

**FACTORS INFLUENCING ANTENATAL CARE ATTENDANCE AMONG
PREGNANT WOMEN IN LAU LOCAL GOVERNMENT AREA, TARABA STATE,
NIGERIA.**

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Abstract

This study examines the factors influencing antenatal care attendance among pregnant women in Lau Local Government Area of Taraba State, Nigeria, with a focus on assessing the level and distribution of ANC utilization, and identifying the socio-economic, cultural, accessibility, and health system factors affecting attendance. The study adopted a descriptive qualitative research design, utilizing both primary and secondary data sources. Primary data were obtained from antenatal care records from Primary Health Care (PHC) facilities within the LGA, while secondary data were sourced from relevant literature. The findings reveal that ANC attendance in Lau LGA is unevenly distributed across wards and is influenced by a complex interaction of socio economic, cultural, accessibility, and health system factors. Key barriers identified include poverty, low levels of female education, long distances to health facilities, poor transportation systems, cultural beliefs, limited decision-making autonomy among women, and inadequate healthcare infrastructure. The study also highlights issues of irregular attendance and discontinuation of care among some pregnant women. The study concludes that improving antenatal care utilization requires targeted interventions addressing both demand and supply side barriers. It recommends strengthening community health education, improving access to healthcare services, and enhancing the quality of maternal healthcare delivery to improve outcomes in the study area

Keywords: *Antenatal Care, Maternal Health, Health Service Utilization, Socio-Economic Factors.*

Introduction

Maternal health remains a key concern within global public health discourse, particularly in low and middle income countries where preventable maternal and neonatal deaths continue to pose serious developmental challenges. According to the World Health Organization (2023), an estimated 287,000 women died globally from pregnancy and childbirth-related complications in 2020, with Sub-Saharan Africa accounting for approximately 70% of these deaths. Nigeria, as one of the high-burden countries, contributes significantly to global maternal mortality figures. The United Nations Children's Fund (2023) reports that Nigeria remains among the countries with the highest maternal mortality ratio (MMR), estimated at over 500 deaths per 100,000 live births. These frightful statistics underscore the urgent need to strengthen maternal health interventions, particularly antenatal care (ANC), which is widely recognized as a significant strategy for reducing preventable maternal and neonatal morbidity and mortality.

Antenatal care refers to the routine health supervision provided to pregnant women to monitor pregnancy progression, detect and manage complications, and to provide health education and preventive services. In 2016, the World Health Organization revised its ANC guidelines,

increasing the recommended minimum number of contacts from four to eight to improve maternal and fetal outcomes. This shift reflects growing empirical evidence that more frequent contact with skilled health providers reduces the risk of stillbirths, preterm births, and maternal complications (WHO, 2016; 2023). ANC also serves as an entry point for comprehensive reproductive health services, including immunization, nutrition counseling, malaria prevention, HIV testing, and birth preparedness planning. Thus, sufficient ANC attendance is not merely a clinical obligation but a cornerstone of comprehensive maternal and child health policy.

Despite its definite benefits, ANC utilization remains uneven and insufficient across many regions of Nigeria. The 2018 Nigeria Demographic and Health Survey (NDHS) indicates that although a majority of women attend at least one ANC visit, far less complete the recommended number of visits, especially in rural and semi-urban communities. Regional difference is particularly obvious in Northern Nigeria, where socio-cultural norms, poverty, low female literacy, and weak health infrastructure continue to obstruct best maternal health service utilization (National Population Commission (NPC)& ICF, 2019). More recent health sector performance reviews (Federal Ministry of Health, 2022) recommend that policy frameworks such as the Basic Health Care Provision Fund (BHCPF) aim to enhance primary healthcare delivery, structural and contextual barriers persevere at local government levels.

The determinants of antenatal care attendance are multidimensional and interrelated Socio-economic factors such as maternal education, household income, employment status, and spousal support vastly affect health-seeking behavior. Empirical studies across Sub-Saharan Africa consistently show that women with higher educational attainment are more likely to commence early ANC booking and complete recommended visits (Babalola & Fatusi, 2021; Banke-Thomas, Banke-Thomas, & Ameh, 2017). Education strengthens health literacy, decision making autonomy, and knowledge of pregnancy related risks. Similarly, economic empowerment reduces financial barriers related to transportation costs, service fees, and subtle opportunity costs.

