinic for the first time for antenatal clinic after 24 week's gestational period (Fraser, Cooper & Nolte 2014:109).

1.8.4 Pregnant woman

This is when a woman carries a developing fetus in her uterus (The Free Dictionary 2012). In this study, a pregnant woman refers to any woman who is pregnant women at Ekurhuleni Health District from period of conceiving till labour.

1.9 METHODOLOGY

The researcher followed a qualitative approach. The study design used is Interpretative Phenomenological Analysis (IPA) design in order to understand factors that contribute to late booking of pregnant women utilising one of the clinics at Ekurhuleni Health District. Data were collected using individual semi-structured face-to-face interviews. Twenty pregnant women purposively selected participated in the study. Data were analysed using IPA framework of data analysis. More details regarding methodology are provided in chapter three.

1.10 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness of the study is the degree of confidence which qualitative researchers portray in their data (Polit & Beck 2012:745). It is also defined as a means of demonstrating the plausibility, credibility, and integrity of the qualitative research process. Trustworthiness was maintained and assessed in this study through adhering to the following criteria: credibility, transferability, dependability, conformability, and authenticity (Polit & Beck 2012: 175). These criteria are thoroughly discussed in chapter three.

1.11 ETHICAL CONSIDERATIONS

Ethics in social research refers to what is proper and improper in the conduct of scientific enquiry (Streubert & Carpenter 2011:62). Adherence to ethical principles is a key to any research (Brink, van der Walt & van Rensburg 2014:35). In the study ethical issues observed include protection of the rights of the institution, permission to conduct the study, informed consent, self-determination and withdrawal, anonymity, confidentiality and privacy, beneficence, respect, justice, non-maleficence and guiding against researcher misconduct. These principles are thoroughly discussed in chapter three

1.12 SCOPE OF THE STUDY

The scope of the study was limited only to the pregnant women in the urban area of Ekurhuleni Health District.

1.13 STRUCTURE OF THE DISSERTATION

This dissertation consists of five chapters. A brief outline of each chapter is offered below to allow readers to follow and understand discussions on issues presented.

CHAPTER ONE gives an introduction to the background of the study, the problem statement, aim, and objectives of the study. A summary of the methodology is provided together with ethical aspects and measures followed to ensure trustworthiness. The chapter also covers the definitions of key concepts used in the study.

CHAPTER TWO focuses on Literature reviewed. It highlights literature search strategy, appraisal of identified literature and themes which emerged from the literature reviewed. It also identifies the gaps in the existing literature which motivated the researcher to conduct this study.

CHAPTER THREE focuses on detailed information on the methodology used in the study. Description of research approach, research design, population, the study site, sampling method, data collection, data analysis, measures to ensure trustworthiness and ethical issues related to the study are provided.

CHAPTER FOUR presents the biographic data of participants and the results of the study based on superordinate-themes, themes, and sub-themes that emerged from the data analysis. Verbatim extracts from participants' transcripts are also used to show the origin of the themes.

CHAPTER FIVE discusses the findings of the study in relation to the literature. It also provides conclusion and limitations of the study. Recommendations and conclusions related to the findings of the study are also presented.

1.14 CONCLUSION

This chapter provides an overview of the study through the provision of background to the study in relation to the importance of early booking by pregnant women and the impact of late booking. The chapter also provides the problem statement and provides research methodology, ethical considerations, measures to ensure trustworthiness and the significance of the study. The next chapter, which is chapter two focuses on the literature reviewed in relation to the study topic and research problem.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided an overview of the study. This chapter focuses on the literature review. A literature review is a synthesis of the literature that describes what is known or has been studied in relation to a particular research question or purpose (Polit & Beck 2012: 732). Literature review involves getting information, understanding and forming conclusions on relevant studies. This provides knowledge on the study topic, helps identify how other studies in the area were conducted and gaps in previous studies (Brink, van der Walt & van Rensburg 2014: 52). According to Langford and Young (2013: 80), literature review involves a search for information that is relevant to an identified problem area in order to reveal how the problem fits into the larger picture of evidence and context of a study

This chapter presents a detailed process for literature review which covers most aspects of focus question, search strategy, search profile, appraisal of identified studies, and final themes that emerged from the literature sources. The final section highlights the gaps in the literature which led to conducting this study.

2.2. THE IMPORTANCE OF CONDUCTING LITERATURE REVIEW

The major aim of the literature review is to assist the researcher to gain insight into the problem under study, verify the significance of the problem, and put the research problem in context. The literature review also assists in determining the most appropriate research methodology, including the research instrument to be utilised. The literature review also describes what is known or has been studied in relation to a particular research question or purpose Polit and Beck (2012: 732). Whereas Methodology refers to the steps, procedures, and strategies for gathering and analysing data in a study, literature review

is a critical summary of research on a topic of interest, often prepared to put a research problem in context for it to be well explained or analysed according to Polit and Beck (2012: 732). Literature review enables the researcher to identify, refine, and formulate questions. It provides justification for current study and places the current study into the context of what is known about the topic. According to Burns and Grove (2013: 39). (2013:127), literature review discusses the theoretical basis for the current study. Through reviewing literature, the researcher knows which problems have been investigated, those that require further investigation and those that have been investigated.

According to Grove, Burns and Gray (2013: 40), a literature review is conducted to generate an understanding of what is known about a particular situation, phenomenon or problem and to identify the knowledge gaps that exist. According to Polit and Beck (2012: 95), a literature review of a research study provides context, confirms the need for new research and demonstrate the writer' ownership of the literature. For this study, relevant literature was reviewed to generate a picture of what is known and not known about the factors contributing to late booking of all pregnant women. To guide literature review, a focus question was formulated.

2.3 FOCUS QUESTION

A focus question is needed so as to conduct a literature review effectively. Focus question is a statement that offers the precise query that a researcher wants to answer with the review in order to address research problem (Grove, Burns & Gray 2013:276). To conduct a research successfully on literature review, a focus question need to be developed to enable the researcher to redo and refine his or her literature search strategy. The formulated focused question was: *What are the factors that contribute to the late booking of antenatal care visits by the pregnant women*? The researcher used Kumar's (2005) framework for formulating the focus question of this study. This framework emphasizes that a focused question should be formulated using the four Ps; People, Problem, Programme, and Phenomenon. The five Ws (why, what, when , who , and where) and

How, was also considered in the formulation of the focus question of this literature review (Bryman, Bell, Hirschsohn, Dissents, Du Toit, Masenge, Van Aardt, & Wagne 2014: 205)

2. 4 SEARCH STRATEGY

A literature search is not done haphazardly but follows a specific search strategy. The researcher used the search strategy by Cooper (2010) as cited in Polit and Beck (2012:90). The following three approaches to search strategy were used, which is: ancestry, descendancy, and grey literature (Polit & Beck 2012:90). According to Polit and Beck (2012:90) ancestry involves using references cited in relevant studies to track down earlier research on the same topic. Descendancy is to find a pivotal early study and to search forward in citation indexes to find more recent studies that cited the key study and grey literature refers to studies with more limited distribution, such as conference papers and unpublished reports (Polit & Beck 2012:90). The literature search was done both manually or electronically Brink et al (2012:54).

According to Creswell (2014: 32), it is useful to identify and use keywords for the study to search for literature sources. The researcher used the following keywords: *Antenatal care, visits, late, booking, factors*. These terms were primarily used individually and then combined by using the Boolean logic (’and’, ’or’ and ’not’) to formulate a search strategy. The search included published articles and books as well as governmental reports. To ensure that the literature review explored the subject holistically, a systematic approach was used to search available databases. Several databases were searched for existing literature relevant to the study. Examples of databases searched were SAGE, Google Scholar, and Research Gate. The electronic search for journals and articles commenced with the use of UNISA Lib-guides for journals and articles. To ensure that the search is focused, the researcher used the following inclusions and exclusion criteria in order to limit the scope of literature to only relevant sources.

Inclusion criteria

The following criteria were considered when determining the source to be included for review:

- Studies focusing on a late booking.
- Studies that focus on predicting good outcome and the significance of pregnancy outcome on early and late booking by the pregnant women.
- Studies focusing on factors that negatively or positively influenced bookings.
- Literature published from 2008-2017.
- Literature published in English.

Exclusion criteria

The following literature were excluded from the study:

- Studies that focus on predicting good outcome and the significance of pregnancy outcome on early and late booking by the pregnant women.
- Studies focusing on other factors of pregnancy rather than bookings.
- Literature published before 2008.
- Literature published in other languages than English.

2.5 APPRAISAL OF IDENTIFIED STUDIES

In this study, all articles that met the inclusion criteria were reviewed based on the process of reviewing the research article and critical appraisal by Polit and Beck (2012:342; 584). The process focuses on assessing rigour, vitality, reliability, dependability, and transferability of each source reviewed. Attention was given to the handling of data within each of the reviewed sources, including how well researchers addressed potential limitations of their studies. The following were the steps followed on appraising the research articles used in this study:

Step 1: Reading and re-reading the articles,

Step 2: Initial note making,

Step 3: Development of emergent themes: looking for themes,

Step 4: Searching for connections across the emergent themes and

Step 5: Development of final themes.

2.6 FINAL THEMES

The following are final themes that emerged from literature appraisal: Global contributory factors to late booking, Impact of late booking, Antenatal Care in South Africa, Initiation of the First Antenatal Care visit and Factors associated to late booking of Antenatal Care.

2.6.1 Global contributory factors to late booking

According to (DOH 2015:38) states that positive impact can be achieved if timing to initiate antenatal care is observed by all pregnant women at 12 weeks of pregnancy, as the best time to book early to reduce complications associated with pregnancy. Previous studies revealed that pregnant women initiate antenatal care later than the prescribed guidelines of the WHO in South Africa, Sub- Saharan Africa and globally. Several factors were identified which affect initiation of antenatal care positively or negatively. These include age, socioeconomic status, distance and transport to health care and quality of care (DOH 2015:34). Literature Review specifies that contributory causes of late booking are misconceptions, surrounding early booking, Lack of understanding, the belief that pregnancy is not a sickness, myth with regard to disclosing pregnancy early to the relatives (Fraser, Cooper & Nolte 2014: 397). This Antenatal Care visits, in-turn can clarify the misconceptions about early bookings such as “going to initiate early visits results with bad luck. Some contributory factors to late booking include unemployment

and overpopulation (Davidson et al 2012: 403). According to AGI (2010: 202), most of these pregnancies end in miscarriage due to lack of knowledge regarding early Antenatal bookings. This attributed to late booking and lack of preconception care to all child bearing age women (Haddril et al 2014:5). Having knowledge on antenatal care is associated with initiating early the attendance of antenatal visits. Lack of education proved by many researchers in the previous studies conducted in Sub-Saharan region revealed that women who come early for their ANC visits are the most educated women, and this has positive impact on early antenatal booking (Yeoh 2016:24).

2.6.2 Impact of late booking

According to Robert et al, (2011:422) late booking is considered as one of the contributory factors to high stillbirths, of which two-thirds of those occur in rural areas where skilled birth attendants are not available for essential care during until birth (de Vaal, 2014: 5). According to Kula, (2013: 314), late booking can lead to tragic events in the health agenda such as high infant and maternal mortality rate. In a review of all newborn death/s reported in the World Health Organization, it was discovered that 1.2 per 1000 of stillbirths that occurred were related to spontaneous preterm and hypertension disorders which were not detected early due to late booking (Feresa, Harlow, Gillepsie, 2012: 9). According to Doctor Flavia Bustreo, World Health Organisation, director of family and community health, late bookings contribute to missing early diagnosis (or mismanagement of early) and treatment of conditions such as maternal infection in pregnancy, maternal disorders, especially Hypertension and Diabetes Mellitus, fetal growth retardation and several genital abnormalities (Davidson 2012:197). The increase of maternal death which increases by 20% during 2008-2010 as compared to 2005-2007 statistics made maternal and perinatal death rates to remain the major challenge of health care in South Africa (DOH 2015:16).

