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# Perceived prenatal learning needs of multigravid Ghanaian women

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**Abstract**
*Objective:* to explore the learning needs of multigravid Ghanaian women in an effort to develop more effective prenatal education programmes.
*Design:* a descriptive–exploratory design consisting of in-depth individual semi-structured interviews and a single focus group.
*Setting:* prenatal clinic of a large hospital in a city in Ghana, Africa.
*Participants:* 18 multigravid Ghanaian women between 38 and 40 weeks of gestation who were not experiencing complications with the index pregnancy.
*Findings:* the women reported particular learning needs that were not being addressed during their prenatal care. They identified areas where they wanted more information about specific topics such as birth control, sexual activity during pregnancy and promoting ideal fetal positions. They also wanted information about how to care for themselves and their babies after birth. They received information from staff at the prenatal clinic that sometimes conflicted with what they learned from those in their informal support system (e.g. mothers and friends).
*Key conclusions:* inconsistency with respect to information received from health professionals and that received from other sources of support created tension that led to increased doubt and anxiety on the part of the women. They reported that they wanted more in-depth information that was relevant to their specific needs and solution centred. They wanted a more interactive educational process including some separate teaching sessions specifically for multigravid women. They also wanted access to information during both private and group encounters with health-care professionals.
*Implications for practice:* information and strategies deemed to be of interest and importance to these multigravid women, such as private counselling sessions to address individual concerns about safe sexual health and birth control, and interactive groups for multigravid women, could be implemented to increase interest and promote the well-being of these women.


**Keywords** Antenatal education; Prenatal education; Multigravid; Ghana; West Africa

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## Introduction

Prenatal care by a skilled health professional is provided to 90 per cent of Ghanaian women (Ghana Ministry of Health, 2000). While nurse–midwives provide prenatal care, there is an excellent opportunity to assist childbearing women to increase confidence in themselves and their health-care services through education provided in prenatal classes. All pregnant women who attend Ghanaian prenatal clinics are required to go through a series of prenatal classes during their clinic visits that are designed to equip them with knowledge and skills deemed to be important for a safe pregnancy and childbirth. The purpose of prenatal classes is to provide relevant information about pregnancy and childbirth, correct misconceptions and build maternal confidence (Murira et al., 1996).

In Ghana, prenatal classes are typically given to a large group of waiting women over a short period of time (e.g. about 30 mins or less). The duration depends on the clinic setting as well as the commitment, knowledge and work schedules of individual care providers, who are usually nurse–midwives (Hill, 1986; Close, 1988; O'Meara, 1993a). The content of prenatal classes for women in many parts of the world including Ghana is dictated by health professionals, without the involvement of prenatal women (O'Meara, 1993a; Murira et al., 1996; Zwelling, 1996).

Women are taught to be compliant with institutionally determined regimens rather than encouraged to acquire what they need to achieve their own goals. In other words, the learning needs of pregnant women as defined by the women themselves are underexplored or unexplored (Hill, 1986; Gilkinson, 1991; Nichols, 1993; Sullivan, 1993; Laryea, 1998; Armstrong, 2000; Gagnon, 2001). Prenatal classes have been found by some researchers to be valuable in reducing maternal mortality and morbidity in low-income countries, especially when programmes are well planned (Martey et al., 1994; Thassri et al., 2000).

A strategy to help midwives to be more effective in their efforts to promote safe motherhood is to listen to what women themselves say about their needs and use their expressed needs as a basis for planning prenatal classes (Thompson, 1996). Prenatal learning needs reflect the culture and background of individual women and groups of women, so their unique characteristics need be considered when developing appropriate prenatal classes.

The effects of prenatal classes as part of prenatal programmes for women experiencing their first pregnancy (primigravid) have been evaluated. However, few studies were found where the effects for multigravid women were evaluated with respect to the degree to which they believed that their learning needs were being addressed. The learning needs expressed by pregnant women have been compared with what their health-care providers perceived their learning needs to be (Freda et al., 1993b; Stokes, 1995; Pinkosky, 1997). It is clear that the perceptions of learning needs identified by the prenatal women themselves and those identified by their providers were sometimes inconsistent. For example, while care providers showed interest in teaching about the effects of alcohol, the importance of breast feeding and the prevention of sexually transmitted infections (STIs), the women were more interested in getting information about fetal development, nutrition and vitamins, prevention of premature labour and emotional changes during pregnancy (Freda et al., 1993b; Stokes, 1995). The learning needs of pregnant women vary and many women felt that their needs were not being addressed (Macdonald, 1987; Freda et al., 1993a; Sullivan, 1993; Camiletti, 1999). Learning needs depend on whether a woman is experiencing her first or a subsequent pregnancy (Macdonald, 1987; Freda et al., 1993b; Sullivan, 1993). Learning needs may also depend on the amount of information that is typically provided within specific cultures. Common sources of information that may be important to them could include prenatal classes, contact with health providers and contact with informal supportive persons (e.g. mothers and friends). Other sources include reading materials, experiences gained in previous pregnancies and the media (Adams, 1982; Aaronson et al., 1988; Jacoby, 1988; Sullivan, 1993; Oware-Gyekye, 1994; Benn et al., 1999).

The most frequent strategy for teaching prenatal classes in Ghana is by using a lecture type format (Oware-Gyekye, 1994; Murira et al., 1996). Other methods include more interactive presentations to small groups or group discussions (Gould, 1986; Hill, 1986; Macdonald, 1987; Skevington and Wilkes, 1992; Laryea, 1998). Active participation such as sharing among group members is reported to be a valuable strategy (Bonovich, 1981; O'Meara, 1993b; Kinnon, 1998), but in some cultures, there may be taboos about disclosing personal reproductive concerns. Typically, multigravid women have more information and may have less free time than primi gravid women. This may be the reason why some report a preference for refresher courses and/or review classes instead of being exposed to full prenatal educational programmes (Macdonald, 1987; Sullivan, 1993).