Cultural beliefs and social norms also shape ANC utilization model. In many traditional settings, pregnancy may be perceived as a natural process that does not need medical supervision unless complications arise. Gender dynamics, belief on traditional birth attendants, and the influence of family elders can delay or discourage formal healthcare utilization (Okedo-Alex, Akamike, Ezeanosike, & Uneke, 2019). In Northern Nigeria especially, patriarchal structures mostly reduce women's autonomy in seeking health services without spousal consent. These socio-cultural constraints related with accessibility challenges such as long distances to health facilities, poor road networks, and insufficient transportation systems.

Health system-related factors also play a crucial role in deciding continued ANC attendance. Availability of skilled health personnel, quality of interpersonal care, waiting times, availability of essential drugs, and considerate maternity care considerably influence women's satisfaction and willingness to return for subsequent visits. Evidence shows that negative provider attitudes, informal fees, and poorly equipped facilities discourage continued utilization (Bohren et al. 2017; Kruk, et al. 2018) The concept of quality of care has been shifted from mere service availability to patient-centered, respectful, and culturally sensitive maternal healthcare delivery.

Taraba State, located in North-Eastern Nigeria, speculate many of these broader structural and socio-cultural challenges. Lau Local Government Area (LGA), characterized by semi-urban and rural settlements, encounter limitations in health infrastructure, workforce shortages, and

socio-economic vulnerability. Although primary health centres (PHCs) exist within the LGA, administrative records indicate inconsistent ANC attendance and late booking among pregnant women. However, there are limited localized empirical research specifically examining the interplay of socio-economic, cultural, accessibility, and health system factors influencing ANC attendance in Lau LGA. Context-specific studies are essential because national level statistics often mask sub-national disparities.

Although federal and state governments in Nigeria have implemented several initiatives to uphold primary healthcare services including the Basic Health Care Provision Fund and maternal health campaigns evidence shows that utilization gaps persist at the grassroots level. Socio-economic condition such as poverty, low female literacy, unemployment, and financial dependence appears to reduce women's ability to access adequate antenatal services. Cultural norms, gender power relations, and dependence on traditional birth practices also influence health seeking behavior in many Northern communities. Furthermore, health system challenges such as inadequate staffing, long waiting times, insufficient essential drugs, poor infrastructure, and negative provider attitudes discourage adequate ANC attendance.

In Taraba State, particularly in Lau Local Government Area, yet, challenges such as weak institutional frameworks and inadequate infrastructure continue to undermine the these structural and contextual obstacles are likely to influence maternal health service utilization. Despite the presence of Primary Health Centres within the LGA, expressive reports and routine health data indicate unstable attendance, late commencement of ANC, and irregular follow-up visits among pregnant women. However, there is little empirical research specifically examining the combined influence of socio-economic, cultural, accessibility, and health system-related factors affecting antenatal care attendance in Lau LGA. Most studies focus on national or broader regional analyses, which may obscure localized determinants unique to specific communities. Therefore, there is a pressing need to systematically explore the determinants of antenatal care attendance among pregnant women in Lau Local Government Area, Taraba State.

By focusing on a local government area where context-specific evidence remains scarce, the study contributes to existing knowledge on maternal healthcare utilization and provides empirical evidence to support the design of targeted interventions aimed at improving antenatal care attendance and maternal health outcomes in rural communities. The study interrogates the conditions under which factors influencing antenatal care attendance among pregnant women in Lau Local Government Area, Taraba State, Nigeria. Specifically, the article investigates three interrelated questions; what is the Level of and distribution of Antenatal care attendance among the pregnant women in Lau LGA? What is the socio-economic, cultural and accessibility factors influence antenatal care among the pregnant women in Lau LGA? and what health system related factors affects the utilization of antenatal care services among the pregnant women in Lau LGA?

Literature Review

Concept of Antenatal Care

Antenatal care (ANC) refers to the routine healthcare services provided to pregnant women by skilled health professionals throughout pregnancy to ensure the health and well-being of both the mother and the unborn child. It comprises preventive, promotive, diagnostic, and curative services aimed at monitoring pregnancy progression, detecting complications early, and

preparing women for safe childbirth and motherhood. According to the World Health Organization (WHO, 2016), antenatal care involves regular contacts between pregnant women and healthcare providers for medical examinations, nutritional counselling, health education, immunization, disease prevention, and management of pregnancy-related conditions.