2.6.3 Antenatal Care in South Africa

Fraser et al (2014: 231) state that antenatal care is the care given to pregnant women from the time of conception until the beginning of labour. By 2015, the sub-directorate of maternal health developed Maternal Guidelines to guide doctors and midwives who provide obstetric, surgical, and anaesthetic services for pregnant women who attend the district clinics, health centers and hospitals where access to specialists is limited (DOH 2015:16). It was identified in the guidelines that antenatal care serves are the “pillar” of safe motherhood together with the choice of contraception, basic antenatal care, clean and safe delivery, essential obstetric care and choice on termination of pregnancy. These pillars of safe motherhood were based on the WHO’s safe motherhood initiatives (DOH 2015:14).

Antenatal care has a positive impact as it enables identification of factors contributing to high maternal and fetal mortality rate by a screening of pregnancy problems that lead to high maternal deaths. Health care and appropriate management of early diagnosis of pregnancy complications and identifications of risk factors can be achieved through assessment of pregnancy risk such as poor obstetric history. (DOH 2015 33). These can be achieved by treatment of problems that may arise during antenatal care period and giv medication that may improve pregnancy outcome as well as through physical and psychological preparation for childbirth and parenthood (DOH 2015:13).

2.6.4 Initiation of the First Antenatal Care visit

Attending antenatal clinic early may influence the health of the baby at birth as stated by National Perinatal Morbidity and Mortality Committee Report, June 2011. Starting antenatal care early in pregnancy allows the health workers to detect and treat problems early in pregnancy thereby reducing the chances of morbidity and mortality of the infant. According to WHO, antenatal care should be initiated at first trimester, most preferably before or around week 12 of pregnancy (WHO 2014: 13). Antenatal care enables

detection and management of risky conditions associated with pregnancy and childbirth (DOH 2015: 20).

According to District Health Information System, and nearby clinics and hospitals, there has been a rise in maternal and fetal deaths in the local community health (District Health Information System [DHIS] 2014: 37). The Department of Health (2015:37), states that pregnant women should visit health care provider once they suspect pregnancy or immediately after a first missed menstrual period so that they can be issued with the card (antenatal care cards). Health screening is done during this first visit/booking. Some of the health screening include urine testing and checking blood pressure. Full medical history relevant to pregnancy such as current pregnancy, previous pregnancy and complications as well as previous operations, family planning, allergies and use of medications asked.

According to (DOH 2015:33), pregnant women should visit health care facilities or health providers once pregnancy is suspected or first missed periods..Essential screening to investigations such as Syphilis serology, Rhesus factor, blood group, hemoglobin levels, glucose/albumin in urine. Pregnant women are also given supplements of ferrous sulphate (Ferovite) tablets 200 mg daily and folic acid 5 mg daily to prevent Anaemia; Calcium gluconate 1000 mg daily to prevent complications from pre-eclampsia, and Tetanus toxoid injection to prevent neonatal tetanus. Final assessment should include checklist for Basic Antenatal Care (BANC), information to all pregnant women on 5 (five) danger signs to be aware of pregnancy which are:

- Severe headache;
- Abdominal pain;
- Drainage of liquor;
- Vaginal bleeding; or
- Reduced fetal movements.

A provisional delivery plan should be given to all pregnant women at the end of the first visit to enhance the smooth running of the ANC and early detection of risks to mortality

and morbidity (DOH 2015:38). According to Haas (2016: 47); Mom Connect was launched and initiated to register all pregnancies across South Africa by National Department of Health. This launching occurred on 21 August 2014 by national Minister of Health, Dr. Aaron Motswaledi. The aim was to assist pregnant women with information regarding pregnancy and childbirth by sending personalized messages to each woman in the registry and also allows pregnant women to engage with the health system through helpdesk tools and services.

2.6.5 Factors associated with late booking of Antenatal Care

Factors that were identified as associated with late antenatal booking were midwives' attitude, distance to the clinic, poor infrastructure, unplanned pregnancy, lack of education and unemployment. Cultural beliefs that pregnancy should be preserved with herbs also was identified as a serious identified barrier by the pregnant women (Maputle, Mothiba & Tladi (2013:145). Beliefs and practices influence the delayed attendance of antenatal care by pregnant women. The Saving Mothers (2011-2013) reported that Ekurhuleni Health District had 29% of maternal deaths which could have been prevented if women initiated antenatal care within the 21 weeks of gestation.

A study conducted by Maputle, Mothiba and Tladi (2013:145) in Limpopo province on causes of late booking and maternal deaths, revealed that denial of HIV diagnosis lead to delay in taking ARVs. Most pregnant women do not want to disclose their statuses due to fear of losing their marriage or sexual partners. Women think that the moment they attend antenatal clinic they will be expected to test for HIV and if they are positive, they will face stigma associated as it is still assumed that people get HIV through promiscuity.

According to Onoh, Umeora, Agwu, Ezengwui, Ezenou and Onyebuchi (2012:173), lack of transport to go to the healthcare facility is seen as one of the core contributing factors to late booking. Though antenatal services are offered free of charge in the public healthcare facilities of South Africa, most of the women in rural areas cannot access the healthcare facilities due to lack of finance to pay for transport.

Attitudes of the health workers have been seen as the serious barrier towards early booking amongst pregnant (DOH 2015:13). These make some of the pregnant women to either wait for specific nurses and doctors to come back from leave before they start booking. This attribute to late bookings and even poor attendance to antenatal care.

2.7 GAPS IN LITERATURE REVIEW

Regardless of literature reviewed on some aspects related to factors contributing to late booking by pregnant women, have shown some gaps and lack in concentrating on the major causes and effects of late booking in the developing countries. The literature reviewed showed that studies did previously, tried to answer the question but insufficiently done by the ground theorists on specific contributory factors on a late booking. The literature reviewed does not suggest the solution to the challenges experienced by the pregnant women. Except for the general report by the National Department of Health and one or two studies conducted in South Africa, most of the studies were conducted in developed countries. The studies conducted in South Africa focus in other provinces and district and none of the studies was conducted in Ekurhuleni Health District. Most of the studies focused on women from rural areas. The identified gaps made it necessary for the researcher to conduct this study focusing in Ekurhuleni Health District.

2.8 CONCLUSION

This chapter presents a detailed process for literature review which covers most aspects of focus question, search strategy, search profile, appraisal of identified studies, and final themes that emerged from the literature sources. The following are final themes that emerged from literature appraisal: Global contributory factors to late booking, Impact of late booking, Antenatal Care in South Africa, Initiation of the First Antenatal Care visit and Factors associated to late booking of Antenatal Care. The final section highlights the gaps in the literature which led to conducting this study. The next chapter, which is chapter three presents the methodology.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The previous chapter has provided information on literature review. The focus of the researcher in this chapter is to provide relevant information on the research approach, research design, research setting, sample and sampling techniques, data collection and analysis methods utilised to explore and describe the factors contributing to late bookings of antenatal care visits. Measures to ensure trustworthiness of the research findings and ethical considerations are also discussed in this chapter.

3.2 RESEARCH APPROACH

The researcher followed a qualitative approach. Qualitative research is a systemic, interactive, subjective research approach that is used to describe experiences of participants and the meaning of their experiences (Burns & Grove 2013: 705). The qualitative approach allows the researcher to obtain an in-depth description and understanding of people's beliefs, experiences, and perceptions (Brink, van der Walt & van Rensburg 2012: 121). This serves as an umbrella term for a number of diverse approaches which seek to understand by means of exploration, human experiences, perceptions, motivations, intentions, and behavior (Holland & Rees 2010: 71). Quality research is based on a naturalistic paradigm which is based on the belief that reality is constructed by the individual, not the researcher (Houser 2012: 36). The research finds qualitative approach to be most relevant because, exploring the factors contributing to late bookings may show the perceptions of a pregnant woman regarding booking, their motivations for not booking on time which is shown by their behavior of booking late.

3.3 RESEARCH DESIGN

Research design is defined as the blueprint for conducting a study (Grove et al 2013: 195). Research design outlines the basic approach that the researcher uses to answer research questions. According to Langford and Young (2013:86), research design is an overall plan that helps a researcher to obtain answers to the research questions (Polit & Beck 2012: 58). According to Grove et al (2013: 195). Polit and Beck (2014: 270) cite that research design specify ways to be followed for enhancing one's study integrity. Research design assist researchers to address challenges that may arise during the conduct of research (Polit & Beck 2012: 58).

For this study, the researcher followed an Interpretative Phenomenological Analysis (IPA) design. Interpretative Phenomenological Analysis is phenomenological, interpretative, double hermeneutic and idiographic nature (Smith, Flower & Larkin 2009: 3). The interpretative Phenomenological Analysis design is considered a phenomenological because it is concerned with an individual's perceptions of lived experience and also how participants perceive an event or object (Griffiths 2009 39, Smith et al 2009: 3). Phenomenological studies examine human experiences through the descriptions that are provided by the people involved (Brink et al (2012: 121).

It enables the researcher to gain access to an individual's world of using interviews and perceptions. Griffiths (2009: 39) emphasized that researchers using this approach have to be capable of conceptualizing and making sense of the participant's personal world through interpretative activities. The purpose of interpretative phenomenological analysis research is to describe what people experience in regard to certain phenomena, as well as how they interpreted their experiences. Double hermeneutic nature of IPA is based on the fact that both the researcher and participants try to make sense of and understand phenomenon studied (Smith et al 2009: 3).

The aim of IPA is to explore in detail how participants are making sense of their personal and social world. The interpretative Phenomenological Analysis design is concerned with

an individual's personal perception of an event. IPA is a suitable approach when one is trying to find out how individuals perceive the particular situations that they are facing and how they make these experiences (Smith & Osborn 2007: 53-54). The interpretative Phenomenological Analysis design involves conducting individual interviews with each participant. In this way the researcher gained insight into perceptions of pregnant women on factors contributing to late bookings to antenatal care visit in Ekurhuleni District Health. According to Griffiths (2009:39) an Interpretative Phenomenological Analysis design is phenomenological because it is concerned with an individual's perceptions of objects or events.

Interpretative Phenomenological Analysis design enables the researcher to gain access to understand individual's world using interviews and their perceptions. Griffiths (2009:39) emphasizes that researchers using this approach have to be capable of conceptualizing and making sense of the participant's personal world through interpretative activities. The purpose of interpretative phenomenological analysis research is to describe what people experience in regard to certain phenomena, as well as how they interpret the experiences. Interpretative Phenomenological Analysis assisted the researcher to explore in detail how participants are making sense of their personal and social world, as stipulated by Smith & Osborn (2009: 53). Interpretative Phenomenological Analysis design was best option to be used, as the researcher wanted to explore and interpret factors contributing to late bookings of pregnant women to their antenatal care visits.

3.4 RESEARCH METHODS

Research methods refer to the steps, procedures, principles, and strategies for collecting and analysing the data in a research investigation (Rees 2011: 244). This section covers study setting, sampling, data collection and data analysis.

