

Abstract

The adoption of Focused Antenatal Care (FANC) is influenced by women's perceptions of pregnancy, shaped by cultural beliefs, personal experiences, and social norms. These perceptions impact their willingness to seek and adhere to FANC services. Cues to action, such as personal health symptoms or external advice, also influence FANC participation. Studies show that women with a history of obstetric complications are more likely to attend FANC. Despite the WHO's recommendation of four visits, many women in developing countries face barriers to consistent attendance, highlighting the need for improved education and healthcare access. At least 62.5% of respondents attended four or more ANC visits, while 26.3% had three visits and 1.5% had only one visit. Early initiation in the first trimester was linked to completing all four visits. Key factors influencing FANC uptake included the belief that it helps identify pregnancy issues early (OR=3.53), staying healthy during pregnancy (OR=3.19), and previous pregnancy challenges (OR=5.01). Maternal self-efficacy, such as awareness of FANC visits, also correlated with higher service uptake, with 77.2% completing all recommended services. The study in Sirisia Sub-County, Bungoma County, found that most pregnant women attended the recommended four or more FANC visits. Factors like early initiation, maternal self-efficacy, and awareness of FANC benefits were linked to higher attendance. Previous pregnancy challenges, health education, and media campaigns also played a key role. The study suggests adopting the group ANC model, where pregnant women are grouped by trimester for clinical assessments, participatory learning, and peer support. This approach reduces waiting time, improves staff attitudes, and motivates women. It also recommends integrating services from CHWs and HCWs into one package to ensure safe deliveries.