ANC serves as a critical component of maternal healthcare because it provides opportunities for early identification and management of pregnancy complications such as hypertension, anaemia, gestational diabetes, malaria, and sexually transmitted infections. The United Nations Children's Fund (UNICEF, 2023) emphasizes that quality antenatal care contributes significantly to reducing maternal and neonatal morbidity and mortality by promoting healthy behaviours, birth preparedness, and timely referral of high-risk pregnancies.

The WHO currently recommends a minimum of eight antenatal contacts during pregnancy to improve maternal and neonatal outcomes. These contacts enable healthcare providers to monitor fetal growth and development, provide nutritional supplements such as iron and folic acid, administer preventive treatments, and educate women on pregnancy danger signs, breastfeeding, newborn care, and family planning. Consequently, antenatal care is not merely a clinical intervention but a comprehensive strategy for improving maternal and child health outcomes.

Factors Influencing Antenatal Care Attendance

Socio-economic factors constitute some of the most important determinants of antenatal care attendance among pregnant women. Educational attainment has consistently been identified as a major predictor of ANC utilization. Women with higher levels of education are generally more likely to understand the benefits of antenatal care, recognize pregnancy complications, and seek professional healthcare services. Education enhances health literacy, improves decision-making capacity, and promotes positive health-seeking behaviour (Babalola & Fatusi, 2021).

Income level also influences ANC attendance. Women from low-income households often experience difficulties meeting transportation costs, registration fees, laboratory expenses, and other indirect costs associated with healthcare utilization. Financial constraints may therefore result in delayed booking, irregular attendance, or complete non-utilization of antenatal services. Studies conducted in Northern Nigeria have shown that poverty remains a significant barrier to maternal healthcare utilization, particularly in rural communities where economic opportunities are limited.

Accessibility to healthcare facilities significantly influences antenatal care attendance. Distance to health facilities remains a major challenge in many rural communities where pregnant women travel long distances to access maternal healthcare services. Long travel distances often increase transportation costs and time requirements, thereby discouraging regular attendance at antenatal clinics.

Road conditions and transportation availability further affect access to healthcare services. In many rural areas of Taraba State, poor road networks become particularly problematic during the rainy season when some communities become difficult to reach. Consequently, pregnant women may postpone or completely miss scheduled antenatal appointments. Accessibility challenges have repeatedly been identified as important barriers to maternal healthcare utilization across rural communities in Nigeria.

Cultural beliefs and social norms play an important role in determining antenatal care attendance among pregnant women. In some communities, pregnancy is perceived as a natural condition that does not require medical attention unless complications arise. Such beliefs may discourage women from attending formal healthcare facilities during pregnancy.

Traditional birth attendants continue to play significant roles in maternal healthcare in many rural settings. Some families prefer traditional birth attendants because of cultural familiarity, perceived affordability, and established community trust. Furthermore, gender norms and patriarchal structures often influence healthcare decisions. In many Northern Nigerian communities, women require approval from husbands or family elders before seeking healthcare services. Limited decision-making autonomy may therefore reduce women's ability to access antenatal care independently.

Health system characteristics significantly influence antenatal care attendance. Availability of skilled healthcare personnel, adequacy of healthcare infrastructure, availability of essential medicines, and quality of services provided all affect women's willingness to utilize antenatal care services. Health facilities that are adequately staffed and equipped are more likely to attract and retain pregnant women throughout pregnancy.

Healthcare provider attitudes also influence service utilization. Respectful treatment, effective communication, confidentiality, and supportive care encourage continued attendance, while negative experiences such as long waiting times, rude behaviour, and poor service delivery may discourage women from returning for subsequent visits. Bohren et al. (2017) and Kruk et al. (2018) emphasize that quality maternal healthcare extends beyond service availability to include patient-centred and respectful care.

Several empirical studies have examined factors influencing antenatal care attendance in Nigeria and other developing countries. Babalola and Fatusi (2021) reported that maternal education, household income, and place of residence significantly influence antenatal care utilization among Nigerian women. The study found that women with secondary and tertiary education were more likely to initiate antenatal care early and complete the recommended visits compared to women with little or no formal education.