3.4.1 Study Setting

Polit and Beck (2012: 743) define research setting as the physical location and conditions in which data collection takes place in a study. According to Polit and Beck (2014: 267) for qualitative studies, the researcher mostly collect data in a real world, naturalistic setting. Natural settings are uncontrolled, real-life settings where studies are conducted (Burns & Grove 2010:35). The study was conducted in Ekurhuleni Health District, North Services Delivery Region that is located in Gauteng Province, northern Region, within South Africa. The study was conducted at one of the local clinics in Ekurhuleni Health District, Gauteng Province. The clinic has 28 catchment area. The catchment area is consisting of formal and informal settlement. Those living informal settlements are usually staying in the houses built by the government of South Africa as part of Reconstruction and Development Programme (RDP). Most of the people living in informal settlements are migrants from neighbouring countries such as Zimbabwe, Lesotho and Mozambique and few from Nigeria. Majority of people in informal settlements stay in shacks. The clinic operates every day for 24hours. Services rendered at the clinic are Primary healthcare, Obstetric services and maternal and child health care services. The has high rate (More than 80%) of late booking amongst pregnant women and some of the women end up not attending antenatal care visits. They only visit the clinic when they are in labour.

3.4.2 Population

The population is a complete set of units or elements that have some common characteristics that the researcher is interested in (Brink, van der Walt & van Rensburg 2014:131). It is the entire set of individuals who have common characteristics (Polit 2014: 387). Population sets boundaries on the study units, De Vos, Strydom, Fouche, and Delport (2012: 223). The population of the study was all pregnant women in the clinic identified at Ekurhuleni district during the time of data collection. The total number of pregnant women is not static because when other women are booking, some are delivering. Based on the 2016 register on one of the clinic, the total number of women booked at the clinic were 1495.

3.4.3 Sampling and Sample size

Sampling is a process of selecting a group of people, events, and behaviors, or any other elements with which to conduct a study (Burns and Grove & Gray 2013: 708). Kumar (2014:230) defines sampling as the process of selecting a sample from a population. The researcher used purposive sampling to obtain participants. Purposive sampling is a type of non-probability sampling that is based on the judgment of the researcher regarding subjects or objects that are typical or representative of the study phenomenon or who are especially knowledgeable about the question at hand (Brink, van der Walt & van Rensburg 2014:134). Polit & Beck (2012:742) described purposive sampling as the deliberate choice of subjects who are deemed to be knowledgeable about the issue under study. The advantage of purposive sampling is that it allows the researcher to select the sample based on knowledge of the phenomena. In the study, the researcher did not include any pregnant women but those who met the eligibility criteria for inclusion. Eligibility criteria refer to the principles for inclusion in terms of characteristics that enable an individual to be included in the study population (Brink, van der Walt & van Rensburg 2014:124). Eligibility criteria specify the characteristics for inclusion in the study (Polit & Beck, 2012:274). Exclusion sampling criteria are characteristics that can cause a person or element to be excluded from participation in a study (Grove, Burns & Gray 2013:353). The following are the exclusion and inclusion criteria utilised in this study.

Inclusion criteria

The pregnant women who met the following criteria were included in the study:

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- Booked after 24 weeks of the gestational period.
- Aged from 18 years and above
- Staying at Ekurhuleni district.
- Able to speak English or any of the common language spoken in the district which is isiZulu, IsiNdebele and Southern Sotho.

Exclusion criteria

The following pregnant women were excluded from the study:

- Booked before 24 weeks of the gestational period.
- Younger than 18 years.
- Staying at Ekurhuleni district.
- Unable to speak English or any of the common language spoken in the district which is isiZulu, IsiNdebele and Southern Sotho.

A sample is a subset of the population that is selected for a study. Moule and Goodman (2014: 266) define a sample as a subset of the population, selected through sampling techniques (Moule & Goodman 2014: 266). According to Polit and Beck (2012:521), there are no specific rules for sample size in qualitative research as the sample is mainly determined by data saturation. Data saturation is the point at which no new information is obtained during the interview process (Polit & Beck 2012:521). For this study, data saturation was reached after interviewing 16 participants, however, four more participants were interviewed just to make sure that there is indeed no further new information from the participants. The final sample size consisted of 20 pregnant women.

3.5 DATA COLLECTION

Data collection is the gathering of information to address a research problem (Polit & Beck 2012:725). Grove, Burns and Gray (2013: 691) define data collection as a precise systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study. In this section, details on the process of developing interview questions, recruitment of participants and conducting interview are discussed.

3.5.1 Constructing interview guide

The researcher is the main data collection tool for the study. However, in order to guide the researcher, an interview schedule was designed according to Breakwell (2012:367). The questions were formulated based on the objectives of the study, research questions, and findings from the literature review. After formulation of the research questions, the researcher submitted the draft interview guide to the supervisor for approval. However, the supervisor's advice was that the questionnaire should be piloted to ensure the information gathered through responding to the research question will be able to address the research questions and objectives. This was done through conducting a pilot interview with two pregnant women from one of the clinics who met inclusion criteria. The first pilot interview was transcribed and submitted to the supervisor who suggested the inclusion of certain probes and prompts to ensure that the questions are well responded to. After refining the questionnaire, the researcher interviewed the second pregnant woman. The interview was also transcribed and submitted to the supervisor who approved the revised interview guide. The final interview guide is divided into three categories sections, namely biographic data, grand tour question and follow up questions. Probes were formulated based on participant's response to questions. All the follow-up questions were open-ended to enable participants' opportunity to provide information without being channeled to a specific answer. Brink, van der Walt & van Rensburg 2014:149) state that
Open-ended questions are not based on preconceived answers and they provide richer, more diverse data (See Appendix 6 for interview guide).

3.5.2 Recruitment of Participants

After getting ethical clearance from the University of South Africa, Department of Health Studies, Research Ethics Committee and permission from Ekurhuleni Health District, the researcher sought and found permission to recruit participants from the Operational Managers of the clinic and also maternal and child section. The researcher visited the

maternal and child unit every day for a week to recruit participants. This was done through providing information to a group of pregnant women attending the antenatal care services. The information provided includes the aim, objectives, issues of anonymity, privacy, voluntary participation, incentives, risks, benefits of the study, inclusion and exclusion criteria. All women who participated in information giving session were given information pamphlet which has all the relevant information of the study including ethical aspects. This was done to ensure that information provided enhance their understanding of the study and ethical issues as stipulated in information leaflet (see Appendix 2). Those who were willing to participate provided the researcher with their preferred date, time and place for the interview and formal appointments were scheduled. The researcher jot down the phone numbers of the participants in order to make follow up and to send reminders to participants. All participants have the contact details of the researcher and also the study supervisor which they may use in case they need more information or to discuss any aspects related to the study.

3.5.3 Conducting the interviews

Collection of data was done through in-depth semi-structured interviews. The interview is defined as a data collection method in which an interviewer asks questions from the respondent, either face to face or by telephone, (Polit & Beck (2012: 731). According to Burns, Grove and Gray (2013: 698), interviews are structured or unstructured verbal communication between the researcher and the participants in order to obtain information for a study. The interviews were done at the clinic were daily consultations are made by all new initiates for antenatal care visits. Separate rooms were used to ensure privacy and minimize disturbance from those who are not part of the study.

Welcoming of all participants was done through icebreaking for the creation of a conducive environment for facilitation of interviews. Informed consent was signed by all participants before resuming the interviews. A tape recording of the interviews was done through a permission from each participant as requested by the researcher. Open-ended questions were used from interviews guide when conducting the interviews. The

researcher used the individual semi-structured interview. Each interview session started with the following grand tour statement “Kindly share with me factors which have contributed to your late booking.” Probes and follow up questions were made to increase a detailed exploration and clarity seeking questions according to Brink et al (2014: 152). Audio recordings were done to in order to capture the entire interview. Field notes were also taken to capture non-verbal cues and other aspects such as physical appearance such body language which cannot be captured through audio-recorder. Interviews took about 45 to 60 minutes. Interviews were conducted iteratively with data analysis and were determined and terminated when data saturation was reached.

3. 6 DATA MANAGEMENT

All signed participant consent forms are to be kept by the researcher in a lockable cupboard accessible only to the researcher and will be stored for five years after the study. The consent form is stored separately from transcripts to ensure that there is no information which can make participants identifiable. The researcher listened to the audio-recorded interviews immediately after the interview, checking for anything unclear in order to know if a follow-up interview is required or not (Streubert & Carpenter, 2011: 91). Information in the audio-recorder after verbatim transcription was transferred to memory stick and be stored in a lockable cupboard. The information in the audio recorder was then completely deleted before re-use.

3. 7 DATA ANALYSIS

Data analysis is a systematic organization and synthesis of the research data (Polit & Beck 2012:725). According to Streubert and Carpenter (2011:90), data analysis begins as soon as data collection begins. The researcher transcribed each audio-recorded interview verbatim. Each transcript was analysed one at a time. The data was transcribed verbatim-transcribing all spoken words including [pause] and [laughter] by a transcriber who is recruited by the researcher. Once data was transcribed, the researcher explored for its accuracy and sufficiency. The transcripts were manually analysed using the

following steps of interpretative phenomenological analysis framework for data analysis as described by Smith and Osborn (2009: 67).

- Top quality recording equipment was used together with field notes for verbatim transcriptions of recordings in order to increase the accuracy of data collected (Polit & Beck 2016:531).
- Reading and re-reading of each transcript and field notes while coding and categorising for themes (Smith et al 2009:82).
- Searching for connections across emergent themes.
- Clustering the themes which are similar to super-ordinate themes.
- Development of a master table of themes containing super-ordinate themes, sub-themes, and quotes from the transcript.
- Samples of recorded interviews and field notes were transcribed and analysed by an independent researcher and coder who is an expert in qualitative data to ensure conformability. The themes of the co-coder were compared with those of the researcher until consensus was reached.
- After the above process, the researcher developed a single master table composed of two super-ordinate themes, themes, and sub-themes from master tables of themes from each participants list. The themes are discussed in chapter four.

3.8 ETHICAL CONSIDERATION

Ethics in social research refers to what is proper and improper in the conduct of scientific inquiry (Streubert & Carpenter 2011:62). Polit and Beck (2016:727) define Ethics as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to study participants. Adherence to ethical principles is a key to any research (Brink, van der Walt & van Rensburg 2014:35). The ethical principles are based on the human rights that need to be protected in research (Polit & Beck 2012: 170). Ethics is associated with morality and focus on matters of right and wrong. The Belmont Report articulated three primary ethical principles on which

standards of ethical conduct of research are based on beneficence, respect for human dignity and justice (Polit & Beck 2012: 170). In this study, ethical issues observed include protection of the rights of the institution, permission to conduct the study, informed consent, self-determination and withdrawal, anonymity, confidentiality, privacy, beneficence, respect, justice and non-maleficence and guiding against researcher misconduct.

3.8.1 Protecting the rights of the institutions involved

Ethical clearance to conduct the study was obtained from the Research Ethics Committee of the Department of Health Studies at the University of South Africa before the commencement of the study. Ethics Clearance number provided for this study is (Appendix 1) HSHDC/281/2013. Permission to conduct the study was sought and obtained from the Regional Officer in the Department of Health in Ekurhuleni Health District (Appendix 4); Operational Manager and District Assistant Director with the entire Research Committee. (Appendix 5).

3.8.2 Informed consent

Informed consent refers to the process of gaining agreement from an individual to participate in a research study based on having been given all relevant information, in a manner that is appropriate for that individual, about what participation means, with particular reference to possible harms and benefits as well as the inclusion criteria as stated by Moule and Goodman (2014: 63). According to Polit and Beck (2014:372), informed consent form refers to a written agreement signed by a study participant and researcher concerning the terms and conditions of voluntary participation in a study. Ehrlich and Joubert (2014:37) define informed consent as the ethical principle of voluntary participation and protecting participants from harm. The participants' right to make an informed and voluntary decision about the study participation requires full disclosure (Polit & Beck 2016:143). In this study, the participants were given all the relevant information regarding the study such as voluntary participation, the purpose of the study, benefits of

participating and also the risks related to participating in the study. They had a choice to participate and were under no obligation to participate. They were free to withdraw from the study if they were feeling uncomfortable to continue. Participants who were willing to participate were requested to sign a consent form.

