

Predictors of Antenatal Care Utilization in Ethiopia

Meaza Aseffa Ayele

Uganda

Background

Maternal morbidity is an overarching term that refers to any physical or mental disease or disability directly associated with pregnancy and/or childbirth. These aren't necessarily life-threatening but can have a big impact on the standard of life. Maternal morbidity and mortality are often prevented through appropriate and thorough health follow up during pregnancy.

Maternal death thanks to pregnancy related complications remained major public ill health. Ethiopia is among the countries that contribute about 50% of maternal death; although improvement has been shown towards reduction of kid mortality, change in maternal mortality is extremely far away from the MDG 5 target. According EDHS 2011; MMR is 676 per 100,000 live births. Despite the trouble of state to enhance health status of girls, achieving significant change by increasing access to clinic remains very low. It's thus important to assess how maternal health care utilization is affected. . Maternal death or maternal mortality is defined by the planet Health Organization (WHO) as "the death of a lady while pregnant or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, from any cause associated with or aggravated by the pregnancy or its management but not from accidental or incidental causes. Adding to the WHO definition, the CDC extends the amount of consideration to incorporate up to 1 year within the top of a pregnancy no matter the result.

There are two performance indicators that are sometimes used interchangeably: maternal mortality ratio and maternal death rate, which confusingly both are abbreviated "MMR". By 2017, the planet maternal death rate had declined 44% since 1990, but still a day 830 women die from pregnancy or childbirth related causes. Consistent with the United Nations Population Fund (UNFPA) 2017 report, this is often like "about one woman every two minutes and for each woman who dies, 20 or 30 encounter complications with serious or long-lasting consequences. Most of those deaths and injuries are entirely preventable. Maternal morbidity (MM) is difficult to live, for several reasons. Because definition of what's MM might be very different consistent with authors, comparisons between studies are limited. Criteria to diagnose the diseases could also vary. Despite the very fact that maternal mortality may be a clear-cut condition, surveys aren't easy to perform. Surveys to estimate the prevalence of MM are even harder to conduct. Several MM are difficult to diagnose, and need an (pelvic) examination, which is seldom possible in surveys (privacy, shyness about sexual and reproductive matters). Thus, little or no information is out there on morbidity, especially within the developing world. Maternal mortality is unacceptably high. About 295 000 women died during and following pregnancy and childbirth in 2017. The overwhelming majority of those deaths (94%) occurred in low-resource settings, and most could be prevented.

Method: This study utilizes secondary data on ANC service utilization and factors affecting mainly from pub-med searching center. The data are thoroughly analyzed.

Result; the result of the study is presented based on examination of literature within the context of the study objective. Maternal awareness, far distance of the health facility from home, place of residence, education, income, age, parity, unintended pregnancy and service satisfaction were strong predication of ANC service utilization. EDHS 2011 indicated that ANC visit in women with secondary education and above were 91.3% compare to 33.9% in those not educated.

Conclusion: This study has shown that the use of ANC service in Ethiopia is low and affected by women related and facility related several factors. With regard to the women related factors awareness, place of residence, education, income, age, parity and desire of the pregnancy are important predication. From the health facility aspect distance of the facility and transportation conditions and service quality are found to be essential determinant to use ANC service.

There for utilization of ANC service could not be improved if the above predominant factors are not addressed. Since the problems have multiple natures, multi-sectorial collaboration to improve and solve personal factors of the women and institutional factors is very important. Improving maternal health status is also key factor for nation and economic development of countries because problem affecting women has intertwined effect to the child, family and nation.