P17

Comparing the health seeking behaviours of pregnant women in two JFPA clinics in the time of COVID-19

Authors: Pauline Russell-Brown, DrPH, Jamaica Family Planning Association (JFPA); Dorothy Boyd-Brown, JFPA; Veronica Brown, JFPA; Nastassia Lammie; JFPA; Nahima Smith, JFPA; Olive Thorney (JFPA).

Introduction

The standard protocol for antenatal clinic (ANC) visits for no risk pregnant women followed by the Jamaica Family Planning Association (JFPA) is monthly visits up to 28 weeks gestation; followed by fortnightly visits up to 37 weeks and weekly after. This protocol is informed by the World Health Organization recommendations to improve the quality of antenatal care. They are designed to reduce the risk of stillbirths and pregnancy complications and give women a positive pregnancy experience. [1].

JFPA provides antenatal care for pregnant women in two fixed clinics – one in an urban setting, the other in a rural setting. In the 3 months between March 2020 when Jamaica reported its first case of COVID-19 and June 2020 when some government-imposed restrictions were relaxed, the JFPA made adjustments to its clinic operations. Clinic hours at both sites were reduced by 3 hours; staffing was adjusted and screening and prevention protocols were introduced.

Concern for the quality of care being offered by the Association during this period led the Association to conduct a study of ANC users. The study aimed to explore the effect of COVID-19 restrictions on pregnant women's health seeking behaviours.

The health belief model (HBM) proposes that whether a person performs a particular health behavior is influenced by two major factors: perceived threat and perceived effectiveness of the preventive behavior. The perceived threat is determined by whether someone believes he or she is likely to get the disease, and how severe it would be if it developed. The second factor; perceived effectiveness of the preventive behavior, takes into account not only whether the person thinks the behavior is useful, but how costly (in terms of money, time and effort) it is to carry out the preventive behavior.

Method

The study relied on a mixed method data collection approach.
Secondary quantitative data (demographic data, information on gestation at registration and appointment dates) for each client were abstracted from the Association's electronic database.
Conversations conducted with women when they returned for their clinic visit or when they called into the clinic provided primary data with which to assess perceived risk of missing an appointment and whether the woman thought attending on time for the ANC visit was useful, but also the cost (in terms of money, time and effort) of making the visit.

Results

Table 1: Selected Demographic Data for Clients Using Clinic A & Clinic B

		Clinic A	Clinic B
Number of clients		15	16
Age of client (years)	<20	-	1
	20-24	2	7
	25-29	8	4
	30-34	3	3
	34-39	2	1
Mean age		27.5	25.8
Gestation (trimester)	1st	9	6
	2nd	6	9
	3rd	-	1

Between April and June, 15 women were scheduled for an ANC visit at Clinic A and 16 at Clinic B.

13 (89%) of the 15 pregnant women who used Clinic A missed their scheduled appointments. They did not call the clinic. All of them returned for services within 2 months of the missed visit.

10 (67%) of the 16 pregnant women who used the services of Clinic B called ahead to determine if services were being offered or to speak with the nurse/midwife.

1 of the 10 women was in her 3rd trimester. She was referred to the hospital.

Women in their 1st and 2nd trimester of pregnancy were encouraged to keep their appointments.

Data from conversations between women and the respective nurse midwife revealed that: All women had concerns for the safety of themselves and their babies. Those who did not call in or keep their appointments later admitted to having financial challenges.

Conclusion

Health or care seeking behavior has been defined as any action undertaken by an individual who perceives that s(he) has a health problem or is ill for the purpose of finding an appropriate remedy.[3]

The sample of women in this study would have been educated and counselled as part of their AN care. They all would have been aware of the value of keeping their ANC appointments and the risks of not doing so. However, because health seeking behavior depends not only on cognitive factors, the behaviors of the two sets of women during the COVID-19 crisis was different in important ways.

This study highlights the fact that health seeking behavior is not homogeneous. Since quality care is a priority for the JFPA, the ANC programme needs to take these differences into account and develop plans to effectively address them.

References

1. *https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/ANC_infographics/en/*

2. *Understanding health seeking behavior. Simmi Oberoi,1 Neha Chaudhary,1 Siriesha Patnaik,2 and Amarjit Singh. J Family Med Prim Care. 2016 Apr-Jun; 5(2): 463–464. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5084583/. Retrieved November 2, 2020.*

3. *Editorial Health Seeking Behavior in Context. 2003. [Last cited on 2015 Nov 30]. Available from: http://www.ajol.info/index.php/eamj/article/viewFile/8689/1927 . Retrieved Nov 2, 2020.*

4. *Kakkar R, Kandpal SD, Negi KS, Kumar S. To study health seeking behavior of population catered by rural health training centre, Rajeev Nagar. Indian J Prev Soc Med. 2013; 44:3–4. [Google Scholar]*