3.8.3 Beneficence

According to Polit and Beck (2014: 83), Beneficence refers to a fundamental ethical principle that seeks to maximize benefits for the study participants and prevent harm. In this study, there were no direct individual benefits to the study participants. Though there was no direct benefit to the participants, the recommendations made in relation to the findings in this study will assist in providing relevant information and skills needed to health advice pregnant women prior conception about the importance of early booking. The researcher has avoided any question which was going to deliberately harm participants. However, in the case where participants were emotionally affected through the process, arrangements were made with a psychologist to offer counseling who is working in one of the clinics to offer counseling.

3.8.4 Confidentiality

Confidentiality is keeping the identity of the research participants only known by the researcher (Brink, van der Walt & van Rensburg 2014:172). It is the researcher‘s responsibility to ensure that the information obtained during the course of the study is not divulged to any other person without the permission from the study’ participants (Babbie 2010: 67). In this study, numbers were used instead of names of participants to protect identity. The name of the clinic is not mentioned in any case so that information cannot be traced back to the possible operational manager at the clinic. Information was presented in a summarized form before dissemination. Recorded interviews are stored under lock and key in a safe cupboard. Only independent coder and supervisor have access to the audio-recordings.

3.8.5 Anonymity

Anonymity exists if research participant's identity cannot be linked to individual responses (Grove, Burns & Gray 2013: 172). Though in qualitative research, the participants cannot be completely anonymous as the researcher who conducts face to face interview will know the participants. However, the participants become anonymous to other people. In the context of the study, the research participants were informed that their individual identities would not be disclosed in the research findings, therefore the researcher made use of numbers in transcripts. Interview tapes were stored in a locked cupboard where only the researcher has access. The consent forms were numbered, signed and stored separately from participants' contact details.

3.8.6 Privacy

Privacy refers to an individual's right to determine the time, extent and circumstances under which personal information can be shared or withheld from others (Grove, Burns & Gray 2013:169). This is to ensure that participants are able to share their information freely without fear of being seen or heard by unauthorized individuals. In this study, participants choose the time and place where they consider that it will be more convenient and that nobody would be able to hear the conversations. The participants were allowed to discuss only issues that they felt comfortable to talk about and the researcher only asked information that was relevant late booking.

3.8.7 Respect

Respect is awarding the participant the right to express self (opinions) which is the right to decide whether or not to participate in the study (Brink, van der Walt & van Rensburg 2014: 32). The autonomy which is right to self - determination or freedom of expression of the participants was respected in the study. Participants had a right to decide whether

or not to participate and were free to withdraw from the study without any form of victimization or threat. Participants 'privacy was also respected.

3.8.8 Justice

This principle includes the right to fair selection (Brink, van der Walt & van Rensburg 2014:33). The researcher selected the participants with fairness. The researcher was fair in conducting research and maintained confidentiality towards the participants and avoided discomfort when acquiring information from the participants (Pole & Beck 2014:84). The researcher first had an information giving a session to all pregnant women who are selected in the clinic to ensure that those who meet selection criteria make informed decision to participate in the study.

3.8.9 Non- Maleficence

The objective of this principle is that the research should bring no harm to participants, communities, and society at large (De Vos et al 2014:115). According to Babbie (2010: 71), this principle refers to the researchers' responsibility and duty to avoid, prevent or minimize harm to research participants. To avoid harm, only questions related to the study where asked. The participants were informed that if they feel uncomfortable to answer some questions should feel free not to do so. In the case where the participants became emotional in the process of interview, they were referred to the psychologist who was arranged prior to conducting the study. Participants were also informed that if after the interview they feel emotionally stressed, they should feel free to communicate with the psychologist whose name appears on the information leaflet.

3.9 MEASURES TO ENHANCE TRUSTWORTHINESS

Polit and Beck (2012: 1720), describe trustworthiness as the degree of confidence qualitative researchers have in their data. Moule and Goodman (2014: 188) define trustworthiness as a method of establishing or ensuring scientific rigor in a qualitative

research without sacrificing relevance. The goal of maintaining scientific rigor in qualitative research is to accurately portray the experiences of study participants. As the researcher ‘s study purpose was to understand the factors contributing to late booking amongst pregnant women in order to enhance early booking, ensuring trustworthiness was very important. To ensure scientific rigor, the researcher adhered to the criteria of ensuring trustworthiness described in Polit & Beck (2012: 1720). The criteria include credibility, dependability, transferability, conformability, and authenticity.

3.9.1 Credibility

Credibility alludes to confidence in the truth that the data and the interpretation thereof is a true reflection of the participants’ experiences, views, and beliefs (Brink, van der Walt & van Rensburg 2014:172). The effort was made to ensure that all participants were selected because they possess the same experiences of booking late for ANC visits. Only participants who met selection criteria were purposively sampled. Data were collected using in-depth semi-structured interviews until data saturation was achieved. To ensure credibility, the following elements were taken into consideration: prolonged engagement, member checking, peer review, triangulation and peer debriefing.

3.9.1.1 Prolonged engagement

Prolonged engagement is the investment of sufficient time during data collection to have an in-depth understanding of the group under study, thereby enhancing credibility. The researcher had an information session with the participants during the preparatory phase to get to know one another and explain questions they had about the study before the set date for the interview and rapport was established. This provided a room for trust during the day of the interview and participants were able to have a live discussion with the interviewer. This was because prolonged engagement is proven to help in gaining an in-depth understanding of the phenomena under study (Creswell (2013: 199).

3.9.1.2 Member checking

Creswell (2013: 199) describes member checking as a process whereby “the final report or specific description or themes “are taken back to the participants so as to offer them an opportunity to provide their viewpoints, provide context and an alternative interpretation. In this study, since the research participants were required to listen to the taped interviews to give them an opportunity to react, to ensure that there were no distortions or missing data and to allow participants to check and verify information recorded. After data analysis, the researcher presented the research findings to the group of pregnant women who participated in the study to ensure that the analysis of the findings and presented results present the participant's views.

3.9.1.3 Triangulation

Triangulation is the use of multiple methods to collect and interpret data about a phenomenon; so as to converge on an accurate representation of reality (Polit & Beck, 2014: 393).The researcher collected data using interviews and observations whereby semi-structured and structured interviews and field notes were used as means of ensuring triangulation.

3.9.1.4 Peer debriefing

Peer debriefing refers to meetings with peers to review and explore various aspects of a study, used to enhance trustworthiness in a qualitative study (Polit & Beck 2014:387). The researcher was continuously discussing the study process with some academics who have already completed the master’s study using a qualitative approach to provide guidance and feedback. The initial transcript and the summary of the findings to the supervisor and some of the academic colleagues for review and discussions. Suggestions mainly from the supervisor were made.

3.9.2 Dependability

It refers to the stability of data over a period of time and over conditions (Polit & Beck 2014:323). Verbatim of transcription of participants' interviews were done. Direct quotations of participants are used during presentation of the results. According to Bothma and Wright (2010: 292) dependability is a process to determine the quality of data. To ensure dependability, the researcher describes the inclusion and exclusion criteria for the participants, data collection methods, and data analysis process. The study supervisor has seen transcripts and also listened to the audio-recording of interviews. Peer briefing and member checking are done to ensure credibility also affirms dependability. Code and recording of data were done by the researcher and an independent coder to ensure that the emergent themes are truly reflecting participant's experiences.

3.9.3 Transferability

Refers to the extent to which qualitative findings can be transferred to other settings or groups (Polit & Beck 2014: 323). This was achieved by purposive sampling of participants, thick descriptions of research methods and data saturation. The dissertation report contains a detail description of the factors contributing to late booking amongst pregnant women in Ekurhuleni Health District. Verbatim extracts of participants were also included. The researcher also described the study participants, their settings, data collection and data analysis thoroughly to ensure the utility of the evidence for others that may need to repeat the study in a similar setting.

3.9.4 Confirmability

Confirmability refers to accurate reporting of the real meaning of data as provided by the participants (Brink, van der Walt & van Rensburg 2014:171). According to Moule and

Goodman (2014:190), confirmability refers to a mechanism of ensuring that the data represents information that the participants provided and is a measure of objectivity of the data. To ensure that no bias influences the results, tape recordings and field notes were utilized and were kept for further auditing. The study setting, participants sampling process, data collection methods data analysis, results and discussions of findings and recommendations are well documented to show how the study was conducted.

3.9.5 Authenticity

Refers to the extent to which fairness and faithfulness are displayed by the researcher in different realities (Botma, Greeff, Mulaudzi & Wright 2013:234). Authenticity is evident when the report describes the feelings of the participants lived experiences. The researcher made it possible for the readers to be able to understand the experiences that the late bookers have with regard to antenatal care visits. This was ensured by providing a description of the participants and also a verbatim transcription of interviews. The participants' excerpts are used throughout during discussion of the results to ensure the origin of the theme. The video recording and transcripts are available and were also seen by the supervisors. All participants' signed consent forms are kept safe in case a proof is required.

3.10 CONCLUSION

This chapter focused on the research methodology, ethical issues and measures to ensure trustworthiness. The subsequent chapter will cover data analysis and presentation of the research findings of the study.

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CHAPTER 4

RESULTS

4.1 INTRODUCTION

The previous chapter focus was on research methodology. Measures to ensure trustworthiness and ethical issues were also highlighted. This chapter presents the results of the study based on data analysis. The results are presented in two sections. The first section focuses on demographic data of participants, while the second sections focus on the superordinate themes, themes, and sub-themes that emerged from data analysis.

4.2 DEMOGRAPHIC DATA OF THE STUDY PARTICIPANTS

Provision of the demographic data was made for the readers to comprehend the sources of the information given. The participants were all pregnant women with different backgrounds from Ekurhuleni Health District, who met the inclusion criteria for participation. A total of 20 pregnant women participated in the study. Table 4.1 presents the demographic profile of the participants.

Table 4.1: Demographic data of participants

Participant	**Age**	**Gravity and Parity**	**Educational status**	**Occupation**
Participant 1	21 years	G3 P2	Grade 12	General worker
Participant 2	20 years	G3 P2	Grade 12`	A university student
Participant 3	21 years	G2 P1	Diploma	Contract worker
Participant 4	35 years	G4 P3	Never studied	Domestic worker
Participant 5	40 years	G4 P3-1	Grade 2	Domestic worker
Participant 6	33 years	G3 P2	Diploma	Teacher
Participant 7	37 years	G4 P3-2	Grade 12	Contract worker
Participant 8	35 years	G3 P0	Grade 8	Domestic worker
Participant 9	18 years	G1 P0	Grade 12	Pursuing a Degree
Participant 10	19 years	G 1 P0	Diploma	Internship/Student
Participant 11	23 years	G3 P2	Grade 11	Matric Student
Participant 12	27 years	G3 P0	Grade 7	Housewife
Participant 13	29 years	G2 P1	Grade 12	University student
Participant 14	31 years	G4 P3	Never went to school	Housewife
Participant 15	35 years	G3 P2-1	Diploma	Unemployed
Participant 16	19 years	G2 P1	Grade 11	Matric student
Participant 17	22years	G2 P1	Level o	Domestic worker
Participant 18	25 years	G3 P2	Grade 12	University student
Participant 19	38 years	G5 P0	Degree	Working at the bank
Participant 20	34 years	G4 P2-1	Diploma	Housewife

All participants have booked after 14 weeks of pregnancy. They are all from Ekurhuleni District Health in Gauteng. Their ages ranged from 18 and 40 years. Their educational standards differ from not attending schools to those with diplomas and degrees. Their employment status also differs from being unemployed, temporarily employed and permanent employment. Some participant are still students at different universities. This diverse background are also evidenced in their response on factors which make them to book late.