Okedo-Alex et al. (2019) conducted a systematic review of determinants of antenatal care utilization in Sub-Saharan Africa and identified maternal education, socio-economic status, cultural beliefs, distance to health facilities, and quality of healthcare services as major determinants of utilization. The review further revealed that women living in rural areas were generally less likely to attend the recommended number of antenatal visits than their urban counterparts.

Banke-Thomas et al. (2017) examined maternal healthcare utilization among women in low- and middle-income countries and found that financial barriers, limited access to healthcare facilities, inadequate transportation systems, and weak health infrastructure significantly affected maternal healthcare utilization. The authors concluded that interventions aimed at improving maternal healthcare utilization must address both demand-side and supply-side barriers.

In Northern Nigeria, studies have consistently demonstrated that poverty, low female literacy, cultural norms, and limited healthcare infrastructure remain major constraints to antenatal care attendance. These findings suggest that the determinants of antenatal care utilization are multidimensional and require integrated interventions that address socio-economic, cultural, accessibility, and health system challenges simultaneously.

The reviewed literature demonstrates that antenatal care attendance is influenced by a complex interaction of socio-economic, accessibility, cultural, and health system factors. However, limited empirical evidence exists specifically for Lau Local Government Area of Taraba State. This study therefore seeks to fill this knowledge gap by examining the factors influencing antenatal care attendance among pregnant women in the study area.

Theoretical Framework.

The study is anchored on the Andersen Behavioral Model of Health Services Use, which explains the factors that influence individuals' utilization of healthcare services. The model was developed by Ronald M. Andersen in 1968 to understand why people use health services and what factors determine their access to healthcare.

According to the model, the utilization of health services is influenced by three major categories of factors: predisposing factors, enabling factors, and need factors. Predisposing factors include demographic characteristics such as age, education, religion, and cultural beliefs that influence an individual's attitude toward seeking healthcare. Enabling factors refer to the resources that make healthcare services accessible, such as income level, availability of health facilities, transportation, and family support. Need factors represent the individual's perceived or evaluated health condition that necessitates medical attention (Andersen 1995).

The Andersen Behavioral Model provides a suitable framework for understanding the factors influencing antenatal care attendance among pregnant women in Lau Local Government Area of Taraba State because the determinants investigated in this study correspond directly with the major components of the model.

The socio-economic factors examined in this study, including educational attainment, income level, employment status, and financial capacity, are reflected within the predisposing and enabling dimensions of the model. Educational attainment influences women's awareness of pregnancy-related risks and the benefits of antenatal care, while income level affects their ability to meet transportation costs, registration fees, and other expenses associated with healthcare utilization. Consequently, women with higher levels of education and better economic resources are more likely to initiate antenatal care early and maintain regular attendance throughout pregnancy.

The accessibility factors identified in the study, such as distance to healthcare facilities, transportation availability, and road infrastructure, are represented within the enabling component of the model. Access to healthcare services depends not only on the existence of health facilities but also on the ability of pregnant women to physically reach such facilities. In rural communities within Lau Local Government Area, long travel distances, poor road conditions, and transportation challenges may significantly reduce antenatal care attendance despite the availability of healthcare services.

The cultural factors influencing antenatal care attendance are closely associated with the predisposing component of the model. Cultural beliefs regarding pregnancy, traditional health practices, gender norms, and household decision-making structures influence women's attitudes toward formal healthcare utilization. In many rural communities, decisions regarding maternal healthcare are often influenced by husbands, family members, and community traditions, thereby affecting the timing and frequency of antenatal care attendance.

Similarly, health system factors such as the availability of skilled healthcare personnel, adequacy of medical equipment, availability of essential drugs, waiting time, and healthcare

provider attitudes are reflected within the enabling dimension of the model. The quality of healthcare services influences pregnant women's experiences and satisfaction with antenatal care, which in turn affects their willingness to continue attending scheduled visits.

The need component of the Andersen Behavioral Model is equally relevant to this study because pregnant women's perceptions of pregnancy-related risks, complications, and the importance of professional healthcare influence their decisions to utilize antenatal care services. Women who perceive pregnancy as requiring regular medical supervision are more likely to seek antenatal care than those who consider pregnancy a normal life event that does not require formal healthcare intervention.

Therefore, the Andersen Behavioral Model provides a comprehensive analytical framework for examining how socio-economic conditions, cultural beliefs, accessibility constraints, health system characteristics, and perceived healthcare needs interact to influence antenatal care attendance among pregnant women in Lau Local Government Area, Taraba State, Nigeria. The framework is particularly relevant because it captures both individual-level and system-level determinants of healthcare utilization, thereby providing a holistic understanding of the factors responsible for variations in antenatal care attendance within the study area.

