

ABSTRACT

Purpose: To compare the levels of birth preparedness and complication readiness among women receiving group versus those receiving individual prenatal care.

Methodology: A quasi-experimental study that utilized the pre-test/post-test design with random assignment to either group or individual care. The recruitment of respondents was done over a period of six weeks. The sample size was determined using Pocock's formulae. During recruitment, 175 respondents were enrolled in the study. 59 respondents were recruited at Malanga, 48 at Nyawara, 35 at Ndere and 33 at Marenyo. This distribution was based on population targets assigned by the Sub-County Health Team and facility performance data retrieved from DHIS. (n = 175). Demographic data were analyzed using descriptive statistics. Bivariate analysis was used to determine and control for any confounders. Differences between control and intervention arms were determined using chi-square and independent samples t-tests. $P < 0.05$ was considered significant.

Findings: The mean age for both arms was 24.1 years. In the intervention arm, 16% were not married while 84% were married while in the control group 15% and 85% were not married and married respectively. Level of education was matched with those having primary level education being more than half (53%) while those with secondary level education and tertiary level education were 40% and 7% respectively. A total of 32 respondents in the intervention group attended the second prenatal care visit at Malanga, 22 at Nyawara, 12 at Ndere and 15 at Marenyo. During the third visit, 28, 23, 13 and 13 respondents attended group sessions at Malanga, Nyawara, Ndere and Marenyo. Birth preparedness and complication readiness was 17% during pre-test. There was no significant difference in birth preparedness and complication readiness in the intervention and control group ($p > 0.05$). Regarding any form of preparation made, the majority of the clients (91% and 89%) in the intervention and control groups respectively had made some form of preparation. With regards to the identification of a skilled birth attendant, 88% in the intervention and 94% in control had identified a skilled birth attendant

Unique Contributions to Theory, Practice and Policy: The study recommends that standards and guidelines for group prenatal care be developed to enable its implementation in prenatal care

Keywords: ANC, skilled delivery, Complication readiness, Birth preparedness, quasi experimental.