4.3 PRESENTATION OF FINDINGS

The following section provides an overview of the results based on super-ordinate themes, themes, and sub-themes that emerged from analysis of the interview transcripts and field notes gathered to gain an understanding of the factors which contribute to late bookings among pregnant women at Ekurhuleni Health District. Two super-ordinate themes emerged from data analysis as factors which contribute to late bookings among pregnant women at Ekurhuleni Health District: (i) **Healthcare Service related factors** and (ii) **Clients related factors.** Each superordinate theme is composed of several themes and sub-themes. The summary of the relationship between these two super-ordinate themes, themes, and their sub-themes are illustrated below in table 4.2. The themes are supported by verbatim quotations from participants which are indented and written in italic. The word ‘Participant’ followed by a number is used at the end of each quotation as a code to identify the participants from which the quotation is taken.

Table 4.2 Summary of the results

SUPERORDINATE THEMES	*THEMES*	*SUB-THEMES*
4.3.1 Healthcare Service related factors	***4.3.1.1 Human resource***	4.3.1.1.1 Attitudes of nurses
		4.3.1.1.2 Behaviours of nurses
		4.3.1.1.3 Knowledge of Nurses
	4.3.1.2 Services rendered	4.3.1.2.1 Duration of service
		4.3.1.2.2 Language used
	4.3.1.3 Infrastructure	4.3.1.3.1 Limited privacy
4.3.2 Clients related factors	***4.3.2.1 Knowledge deficit***	4.3.2.1.1.Ignorance of signs of pregnancy
		4.3.2.1.2 *Fear of false pregnancy*
		4.3.2.1.3 Limited knowledge regarding the importance of early booking
	4.3.2.2 Socio-economic status	*4.3.2.2.1 Lack of finance*
		4.3.2.2.2 Employment status
		4.3.2.2.3 Lack of legal documents
		4.3.2.2.4 Unplanned pregnancy
	4.3.2.3 Cultural issues	*4.3.2.3.1 Myth related to early bookings*

4.3.1. Healthcare Service related factors

Effective and efficient healthcare service is the key to maternal and child health care services. Good maternal and child health care can be achieved through early booking. Ineffective and inefficient healthcare service can negatively affect utilisation of antenatal health care service. This superordinate theme on healthcare service-related factors is made out of the following three themes: human resource, service rendered and infrastructure at the clinic.

4.3.1.1 Human resource

This theme focus on human resources responsible for offering antenatal care. The theme has three sub-themes namely attitudes of nurses, behaviours of nurses responsible for offering antenatal care and Knowledge of healthcare professionals regarding antenatal services.

4.3.1.1.1 Attitudes of nurses

Participant also mentioned the attitude of nurses towards ANC women as a deterring factor to early booking. This was portrayed through this statement by one of the participants:

> *I did not have any motivation to come and book when realising the nurses' attitude towards pregnant women. If you are young, they will scold you saying that the antenatal clinic is not for school children but for married people. Then, when older people come they will also be scolded being told that people just want to give birth while they are supposed to be grannies. This makes one feel that the best way is to wait until you are eight months old. (Participant 14).*

> *Nurses are not supportive. This turns me off and make me not to book early. This makes me not to have any plans for attending ANC Attendance of ANC is no longer appreciated. (Participant 8).*

4.3.1.1.2 Behaviours of nurses

Participants mention that the healthcare professional seems to be not taking the antenatal health care services seriously. This is shown by the time they spend during tea and lunch break:

> *"What makes me not to book early is the behaviors of nurses. One would have gone to the clinic very early, but instead of starting their work at seven, they will just linger around and end up starting to work around 9 am. After seeing only one or two people, they will leave us and say it is tea time. They will spend almost an hour. When they come back from tea they will be talking over phones while patients are waiting. Within an, it will be lunch time and they go for about two hours. It is like they first go and cook. This is happening while we are waiting. I have seen this during my first pregnancy and the rumour is that they have not changed. That's why I have now booked at seven months". (Participant 3).*

Apart from spending more hours during breaks, other participants are concerned about the pace at which the health care professionals are working, is slow.

> *"Health workers just drag their feet. They do not offer speedy services. You will find a nurse spending about three hours with one patient especially when one has come to book. They are too slow. Some nurses even say that, as long as the time is ticking, they will be played. After all, whether you have seen ten patients or only two per day, the salary will not be reduced or be increased. This is so irritating. I went twice for booking get tired waiting just left without being helped." (Participant 10)*

4.3.1.1.3 Knowledge of Nurses

Some participants assume that nurses are not knowledgeable about what they are expected to do or say.

> *"I am not even sure if it is lack of commitment or limited knowledge about ANC among the healthcare workers. When we ask them (nurses) questions, some of them do not respond whilst others will give you information which makes one become more confused than before. So what I did, from the period I fell pregnant, Google became my nurse. So whatever I did not understand, I just went to google and find the solution. Because some nurses when asked they even provide wrong information. So this makes one just go to the clinic when they are about to deliver." (Participant 13).*

4.3.1.2 Services rendered

Apart from facing challenges related to human resources which demotivate participants from early booking, there is also a concern related to the type of service rendered. This theme is about the services rendered at the clinic. It has three sub-themes mainly duration of service and type of services.

4.3.1.2.1 Duration of service

Participant's mention that the duration spent when a person is booking contribute to late booking. This is because of long queues as mentioned by the following extracts from participants' transcripts.

> *"The moment I realised that I am pregnant and thought of going to the clinic and join that long queues made me fill sick. You will go in the morning and come back in the evening. So I kept on postponing. The problem is like we are just flocking like sheep. The most demotivating aspects are long queues without explaining the importance of first-time visits to antenatal care visits." (Participant 3),*

“Sister, you do not know. When you arrive you will be in a line, just to get an antenatal card. Then you will follow another line for weight and blood pressure. Another line of urine. This happens before you even see the nurse. Then, you have to be taken blood. After that is then that you see the nurse. When you are with the nurse, you will spend an hour being asked a lot of unnecessary questions. If I have used a condom, can I use a condom when I am pregnant? Other issues are the type of house I stay in, where I fetch water, how I cook. This does not have anything to do with the pregnancy. The time the sister touches me and check my pregnancy is already more than an hour. After that, I was also sent for HIV counseling. As this is my third child, that’s why I just came and book so late. In fact, I was just planning to go and deliver without booking.” (Participant 6).

Apart from the routine activities, participants were also concerned about the pace at which the nurses offer the ANC services. This make participants feel that they do not want to book early.

“I don’t have any energy to come to the clinic when health workers do not have urgency to finish up quick with their ANC initiations so that we go back very soon to our respective place of work.” (Participant 5).

This is because nurses have started not seeing or taking other people’s job seriously exaggerating long waiting periods to be so slow. It is none encouraging that mostly one wake up very early to book a line to be assisted as soon as possible but that becomes null and void due to the unexplained time frame for waiting periods (Participant 11).

Participants mentioned that the time allocated for booking daily is limited. Nurses’ work up to specific working hours and then cut off the line. This make people who have come slightly late to be turned back to their home without being booked as indicated by the following quotation:

*“My plan was to book very early. But I have visited the clinic twice but I was turned back without booking. Around 15hours nurse just announced that, if you are coming for booking you cannot be assisted. It is late. But the clinic was still open. So I had to go back home. And as I have already used the money which I was given for transport. I had to wait for the following month to have money. The same thing of cutting was done when I was just next in the queue. That why I ended up booking so late. So their booking system that switches me off to book early**.”(Participant 9)”***

4.3.1.2.2 Language used

Other participants were concerned about the **l**anguage barrier. Some participants mentioned that language is a challenge to communicate with the health workers when coming to book and this result in them not even bothering themselves to come near the clinic hence un-booked cases are at a higher rate. They mentioned that nurses use their mother tongue which make it difficult for women from other ethnic group different from what is used by the healthcare providers.

“Ahhh Sister I wish all the clinics to have an interpreter to fast translate what nurses are asking all these questions to all pregnant women. I am Xitsonga speaking women. Most of the nurses in the ANC clinic use the Sotho language. So when I thought of going to book early I just felt demotivated because the earlier you book, it means that you will have to visit the clinic a lot of times before you deliver. And Every time, you become a laughing stock because when they say some of their things you don’t understand. And when you ask the nurses to speak English they become rude” (Participant 1)

4.3.2.3 Infrastructure

This theme is about the infrastructure used for antenatal care services. Participants are concerned about limited privacy related to the location and type of consultation room used for offering antenatal care services.

4.3.1.3.1 Limited privacy

Besides the challenge related to language barrier which makes participants reluctant to book on time, some participants were concerned about limited privacy at the clinic which is related to the infrastructure.

> *Another thing which makes me reluctant to book is lack of privacy in the clinic. This is because the room is very small and people waiting to be assisted usually hears what is discussed by the nurse and patient. So this makes me not want to book on time because, when nurses are asking questions, everyone can hear what I am saying. It is just that when one goes to deliver without booking nurses will scold you. Otherwise, I would not have booked until delivery.* (Participant 18).

4.3.2 Clients related factors

Apart from service-related factors, there are also several factors related to clients which contribute to women booking late. This superordinate theme focus on the client related themes. The themes under this superordinate theme are knowledge deficit on the part of the client, socioeconomic factors, and cultural beliefs.

4.3.2.1 Knowledge deficit

Having relevant information regarding the importance of early booking may assist pregnant women to book early for an antenatal visit. This theme is composed of three

sub-themes namely ignorance of signs of pregnancy and limited knowledge regarding the importance of early booking.

4.3.2.1.1. Ignorance of signs of pregnancy

To some participants, they booked late because they were not aware of the pregnancy or just ignoring the signs.

> *"I just thought that I am gaining weight. When I missed my menstrual period I did not even take it seriously as I had used family planning injection. I only realised that I might be pregnant when the baby started to move, that was the only time I thought of visiting the clinic." (Participant 4).*

> *"I have never been pregnant before. Even when I felt the child movement, I did not take it seriously. People were telling me that I have changed and my skin is glowing. To me it did not mean anything until my mother told me to go to the chemist to by the pregnancy kit. That's the time I realise d that I am pregnant." (Participant 10)*

4.3.2.1.2 *Fear of false pregnancy*

Some participants book late because they first want to be very sure that they are carrying a real fetus before they start to attend antenatal clinic due to fear of false pregnancy

> *"I do not intend to go to the clinic with unsure evidence of being pregnant when I missed my monthly period, what if I get disappointed and only fibroids are growing inside my utero? That is why I wait until is viable to start attending ANC visits." (Participant 8).*

4.3.2.1.3 Limited knowledge regarding the importance of early booking

Lack of knowledge can be a deterring factor for early booking. Despite government tried to provide information via media about the risks of not attending ANC as per maternal guidelines, participants projected failure to understand why all pregnant women should consult early once one is missing her menstrual period and attend subsequent visit to ANC. Results indicate that participants have limited knowledge with regard to the importance of early booking.