Methodology

The study was conducted in Lau Local Government Area (LGA) of Taraba State, North-Eastern Nigeria. Lau LGA has its administrative headquarters in Lau town and is bordered by Ardo-Kola, Jalingo, Yorro, and Zing Local Government Areas, as well as parts of Adamawa State. The LGA comprises ten electoral wards, namely Lau I, Lau II, Kunini, Abbare I, Abbare II, Jimlari, Mayolope, Garin Magaji, Garin Dogo, and Donada. According to the 2006 National Population Census, Lau Local Government Area had a population of 96,590 persons. Applying the National Population Commission's annual growth rate of 3.0%, the projected population of the LGA for 2025 is approximately 169,303 persons (National Population Commission, 2006; projected by the researcher, 2025). The inhabitants of the area are predominantly engaged in farming, fishing, petty trading, and other rural economic activities. Maternal and child healthcare services, including antenatal care (ANC), are provided through a network of Primary Health Care (PHC) facilities distributed across the wards of the LGA.

This study adopted a descriptive research design to examine the factors influencing antenatal care attendance among pregnant women in Lau Local Government Area of Taraba State, Nigeria. The design was considered appropriate because it enables the systematic collection, analysis, and interpretation of data relating to antenatal care utilization and the factors influencing attendance among pregnant women. The design also facilitates the description of existing conditions and patterns of healthcare utilization within the study area.

Data for the study were obtained from both primary and secondary sources. Primary data were obtained from antenatal care records maintained in selected Primary Health Care (PHC) facilities across Lau Local Government Area. These records provided information on antenatal care attendance patterns, pregnancy outcomes, referrals, and other relevant maternal healthcare indicators. Secondary data were sourced from a wide range of scholarly and institutional materials, including peer-reviewed journal articles, textbooks, conference proceedings, government publications, policy documents, reports of international organizations such as the World Health Organization (WHO), United Nations Children's Fund (UNICEF), National

Population Commission (NPC), Federal Ministry of Health publications, and other relevant literature related to maternal healthcare and antenatal care utilization.

The population of the study comprised all pregnant women who attended antenatal care services in selected Primary Health Care facilities within Lau Local Government Area during the study period. The study also utilized antenatal care records maintained by the respective health facilities for the period under review.

Data were collected through documentary review of antenatal care registers and maternal health records obtained from selected Primary Health Care facilities in Lau Local Government Area. Relevant information relating to antenatal care attendance, pregnancy outcomes, referrals, and utilization patterns was extracted from the records using a structured data extraction format designed for the study. The data obtained from antenatal care records were analyzed using descriptive statistical techniques. Frequencies, percentages, tables, charts, and graphical illustrations were employed to summarize and present the data. The use of descriptive statistics enabled the identification of patterns, trends, and variations in antenatal care attendance across the wards of Lau Local Government Area.

The findings were subsequently interpreted in relation to the objectives of the study and discussed within the context of existing literature and the Andersen Behavioral Model of Health Services Utilization.

On Ethical Considerations, approval to access antenatal care records was obtained from the relevant Primary Health Care authorities within Lau Local Government Area. The study relied exclusively on aggregated facility records and did not collect personal identifiers of individual patients. Confidentiality, anonymity, and ethical standards governing the use of health-related data were strictly maintained throughout the study.

Data Presentation, Analysis and Discussion Of Findings

Distribution and Level of Antenatal Care Attendance in Lau LGA

Ward-Level Distribution of ANC Attendance

Table 1: Distribution of ANC Attendance by Ward

Ward	ANC Attendance	Percentage (%)
Lau (A)	2,012	19.1
Dobeli	456	4.3
Kunini	801	7.6
Donada	756	7.2
Abbare (A)	1,756	16.7
Yeti	443	4.2
Mayolope	1,653	15.7
Garin Magaji	511	4.9
Garin Dogo	467	4.4
Jimlari	1,653	15.7
Total	10508	100

Source: PHC Lau LGA ANC Register (2025)

Findings

The findings reveal considerable disparities in antenatal care attendance across the wards of Lau Local Government Area. Lau (A) recorded the highest attendance with 2,012 visits

representing (19.1%) of total ANC attendance. This was followed by Abbare (A) (16.7%), Mayolope (15.7%), and Jimlari (15.7%). Together, these wards accounted for more than 80% of all recorded antenatal care visits within the study period.

