

Factors Associated with Antenatal Care and Health Facility

Elizabeth Edwards*

Department of Mental Health Nursing, University of Haill, Hail, Saudi Arabia

*Corresponding author: Elizabeth Edwards, Department of Mental Health Nursing, University of Haill, Hail, Saudi Arabia, E-mail: edwards_e@gmail.com

Received date: June 07, 2022, Manuscript No. IPJNHS-22-14179; **Editor assigned date:** June 09, 2022, PreQC No. IPJNHS-22-14179 (PQ); **Reviewed date:** June 23, 2022, QC No. IPJNHS-22-14179; **Revised date:** June 28, 2022, Manuscript No. IPJNHS-22-14179 (R); **Published date:** July 07, 2022, DOI: 10.36648/2574-2825.7.7.033

Citation: Edwards E (2022) Factors Associated with Antenatal Care and Health Facility. J Nurs Health Stud Vol.7 No.7:033.

Description

Out of the estimated total number of 289,000 maternal deaths worldwide, 62% (179 000) occurred in sub-Saharan Africa followed by 24% (69 000) in Southern Asia. In spite of considerable efforts towards attaining the fifth Millennium Development Goal (MDG 5) which established as a global goal of reducing the maternal mortality ratio by 75% between 1990 and 2015, maternal mortality has remained obstinately high throughout much of sub-Saharan Africa.

In Ethiopia, the number of maternal deaths annually remains unacceptably high, with over 13,000 Ethiopian women were dying in childbirth in 2013 alone. High quality ANC and skilled attendance during delivery are known to play a significant role in reducing maternal deaths and it is critically important that pregnant women utilize both of these services. An American study found that women who had received no antenatal care had a higher risk of death from preeclampsia or eclampsia than women who had received any level of prenatal care. Institutional delivery was took place in only 16% of births while only 13% of women received postnatal care within the first two days of delivery. In Afar national regional state of Ethiopia, the percentage of receiving antenatal care from skilled provider is 31.0% while the percentages of births delivered in a health facility is 10.0%.

The findings from different studies that investigated utilization of antenatal care services and institutional delivery in Ethiopia indicated that women are more likely to attend ANC than they are to deliver in health facilities. For instance, a longitudinal study done in Tigray region Ethiopia found that despite a relatively high proportion of mothers attending antenatal care services at least once (76%), institutional delivery service utilization was low (27%).

Antenatal Care and Health Facility

Factors associated with antenatal care and health facility delivery service utilization have been identified in a variety of studies. The different factors identified include: Age of the mother, parity, education level of the mother, educational status of mother's partner, woman's autonomy in deciding place of delivery, residence, economic status and presence of pregnancy related problem. A study conducted by Wilunda, et al also found

that insecurity, poverty, sociocultural factors, long distances to health facilities, lack of food at home and at health facilities, lack of supplies, drugs and basic infrastructure at health facilities, poor quality of care at health facilities and lack of participation in planning for health services were the main barriers to utilization of maternal health services.

Regarding the independent variables, mother's residential area referred to where the mothers were living while attending antenatal visits and delivery care. It consisted of two possible options: rural and urban. Having problem during pregnancy referred to whether the mothers had health problems while they were pregnant. Here response categories were "yes" or "no". Attitude towards danger signs related to pregnancy and childbirth which we defined as women were considered as having favourable attitude if they scored above the mean score of 9 attitude questions and unfavourable if otherwise. The other independent variables included were women autonomy regarding choice of the place of delivery, listening radio and monthly family income.

Statistical Analysis

The data were entered using the software Epi Info Version 7.1.4.0 (CDC, 2014). Data were then exported to SPSS Version 20.0 (IBM, Armonk, NY, USA) for further processing. All required variable recoding and transformation were done before the final data analysis. Frequency distributions, cross-tabulations and graphs were used to describe the variables of the study. Findings were presented in text, tables and graphs. Chi-Square test of independence was used to determine the association between ANC use and each of the predictor variables in the study.

The association between the outcome variable (place of delivery) and several predictor variables including maternal socio-demographic characteristics was first analysed in the bivariate logistic regression model with each independent variable separately. Predictor variables with p-value 0.05 in the bivariate analysis and those variables deemed important based on literature were retained in the final multivariate logistic regression model. In the multivariate analysis, p-value < 0.05 was considered as a cut-off point for a variable to be considered as an independent predictor of the outcome variable. Association between outcome and predictor variables was

calculated using odds ratio at p-value <0.05 and 95% confidence interval.

The proportion of mothers that had made the recommended visit by WHO (at least four ANC visit) is nearly 51.0%. This figure is somewhat lower than study finding in Munisa Woreda, Southeast Ethiopia, Democratic Republic of Congo and Indonesia (78%). This figure suggests that the proportion of mothers attending the recommended antenatal care services is still low in developing countries. However, the figure is higher than that reported in other studies conducted in Ethiopia. These differences could be due to socio-demographic, economic and cultural variations between the population groups under investigation in these studies. In order to achieve adequate ANC, health workers should counsel and encourage all pregnant women during their first ANC visit, to ensure that they continue their pregnancy follow up at least four times as per WHO recommendation.

The above included studies aimed at assessing the magnitude and predictors of ANC and place of delivery as well as the relationship between the two in low and middle-income countries. However, few researches have been conducted in Afar region in Northeast Ethiopia regarding antenatal care and health facility delivery practice, as well as the relationship between them. To the best of our knowledge, there was no similar study conducted in Dupti Woreda (district) of Afar region in Northeast Ethiopia.

The objective of this study was therefore to assess ANC and health facility based delivery practice among women who had at least one birth one year prior to the study in Dupti district of Afar region in Northeast Ethiopia. Besides, the current study has tried to assess the association of antenatal care visits with facility-based delivery service utilization in the study area.