> *"Again to wait too long to be educated about preparing your body to carry a healthy baby shouldn't be much of a problem to gain knowledge as it appears with these nurses who keep us too long in the queues. As a pregnant woman, I don't know that I must be educated about my body system once missed my monthly periods because I don't see any deviation from normal if delayed ANC visits." (Participant 8)*

Statements like this also indicate limited knowledge

> *"I realized that it doesn't make any difference to book early at 12 weeks of gestation because risks will just emanate voluntarily even if you booked early." (Participant 11).*

> *"I know that I have to take treatment of supplements for the baby to grow but this turn to be a problem as it causes more complication of pregnancy. I remember they treated me with those different types of anti-acids but they worsened my condition though. So I don't see the importance of coming early for antenatal visits" (Participant 16)*

From the interview, it seems as if women book late because of having limited knowledge regarding the importance of early booking and also the value of all the procedures that are done during the antenatal visit. This was shown in the following excerpts:

"I find myself in a situation of being helpless as nurses do not explain anything to us. Nurses do not explain why they are letting us do all those tests and why they are asking so many questions and why do they spend so much time attending to one patient." (Participant 13).

"I think that the services rendered during ANC visits are deteriorating from good to bad. During my first child things were perfect, but the second visit it started to deteriorate. Now is worse. I am glad that I book so late. Nurses will do all the tests even HIV. They tested me before during booking for my first child, why do they want to test me again and again. I am a married woman and do not run around with other men. All my children belong to my husband. So why HIV test again?" (Participant 5).

Results indicate that some participants are reluctant to book or book late due to fear of HIV test which indicate limited knowledge regarding the importance of HIV testing during pregnancy:

"When I thought of booking I felt sick thinking about HIV test. I am afraid to test for HIV and another pricking's at the clinic. The problem is that there is no confidentiality. If I test HIV positive, before I leave, everyone will be knowing about my status. This is because people who are outside may hear what is said. I just pushed myself to book just because I was thinking of my unborn child. I just felt relieved because I have tested HIV negative. " (Participant 7).

Though the antenatal care services are offered free of charge including all the treatments required, some participants mention that they do not book early because for them it is cheaper to buy medicine from the local chemist than paying transport to go to the clinic.

"I do not see the reason for booking early as I know that I have to get treatment for the well-being of this fetus until delivery from the chemist. I have bought all the vitamin supplements and also treatment to increase blood so that I do not have

problems such as low blood (anaemia) and high blood. I know that as long as the fetus is moving it is fine. (Participant 9).

4.3.2.2 Socio-economic status

This theme focus on the socio-economic status of pregnant women which contribute to late booking. The factors include lack of finance, employment status and lack of legal documents

4.3.2.2.1 Lack of finance

As people are from several catchment areas, some of them are staying far from the clinic. In order to reach the clinics, they need transport from their homes to the clinic. Majority of participants mentioned that they booked late due to lack of transport or money to pay for transport.

It is not easy sister. One fails to book on time due to lack of financial support as there is the very long distance to the health facility." (Participant 8).

Remember, some of us are still students who are dependent on our parents for support in all facets. So it is a problem for us to book for ANC on time as we rely on the fund send by our parents for accommodation and food. So taking money and use it for transport is a problem (Participant 5)

Some participants are fully dependant on the financial support from the husband.

Sometimes I fail to tell my spouse that I need financial support to travel to the clinic for my welfare and that of my unborn baby "(Participant 8)

Some participants consider their husband to unsupportive which contribute to their late bookings.

The reasons for booking late is because my husband is so unsupportive. He does not understand why I should attend early antenatal care visits. He think that I just want to waste his money as I have to pay for transport and also by food as when I go to the clinic I spend the whole day. (Participant 20).

4.3.2.2.2 Employment status

Some participants mentioned that the reasons for late booking are that they have limited time to go to the clinic.

I spent most of my time working without breaks due to subsequent visits that are costly, demand me to attend ANC early. I normally avoid starting antenatal care visits early (Participant 17).

Another participant put it this way:

So even if I knew that I am pregnant, I would budge to go to queue. I was afraid to book early as my contract may be terminated while attending these ANC subsequent visits "(Participant 10).

"Sometimes we expect nurses to be fast in doing their work so that we go to our places of work without being taunted by our employers. Unfortunate we end up spending the whole day at the clinic and the employer cannot accept the absence several days. So, that's why I have just booked now because I have started my accouchement leave" (Participant 7).

Most of the time I spent my time working without breaks due to subsequent visits that are costly, demand me to attend ANC early. I normally avoid starting antenatal care visits early. It is also tiring to come to the clinic every day while working every day because I would love to secure my work for it to maintain the source of my income (Participant 17).

4.3.2.2.3 Lack of legal documents

Some participants book late because of their migrant status. Those who have come illegally find themselves stranded because they do not even have passport. This pose
A challenge as when people visit the clinic, a person is expected to produce identity document.

> *"I was afraid to go the clinic to get care due to lack of proper legal documents. As I did not have a passport, I could not go to that clinic in case they send the police to arrest me. I just ended up coming to the clinic because I was bleeding. They gave me treatment and then booked me. If it was not the case, I would just go to the hospital and deliver because I know that the hospital cannot send me back when I am about to deliver." (Participant 17).*

4.3.2.2.4 Unplanned pregnancy

Results indicate that one of the reasons for booking late is unplanned pregnancy as indicated by the following excerpts from participants:

> *"This is my fourth pregnancy. I did not even plan to have this child. This made me feel like not booking at all. It is just that nowadays a person is not allowed to give birth at home. I would not even have booked." (Participant 14)*

> *This is just my first year at the university. My parents did not even know that I am pregnant. So I did not want to book early in case one person knows me and tell my parents, so, booking late would just allow me to visit the clinic only for weeks and deliver." (Participant 10).*

> *"I was not even ready to have this child. I am only 18 years. I was just ashamed to visit the clinic as I did not plan to have this baby. That is the reason I booked late.*

If it was not my friends who booked me to visit the clinic, I would not have been here." (Participant 9).

4.3.2.3 Cultural Issues

Culture is one of the determining factors on how people behave during certain stages of life. One of the life events is pregnancy. Though some of the practices attached to pregnancy are helpful, some of those culture issues are helpful though some of them are just myths.

4.3.2.3.1 Myth related to early bookings

Results indicate that some women book late based because of myth around pregnancy and booking. This was shown by the following

"My culture is Tsonga, we are not allowed to disclose our pregnancy until you are sure of all probable signs of pregnancy are validated, Another thing is when you are pregnant in my culture you need to hide pregnancy in case some people still your pregnancy through witchcraft. So it is only proper to start putting on maternity dress and go to the clinic only when you are at list seven months. Then nobody will manage to steal the pregnancy because in seven month the child is a human being and cannot be put in somebody's tummy to make that person pregnant." (Participant 4).

Some of the cultural beliefs related to pregnancy are not only just myth but even harmful to the unborn baby. As women are booking very late, they follow some of the cultural practices which are dangerous for both the pregnant woman and unborn child:

"We are not supposed to eat eggs, oranges and sugar cane while pregnant. They say eggs as it does not have an opening, it will close the way (the cervix will remain closed even during labour) during delivery". They say if we eat oranges, the child

will be born with yellow eyes while sugar cane will make the child to be born with wrinkles, cracks and peeling skin. So if we book early, it means that we shall be given treatment and told to eat things which might affect the baby." (Participant 4).

4.5 CONCLUSION

In this chapter, the results was presented. Results shows that there are healthcare service and client related factors which contribute to late booking. Under healthcare service related factors, aspects such as human resource and service rendered. Under client related factor, aspects such as knowledge deficit, socio-economic factors and cultural factors. The next chapter, which is the final one for this dissertation, provides the discussions of the study findings, recommendations, limitations and conclusion of the study.

CHAPTER 5

DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The previous chapter presented the results of this study. This chapter summarizes, discusses and concludes the key findings from the study. The chapter also provides appropriate recommendations based on the study findings and states the limitations of the study.

5.2 RESEARCH DESIGN AND METHOD

The aim of the study was to determine factors contributing to late bookings by pregnant women at Ekurhuleni District in order to offer recommendations for enhancing booking practices of pregnant women at Ekurhuleni Health District. Interpretative phenomenological analysis design was used in this study. The researcher collected data from 20 purposively selected pregnant women using semi-structured individual face-to-face interviews. The interview process was guided by an interview guide. Each interview was audio recorded and lasted between 45-60 minutes per participants in average. Fields notes were taken as a means of triangulating data collection method. The researcher transcribe the audio recorded interviews verbatim. Data were analysed using Interpretative Phenomenological Analysis framework for data analysis. Trustworthiness of the study was maintained using the criteria of credibility, transferability, dependability, conformability and authenticity. Ethical aspects such as protection of the rights of the institution. Informed consent confidentiality, beneficence, respect, justice and non-maleficence were considered throughout the study.

5.3 DISCUSSION OF THE RESEARCH FINDINGS

Discussion of research findings is about interpretation and summary of the results and the researcher present the results relating to existing literature. The discussion section connects the findings with similar studies (Brink van der Walt & van Rensburg 2014:192). The discussion of the findings covers demographic data and the thematic categories which were highlighted in the results section.

5.3.1 Demographic data

Demographic data is discussed focusing on age, gravity and parity and highest educational standards and Occupational status.

5.3.1.1 Age

The study indicated that the age range for the participants was from18 to 40 years which is child bearing age. Only four participants are below the age of 21.This means that 16 women are 21 years and above capable of making responsible decision regarding bookings for their ANC. Given that all pregnant women who participated in the study were adults, it was assumed that they would provide similar experiences on factors contributing to late visits to ANC. However results showed varied reasons for late booking,

5.3.1.2 Parity

Women have different gravidity and parity status. Though they differ in parity, results indicate that they all have reasons for late booking. This suggest that parity does not determine if the person will book late or early as the people who have never gave birth, have their own reasons of booking late while those who have multiple delivery also have diverse reasons for booking late.

5.3.1.3 Educational standards

Regardless of educational status, participants have reasons for late booking. Those who never went to school and those still attending schools have their varied reasons for late booking. For those who are educated, their reason are more towards the healthcare services while for the once less educated, their reasons were more focused on personal reasons.

5.3.1.4 Occupation

Most of participants were unemployed, or just employed as domestic workers. This is expected as majority of participants are from informal settlements. The situation of non-permanent employment make those participant to book late in order to preserve their job while those who are unemployed, their reasons are more related to financial problems.

5.3.2 Factors contributing to late bookings

Factors contributing to late booking of pregnant women in one of the clinics at Ekurhuleni district will be discussed based on the two super-ordinate themes that emerged from data analysis namely Healthcare Service related factors and Clients related factors

5.3.2.1. Healthcare Service related factors

Healthcare service related factors were highlighted as key determinant in late booking among pregnant woman at one of the clinics in Ekurhuleni district. This was discussed under human resource and service rendered and material resources.

5.3.2.1.1 Human resource

This theme focus on human resources responsible for offering antenatal care. Findings of this study indicate that negative attitudes of nurses towards ANC women as a deterring

factor to early booking. Women who have used the antenatal services previously indicate that nurses have negative attitudes towards women utilising ANC services especially those who are older than forty years and those who are attending schools. These negative attitudes make women to book late so that they will have limited period to be with nurses because, if they have booked late, they will only attend antenatal clinic once or twice before they deliver. This finding concurs with report by the South Africa National Department of Health mentioning that attitudes of the health workers have been seen as the serious barrier towards early booking amongst pregnant (DOH 2015:13). These make some of the pregnant women to either wait for specific nurses and doctors to come back from leave before they start booking. Same findings were noted by Maputle, Mothiba and Tladi (2013:145) mentioning that midwives' attitude are among the factors which lead to late booking.