Conversely, Yeti (4.2%), Dobeli (4.3%), Garin Dogo (4.4%), and Garin Magaji (4.9%) recorded the lowest attendance levels. The variation in attendance suggests differences in accessibility, population concentration, healthcare availability, and awareness of maternal health services among communities within the LGA.

The uneven distribution of ANC attendance demonstrates that utilization of maternal healthcare services remains spatially unequal across the study area.

Discussion of Finding

Influence of Accessibility Factors on ANC Attendance

The observed variation in ANC attendance among wards suggests that accessibility plays a critical role in determining utilization of maternal healthcare services. Wards with higher attendance figures are likely to possess better physical access to healthcare facilities, relatively improved transportation systems, and closer proximity to PHCs.

On the other hand, wards with lower attendance records may face challenges related to distance from health facilities, poor road networks, and transportation difficulties. Such barriers increase both the financial and time costs associated with seeking healthcare during pregnancy.

These findings support previous studies which identified geographical accessibility as a major determinant of maternal healthcare utilization in rural Nigeria. Accessibility constraints reduce the likelihood of regular clinic attendance and often contribute to delayed initiation of antenatal care.

Influence of Socio-Economic Factors on ANC Attendance

The disparities observed in antenatal care attendance may also reflect underlying socio-economic differences among pregnant women within the study area. Educational attainment, household income, occupation, and economic status are important determinants of healthcare utilization.

Women with higher educational levels are generally more aware of pregnancy-related risks and the benefits of regular antenatal care. Similarly, households with better financial resources are more capable of meeting transportation costs and other expenses associated with clinic attendance.

The relatively high attendance recorded in some wards may therefore indicate greater awareness of maternal healthcare services and stronger economic capacity among residents, while lower attendance in other wards may reflect poverty-related barriers and limited health literacy.

These observations are consistent with findings by Babalola and Fatusi (2021), who reported that maternal education and household income significantly influence antenatal care utilization in Nigeria.

Influence of Cultural Factors on ANC Attendance

Cultural beliefs and social norms remain important determinants of antenatal care attendance in many rural communities. In Northern Nigeria, pregnancy is sometimes viewed as a natural process that does not require medical supervision unless complications arise.

Such perceptions may discourage some women from seeking regular antenatal care services. Furthermore, decision-making regarding maternal healthcare is often influenced by husbands, elders, and other family members. Where women possess limited autonomy, healthcare utilization may be delayed or restricted.

The lower attendance recorded in some wards may therefore be partially attributable to cultural practices, traditional beliefs, and household decision-making structures that discourage frequent interaction with formal healthcare systems.

Influence of Health System Factors on ANC Attendance

Health system characteristics significantly influence women's willingness to utilize antenatal care services. Availability of skilled healthcare personnel, adequacy of medical equipment, availability of essential drugs, waiting time, and provider attitudes are important determinants of continued attendance.

The relatively higher attendance observed in some wards may suggest greater confidence in available healthcare services. Conversely, lower attendance levels may indicate dissatisfaction with service quality or inadequate healthcare infrastructure.

Previous studies have shown that respectful treatment by healthcare workers encourages repeat attendance, while poor service delivery discourages utilization of maternal healthcare services. Therefore, improving the quality of care within PHCs remains essential for increasing ANC attendance throughout Lau Local Government Area.

Pregnancy Outcomes among ANC Attendees

Table 2: Pregnancy Outcomes

Outcome	Frequency	Percentage (%)
Successful Vaginal Delivery	7,452	70.5
Referral Cases	502	4.8
Discontinued ANC	2,554	24.3
Total	10,508	100

Findings

The findings indicate that the majority of pregnancies (70.5%) resulted in successful vaginal deliveries. This suggests that antenatal care services provided through PHCs contributed positively to maternal health outcomes.

However, 24.3% of cases were categorized as discontinued ANC attendance. This relatively high proportion suggests that many pregnant women fail to complete recommended antenatal visits.

Discontinuation may be associated with socio-economic difficulties, transportation challenges, cultural beliefs, and dissatisfaction with healthcare services. These findings further support the argument that multiple interrelated factors influence ANC attendance within the study area.