Besides negative attitudes towards women visiting antenatal clinic, the health care professionals portray behaviour which discourages women to book early. The behaviours mentioned include starting to work very late, taking very long tea and lunch breaks and spending a lot of time talking over the cell phones instead of attending to pregnant women seeking antenatal care. Besides the time wasted through the above mentioned behaviours, the pace at which the nurses are working while attending to one patient is very slow which make other patients to wait longer. These behaviours contribute to late booking while other participants mentioned that they felt that they could not wait. So they end up going back to their homes without booking.

Findings of this study also indicate that some of the nurses have limited knowledge regarding the information which should be provided to women attending antenatal clinic. This make some of the women book late as they end up trusting internet in order to check the information they need to sustain their pregnancy. Undermining the healthcare provider in reliance to the information from mass media is a new trend that is making pregnant women to book late. The danger of reliance in media is that, some of the information is not validated which may end up misleading the pregnant women or contribute to

increased maternal and child death. This will be defeating the purpose of the department of decreasing maternal and child mortality rate (DHIS 2014:37).

5.3.1.1.2 Services rendered

Apart from facing challenges related to human resources which demotivate participants from early booking, findings indicate that the services rendered at the clinic contribute to late bookings of pregnant women. One of such service related challenge is the amount of time spent at the clinic due to long queues. Though the long queues may be related to the pace at which health care providers are providing services, the number of people attending the clinic might be high as the area is serving pregnant women from both formal and informal settlement. This finding attest to Davidson, London and Ladewig (2012: 403) Mentioning that overpopulation is one of the contributory factor to late booking.

However, findings also show that the long queues may be related to the number of services and procedures performed to an individual woman as participants mention that one person can spend more than two hours with the nurse for lengthy history taking and several procedures which need to be performed. According to The Department of Health (2015:37), there should be a thorough health screening full socio-economic history, medical history relevant to pregnancy such as current pregnancy, previous pregnancy and complications as well as previous operations, family planning, allergies and use of medications asked. The department of Health also specify test which need to be done during antenatal visit such as urine testing, blood testing for several conditions including HIV testing. These procedures will definitely take time. According to (DOH 2015:33), essential screening such as Syphilis serology, Rhesus factor, blood group, hemoglobin levels, glucose/albumin in urine should be conducted to all pregnant women regardless of number of number of pregnancy and parity. The situation may also be related to the number of health care practitioners available to render the healthcare service because if there is inadequate ratio of nurses to patient, there will always be some delays.

Participants mentioned that the time allocated for booking daily is limited. Nurses' work up to specific working hours and then cut off the line. This make people who have come slightly late to be turned back to their home without being booked. This is a major problem as, returning the client back might contribute to more overloading of health care system as the patient who have been sent back will combine with the once coming for the first time, thus causing overcrowding in the clinic. This situation will lead to further delay in booking and depriving pregnant women from receiving proper antenatal care (Haddril et al 2014:5; Fraser et al 2014: 231).

Findings further indicate that language barrier demotivate other pregnant women from early booking. This is a major concern because, though the health care professional might be knowing some local language, the fact that the catchment area for the clinic is composed of migrants from other countries, it might be difficult to find a nurse who is able to speak non-south African languages. Though the clinic might suggest the use of an interpreter, it will still be a concern and not cost effective as there might be translators from all African states. However, the issue is where the healthcare practitioners choose to use their home language even to clients who understand English which now becomes an attitudinal issue. As stated previously, negative attitudes of health care practitioners contribute to late booking (DOH 2015:13).

5.3.1.1.3 Infrastructure

Besides the challenge related to language barrier which makes participants reluctant to book on time, lack of privacy at the clinic make some participants to become reluctant to book. Lack of privacy is related to the location of the consultation room, type of consultation room which is not sound proof and the waiting area which make clients waiting outside to hear the conversation happening inside the consultation room between the nurse and the client. This lack of privacy demotivates women from early booking (Fraser et al 2014: 231). The findings concur with the once of Maputle, Mothiba and Tladi (2013:145) mentioning that poor infrastructure is among factors that contribute late antenatal bookings.

5.3.2.2 Clients related factors

Apart from service-related factors, findings indicate that there are factors related to clients which contribute to women booking late. Some of the factors highlighted include knowledge deficit on the part of the client, socioeconomic factors, and cultural beliefs.

5.3.2.2.1 Knowledge deficit

Having adequate knowledge regarding the importance of early booking is a motivator for early booking (Yeoh 2016:24). Findings of this study indicate that most of participants have limited knowledge not only to the importance of early booking but also sign of pregnancy. Findings indicate that some of the participants booked late because they were not aware of the pregnancy or just ignoring the signs especially the primigravida and people who were using hormonal contraceptives such as injectable contraceptives. This concurs with the findings from previous study mentioning that unplanned pregnancy contributes to late booking (Maputle, Mothiba & Tladi 2013:145). The moment they realise that they are pregnant it was already in the middle of second trimester of pregnancy which is already late as according to (DOH 2015:33), pregnant women should visit health care facilities or health providers once pregnancy is suspected or first missed periods..

Though to some women they are aware of sign of pregnancy, they have fear that it might be false pregnancy. This make the women to wait until very late. This is an indication that some women are not aware of the importance of early booking. Despite government tried to provide information via media about the risks of not attending ANC as per maternal guidelines, participants projected failure to understand why all pregnant women should consult early once one is missing her menstrual period and attend subsequent visit to ANC. Results indicate that participants have limited knowledge with regard to the importance of early booking. These findings attest to the study conducted by Davidson et al (2012: 403) and Haddril et al (2014:5) mentioning most of pregnancies end in miscarriage due to lack of knowledge regarding early Antenatal bookings.

Findings further indicate that some of the participants book late for antenatal care because of fear of antenatal screening tests in particular HIV test. This indicate limited knowledge about the importance of antenatal visits and HIV test during pregnancy. This attest to findings by Maputle, Mothiba and Tladi (2013:145) in Limpopo province on causes of late booking as they think that the moment they attend antenatal clinic they will be expected to test for HIV and if they are positive, they will face stigma associated as it is still assumed that people get HIV through promiscuity. Limited information related to early booking is also mentioned as one of the factor contributing to late bookings by Fraser, Cooper and Nolte (2014: 397).

For other participants, as they consider that the reason for attending antenatal clinic is just to get supplements, they prefer buying the supplements from the chemist to avoid early booking. This confirms lack of information related to the importance of early booking which also attest to the findings by Fraser, Cooper and Nolte (2014:297) and Davidson, London & Ladewig (2012: 403) mentioning that limited information related to the value of early booking and the belief that pregnancy is not a sickness are some of the factors related to late bookins.

5.3.2.2.2 Socio-economic status

This theme focus on the socio-economic status of pregnant women which contribute to late booking. The factors include lack of finance, employment status and lack of legal documents Findings indicate that most of participants book late due to lack of funds for transport to visit the clinic. This is due to the fact that some of the pregnant women are unemployed or still attending schools. Those who are employed are mostly on contract and earning very little money. So, for them to find money for transport they are dependent on either relatives or spouse. According to Onoh, Umeora, Agwu, Ezengwui, Ezenou and Onyebuchi (2012:173), lack of transport to go to the healthcare facility is seen as one of the core contributing factors to late booking. Though antenatal services are offered free

of charge in the public healthcare facilities of South Africa, most of the women cannot access the healthcare facilities due to lack of finance to pay for transport. Unemployment is documented also by Davidson, London & Ladewig (2012: 403) as the reason for late booking among pregnant women

Though some of women are employed, in this study, being employed is seen as a deterrent factor for early booking as some participants mentioned that the reasons for late booking are that they have limited time to go to the clinic. Participants are afraid of spending more time at the clinic while absent from work. This means that employment status, whether employed or unemployed can act as a deterrent factor for early booking especially if the women is not a permanent employee. So for people on contract, attending to antenatal clinic might lead to termination of contract, thus leading to unemployment. Lack of proper employment might be related to lack of/ or limited education as seen in the biography of some of the participants. Unemployment and lack of education are also documented as the factors which cultural beliefs that pregnancy should be preserved with herbs also was identified as factors influencing the delayed attendance of antenatal care by pregnant women (Maputle, Mothiba & Tladi 2013:145).

Lack of legal document is one of the factor contributing to late booking. As some participants have come illegally to South Africa without find themselves stranded because they do not even have passport. This pose a challenge as when women book, the clinic usually need identity number. This number is also required after delivery for registering the baby. Some women delay to book fearing that, if they visit the clinic without legal documents they will be arrested and be deployed back to their countries. This is a problem because some of the women end up delivering without booking, or even delivering at home which might lead to maternal or infant mortality. According to Kula, (2013: 314), late booking can lead to high infant and maternal mortality rate. In a review of all newborn death/s reported in the World Health Organization, it was discovered that 1.2 per 1000 of stillbirths that occurred were related to spontaneous preterm and hypertension disorders which were not detected early due to late booking (Feresu, Harlow, Gillepsie, 2012: 9).

Unplanned pregnancy has been identified as one of the reasons for booking late. This is because either the pregnancy is unwanted or a person is embarrassed to visit the clinic. This usually happens to women who already have children or students. For students is mainly fear of being seen by the parents. For some is just the issue of not being ready for pregnancy. Unplanned pregnancy is identified Maputle, Mothiba and Tladi (2013:145) as one of the determinants for late booking. However, this can also be coupled with lack of information as early visit might also assist people with unwanted and unplanned pregnancy to make informed decision regarding choice on termination of pregnancy (DOH 2015:16).

5.3.2.2.3 Cultural Issues

Culture is one of the determining factors related for late booking. Results indicate that some women book late based on their culture. According to their culture, people are not supposed to disclose the pregnancy early due to fear of being bewitched. According to such cultures, pregnancy should be hidden until it has progressed so that no one can be able to “steal the pregnancy”. This means that a woman cannot book before at least 20 weeks of pregnancy. These findings concur with those of Fraser, Cooper and Nolte (2014: 397) and Maputle, Mothiba and Tladi (2013:145) mentioning cultural believes contribute to late booking by pregnant women.

The challenge with culture as determining factor is that it does not only affect the booking but also have a negative impact on health and nutritional status of women. Some of the cultural beliefs related to pregnancy are not only just myth but even harmful to the unborn baby. As women are booking very late, they follow some of the cultural practices which are dangerous for both the pregnant woman and unborn child as they are sometimes given certain types of herbs which can be harmful to the baby or also be prohibited to eat certain type of food which can lead to malnutrition. In this study, the findings indicate that some culture prohibits pregnant women to eat multi-nutritious food such as eggs and fruit

such as oranges which is rich in vitamin C. Findings regarding cultural practices which are harmful to maternal and child health have also been recorded by Maputle, Mothiba and Tladi (2013:145) mentioning that cultural beliefs that pregnancy should be preserved with herbs influence the delayed attendance of antenatal care by pregnant women.

5.4 LIMITATIONS OF THE STUDY

The study was done at one clinic in Ekurhuleni Health District. It is a purposive sampling therefore may not reflect experiences of other pregnant women who were late bookers for the purpose of the study. The study took place in an urban areas excluding those in rural areas. As women were from diverse backgrounds, educational status, parity and occupation, it was not easy to reach data saturation. That led the researcher to interview more than 10 participants which is considered a large number in qualitative studies using interpretative Phenomenological analysis design.

5.5 RECOMMENDATIONS OF THE STUDY

Based on findings of the study, the researcher made the following recommendations for improving ANC booking at Ekurhuleni Health District: The recommendations were made based on the super-ordinate themes of the findings that emerged from the study:

5.5.1. Recommendations to address Healthcare Service related factors

- The department of health should create and fill posts for professional nurses providing ANC care to pregnant women.
- The clinic manager should monitor the break time for health care practitioners to prevent wasting of time through taking long breaks.
- There should be a suggestion box which is monitored by independent people where the clients evaluate the service rendered and proper disciplinary actions should be taken against health care professional who are portraying negative attitudes towards women attending antenatal clinic.