The referral rate of 4.8% indicates the presence of high-risk pregnancies requiring specialized obstetric care beyond PHC capacity.

Discussion of Findings

The study demonstrates that antenatal care attendance in Lau Local Government Area is influenced by a combination of socio-economic, accessibility, cultural, and health system factors.

The unequal distribution of ANC attendance across wards highlights the importance of physical access to healthcare facilities. Wards with higher attendance appear to benefit from better accessibility and stronger healthcare infrastructure, whereas wards with lower attendance are likely affected by distance-related barriers.

The findings also suggest that socio-economic conditions influence healthcare-seeking behavior. Women with better educational backgrounds and greater financial resources are more likely to utilize antenatal care services consistently.

Cultural beliefs, traditional practices, and household decision-making structures further shape maternal healthcare utilization patterns. In communities where pregnancy is regarded as a routine event requiring little medical attention, attendance at antenatal clinics may be lower.

Finally, health system factors such as staffing levels, availability of medicines, quality of care, and healthcare provider attitudes affect women's experiences and willingness to continue utilizing ANC services. These findings are consistent with the Andersen Behavioral Model, which explains healthcare utilization through the interaction of predisposing factors (education and cultural beliefs), enabling factors (income, accessibility, and healthcare availability), and need factors (perceived health risks during pregnancy).

Conclusion

This study examined the factors influencing antenatal care (ANC) attendance among pregnant women in Lau Local Government Area of Taraba State, Nigeria. The findings revealed significant variations in ANC attendance across the wards of the Local Government Area, indicating disparities in maternal healthcare utilization. Wards such as Lau (A), Abbare (A), Mayolope, and Jimlari recorded relatively high levels of antenatal care attendance, whereas Yeti, Dobeli, Garin Dogo, and Garin Magaji recorded comparatively lower attendance levels. These variations suggest differences in access to healthcare services, socio-economic conditions, cultural practices, and health system characteristics within the study area.

The study established that antenatal care attendance is influenced by a combination of socio-economic, accessibility, cultural, and health system factors. Educational attainment, household economic status, distance to health facilities, transportation challenges, cultural beliefs, and the quality of healthcare services were identified as important determinants of ANC utilization. The findings further revealed that although antenatal care services contribute positively to maternal health outcomes, a considerable proportion of pregnant women discontinue attendance before completing the recommended schedule of visits, thereby limiting the full benefits of maternal healthcare services.

The study therefore concludes that improving antenatal care attendance in Lau Local Government Area requires a comprehensive and integrated approach that addresses the multiple barriers influencing maternal healthcare utilization. Enhancing awareness, improving accessibility, addressing socio-cultural constraints, and strengthening healthcare service delivery are essential for increasing ANC attendance and improving maternal and neonatal health outcomes in the study area.

Recommendations

Based on the findings of the study, the following recommendations are made:

Government and Primary Health Care authorities should intensify community-based health education programmes to increase awareness of the importance of early registration and regular attendance at antenatal clinics.

Policies and programmes aimed at improving female education and economic empowerment should be strengthened in order to reduce financial barriers and enhance women's capacity to utilize maternal healthcare services.

Additional Primary Health Care facilities should be established in underserved communities, while existing facilities should be upgraded to improve geographical access to antenatal care services. Rural road networks and transportation systems should be improved to facilitate easier access to healthcare facilities, particularly for pregnant women living in remote areas.

Community engagement programmes involving traditional rulers, religious leaders, and community health workers should be strengthened to address cultural beliefs and practices that discourage the utilization of antenatal care services. Male involvement in maternal healthcare should be encouraged through targeted awareness campaigns aimed at promoting family support for antenatal care attendance.

Government should recruit, deploy, and retain adequate numbers of skilled healthcare personnel in Primary Health Care facilities across Lau Local Government Area to improve the quality of maternal healthcare services. Healthcare facilities should be adequately equipped with essential drugs, medical supplies, diagnostic equipment, and other resources required for effective antenatal care service delivery.

Referral and follow-up systems should be strengthened to ensure continuity of care for high-risk pregnancies and to reduce the number of women who discontinue antenatal care attendance. Regular monitoring and evaluation of maternal healthcare services should be undertaken to identify underserved communities, track antenatal care attendance patterns, and support evidence-based interventions for improving maternal health outcomes.

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