- Nurses should be send for refresher course as soon as there are new guidelines related to antenatal care so that they will be able to provide relevant information to the clients.
- Antenatal care should be incorporated to integrated performance management system to ensure that nurses do not waste time communicating on cell phones and long tee breaks instead of focusing on providing relevant care to women attending antenatal clinic.
- Only questions related directly to the pregnancy should be asked instead of asking almost everything about the patients which are tiring to both the women and health care providers.
- The consulting rooms should be insulated/ made to be sound proof in order to improve privacy of the patients.
- The consulting rooms should also have two doors so that, clients already attended to should not meet those who have not yet been screened, especially for HIV as the facial experience of a person who have just tested HIV positive can be read by the patients waiting outside.
- Antenatal booking should be offered for 24hours in order to accommodate those who are working who cannot visit the clinic during the day. This will also reduce the ques and ensure that no client is send back unattended.
- Nurses should try by all means to use language which are understood by the clients. In case where it is difficult, and interpreter who is multilingual may be used. Or else the government should budget for multilingual earphone which can assist in translating the information to different languages according to client's choice.
- All pregnant women visiting clinics for ANC should be a priority not wait in the queue.

5.5.2 Recommendations to address *Clients related factors*

- Mass media such as radio, television should be used to spread the information regarding to early booking.

- Information regarding signs of pregnancy and importance of early booking should be included as part of life skills at school to ensure that learners are aware as some of women are fell pregnant while they are still at school.
- There should be peer educators who can engage to door to door campaigns to teach people about the importance of early booking.
- Information related to early booking should also challenge cultural practices which can be dangerous to both the women and unborn child.
- Mobile unit should be re-established in order to deliver antenatal care to clients who are staying far from the clinics in order to curb financial challenge.
- Regarding those people who are migrant without proper documentations, the clinic should treat the women as all the emergency case which cannot be sent back without receiving proper antenatal care services.

5.5.3 Recommendation for Future research

- The study should be conducted to explore the experiences of nurses offering antenatal care to pregnant women.
- A quantitative study, focusing on large number of participants need to be conducted in order to investigate factor contributing to late booking.
- A study, using a focus group discussion as data collection focusing on the factors contributing to late booking need to be conducted. This may encourage participants to communicate freely.

5.6 SUMMARY OF THE RESULTS

The following is a summary of the results in relation to the questions which were formulated based on the objectives of the study:

Research question 1: *Why are pregnant women booking late for their antenatal care in one of the clinics at Ekurhuleni Health District?* Results indicate that pregnant women booking late for their antenatal care due to health service related factors and client

related factors. Under healthcare service-related factors, human resource, service rendered and infrastructure at the clinic where raised as main issues which make pregnant women to book late. Under client related factors, knowledge deficit on the part of the client, socioeconomic factors, and cultural beliefs where identified as major factors contributing to late bookings.

Research question 2: *What can be done to enhance early booking of pregnant women utilising one of the clinics at Ekurhuleni Health District?* Recommendations to address factors which contribute to late bookings in order to enhance early bookings among pregnant women utilising one of the clinics at Ekurhuleni Health District?

5.7 CONCLUSION

The aim of the study was to determine factors contributing to late bookings by pregnant women at Ekurhuleni District in order to offer recommendations for enhancing booking practices of pregnant women at Ekurhuleni Health District. Interpretative phenomenological analysis design was used in this study. The researcher collected data from 20 purposively selected pregnant women using semi-structured individual face-to-face interviews. The interview process was guided by an interview guide. Each interview was audio recorded and lasted between 45-60 minutes per participants in average. Fields notes were taken as a means of triangulating data collection method. The researcher transcribe the audio recorded interviews verbatim. Data were analysed using Interpretative Phenomenological Analysis framework for data analysis. Trustworthiness of the study was maintained using the criteria of credibility, transferability, dependability, conformability and authenticity. Ethical aspects such as protection of the rights of the institution. Informed consent confidentiality, beneficence, respect, justice and non-maleficence were considered throughout the study. The objectives of the study were met as the researcher have managed to identify factors that contribute to late bookings among pregnant women at one of the clinics in Ekurhuleni district and make contextual relevant recommendations to enhance early booking. Finally, recommendations for further studies where made based on the identified limitations for this study.

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Appendix 1 University of South Africa Ethical Clearance

UNISA university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

HSHDC/281/2013

Date: 10 December 2013 Student No: 3308-539-0

Project Title: Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health District.

Researcher: Dikeledi Beauty Selala

Degree: Masters in Public Health Code: DIS4986

Supervisor: Dr AH Mavhandu-Mudzusi
Qualification: PhD
Joint Supervisor: -

DECISION OF COMMITTEE

Approved [√] **Conditionally Approved** [ ]

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

Appendix 2 Participants information Leaflet

Title of study: **Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health district**

Principal Investigator: **DIKELEDI BEAUTY SELALA**

Institute: University of South Africa (UNISA)

My name is Dikeledi Beauty Selala; a Social Worker by profession working at Clinic X at Ekurhuleni district and a part time student registered for Master in Public Health at the University South Africa (UNISA). I am currently conducting research as part of my studies and my research topic is on the "Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health district", and my student number is 41981375. The aim of the study is to determine factors contributing to late bookings by pregnant women at Ekurhuleni district. The study also aims to utilse its findings to offer recommendations to improve or enhance booking practices of pregnant women

The study will be conducted in the form of one-on-one interview and data to be collected will be recorded with your permission since it will help the researcher to review and analyse it for an improved quality of data. All the information recorded and discussed will be respected and be kept confidential as much as possible. Your demographic or personal details such as name, surname, and date of birth are not required since you will be anonymous for this study

The results for this study will be used to propose guidelines on how to manage to improve booking by pregnant women at Ekurhuleni Health district. There is no danger or harm to participate in the study. However, some participants could be emotional needing intervention such as counselling which will be possibly provided or arranged after the interviews. Furthermore, the results of this study will be used for the researcher's

dissertation. Should you wish to withdraw from the study at any time please feel free to do so, you will be requested to sign a consent form to withdraw with no coercion. For more information about this study, please feel free to contact me during office hours at 072 4429 200.

Should you be interested to participate in this study, please sign the consent form?

Appendix 3 Informed Consent for participants

I…….....on……...this day…….of……2013/2014 hereby consent to take participate in the research study. The purpose and objectives of the research have been made known to me and I fully understand them. I agree to participate as an anonymous and won't be able to provide my personal details. All the information to be given will be kept private and confidential. As such, I am willing and volunteering to participate without being forced and I can withdraw from this study should I wish to do so at any time.

Participant's Name/Surname…….Date…….Signature

Investigator's Name/Surname…….Date…….Signature

Appendix 4Permission request letter to the district

Unit 149 Savona court
Cnr Terrace & Smit ave
Edenglen
Edenvale
1619
23/04/2015

The Chief Executive Officer
Ekurhuleni Health district
Thembisa,
13 0ctober 2013

Re: Request for approval/permission to undertake a research study on the “Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health district

Dear Sir/Madam

My name is Dikeledi Beauty Selala; a professional nurse working at Clinic X at Ekurhuleni district and a part time student registered for Master in Public Health at the University South Africa (UNISA). I am currently conducting research as part of my studies and my research topic is on the “Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health district”, and my student number is 41981375. The aim of the study is to determine factors contributing to late bookings by pregnant women at Ekurhuleni district. The study also aims to utilse its findings to offer recommendations to improve or enhance booking practices of pregnant women

I am hoping to conduct this study at Clinic X. (I will write the real name of the clinic) I am writing to seek permission in order to gain access to the institution. The study will be conducted in the form of one-on-one interview with selected pregnant women and data to be collected will be recorded with your permission since it will help the researcher to

review and analyse it for an improved quality of data. All the information recorded and discussed will be respected and be kept confidential as much as possible. Your demographic or personal details such as name, surname, and date of birth are not required since you will be anonymous for this study.

The results for this study will be used to propose guidelines on how to manage to improve booking by pregnant women at Ekurhuleni Health district. There is no danger or harm to participate in the study. However, some participants could be emotional needing intervention such as counselling which will be possibly provided or arranged after the interviews. Furthermore, the results of this study will be used for the researcher's dissertation. Should you wish to withdraw from the study at any time please feel free to do so, you will be requested to sign a consent form to withdraw with no coercion. For more information about this study, please feel free to contact me during office hours at 072 4429 200.

I have enclosed a proposal/protocol, consent form and a grand tour schedule/guide interview for your perusal.

Your favourable response will be highly appreciated.

Yours Sincerely,

Dikeledi Beauty Sel@ala (Registered nurse and midwife)
Tel: 072 4429 200.
E-mail: dikelediselala@yahoo.com

Appendix 5Permission request letter to the district

Unit 149 Savona court
Cnr Terrace & Smit ave
Edenglen
Edenvale
1619
23/04/2015

Assistant district officer
Esangweni midwife & obstetric unit
219 Mpilo Street
Tembisa
1632

Re: Request for approval/permission to undertake a research study on the “Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health district

Dear Mr Smith

My name is Dikeledi Beauty Selala; a professional nurse working at Clinic X at Ekurhuleni district and a part time student registered for Master in Public Health at the University South Africa (UNISA). I am currently conducting research as part of my studies and my research topic is on the “Factors contributing to late bookings amongst pregnant women at Ekurhuleni Health district”, and my student number is 41981375. The aim of the study is to determine factors contributing to late bookings by pregnant women at Ekurhuleni district. The study also aims to utilse its findings to offer recommendations to improve or enhance booking practices of pregnant women

I am hoping to conduct this study at your clinic. I am writing to seek permission in order to gain access to the institution. The study will be conducted in the form of one-on-one

interview with selected pregnant women and data to be collected will be recorded with your permission since it will help the researcher to review and analyse it for an improved quality of data. All the information recorded and discussed will be respected and be kept confidential as much as possible. Your demographic or personal details such as name, surname, and date of birth are not required since you will be anonymous for this study.

The results for this study will be used to propose guidelines on how to manage to improve booking by pregnant women at Ekurhuleni Health district. There is no danger or harm to participate in the study. However, some participants could be emotional needing intervention such as counselling which will be possibly provided or arranged after the interviews. Furthermore, the results of this study will be used for the researcher's dissertation. Should you wish to withdraw from the study at any time please feel free to do so, you will be requested to sign a consent form to withdraw with no coercion. For more information about this study, please feel free to contact me during office hours at 072 4429 200.

I have enclosed a proposal/protocol, consent form and a grand tour schedule/guide interview for your perusal.

Your favourable response will be highly appreciated.

Yours Sincerely,

Dikeledi Beauty Sel@ala (Registered nurse and midwife)
Tel: 072 4429 200.
E-mail: dikelediselala@yahoo.com

Appendix 6 Interview guide

Factors contributing to late booking among women at Ekurhuleni Health District

QUESTIONS ASKED DURING INTERVIEWS

Qualitative questions formulated were divided into four categories, namely, biographic, core / main question, probes and follow-up

Biographic Data

1. Age
2. Gravity
3. Parity
4. Occupation
5. Highest educational standard

Core question

- Kindly share with me factors which have contributed to your late boking?

Probing questions

- What type of support do you get to encourage you to book?
- What type of constraints are you facing?
- What challenges have you experienced which made you to book late?
- What should be done to make enhance early booking?

Other questions were depended on the participants' responses to questions.