

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY
GRADUATE STUDIES PROGRAM**

**ASSESSMENT OF FACTORS AFFECTING UTILIZATION OF
ANTENATAL CARE IN DESSIE TOWN, AMHARA REGION, ETHIOPIA.**

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TABLE OF CONTENTS

Contents	Page Numbers
Acknowledgment.....	i
Table of contents.....	ii
List of tables.....	vi
List of figures.....	vii
List of abbreviation.....	viii
Abstract.....	ix
CHAPTER I- INTRODUCTION.....	1
1.1. Background.....	1
1.2. Statement of the problem.....	4
1.3. Significance of the study.....	5
CHAPTER II-LITERATURE.....	7
2.1. Literature review.....	7
2. 2.Conceptual framework.....	13

CHAPTER III- OBJECTIVES.....	14
3.1. General objective.....	14
3.2. Specific objectives.....	14
CHAPTER IV-METHODS & MATERIALS.....	15
4.1. Study area and period.....	15
4.2. Study design	15
4.3. Study Population and sampling.....	15
4.3.1. Source population.....	15
4.3.2. Study population.....	16
4.3.3. Inclusion &exclusion criteria.....	16
4.3.3.1. Inclusion criteria	16
4.3.3.2. Exclusion criteria	16
4.3.4. Sample size determination.....	16
4.3.5. Sampling technique.....	17
4.4. Pre-test.....	19

4.5. Data collection techniques.....	19
4.5.1. Data collection instrument	19
4.5.2 Data collection procedures	19
4.6. Study variables	20
4.6.1. Dependent variables.....	20
4.6.2. Independent variable.....	20
4.7. Operational definition.....	20
4.8. Data quality control and management.....	21
4.9. Data analysis and interpretation.....	21
4.10. Ethical considerations.....	21
4.11. Dissemination of result.....	22
CHAPTER V-RESULT.....	23
5.1. Socio demographic profile.....	23
5.2. Source of information.....	26
5.3. Patterns&reasons for antenatal care utilization.....	27
5.4. Antenatal care utilization by monthly income, religion &age.....	33

5.5. Association between selected variables &antenatal care utilization.....	35
CHAPTER VI- DISCUSSION.....	37
6.1. Strength of the study.....	40
6.2. Limitation of the study.....	40
CHAPTER VII- CONCLUSION &RECOMMENDATION	41
7.1. Conclusion.....	41
7.2. Recommendation.....	42
REFERENCES.....	43
ANNEXES.....	48
Annex1: Consent form (English version).....	48
Annex2: Questionnaires (English version)	50
Annex3: Consent form (Amharic version).....	54
Annex4: Questionnaires (Amharic version).....	55
 Declaration	

LIST OF TABLES

Tables	Content	Page Number
Table 1	Socio-demographic characteristics of respondent mothers, Dessie town, Ethiopia, March, 2011.	24
Table 2	Patterns and reasons for ANC utilization of respondents in Dessie town, Ethiopia March, 2011.	28
Table 3	Antenatal care utilization by monthly family income, religion& age in Dessie town, March 2011.	34
Table 4	Association between selected variables and antenatal care service utilization, Dessie town, Ethiopia, March, 2011.	35

LIST OF FIGURES

Figures	Contents	Page Numbers
Figure- 1	Factors affecting antenatal care utilization of mothers in Dessie town, Ethiopia, March, 2011.	13
Figure -2	Schematic presentation of sampling procedure	18
Figure -3	Source of information of mothers in Dessie town, Ethiopia, March, 2011.	26
Figure -4	Utilization of antenatal care by women's educational status in Dessie town, Ethiopia, March, 2011.	29
Figure-5	Utilization of antenatal care by husband's educational status in Dessie town, Ethiopia, March, 2011.	30
Figure-6	Utilization of antenatal care by number of children in Dessie town, Ethiopia, March, 2011.	32

LIST OF ABBREVIATION

ANC	-	Antenatal Care
HIV	-	Human Immunodeficiency virus
IMR	-	Infant Mortality Rate
MMR	-	Maternal Mortality Rate
MOH	-	Ministry of Health
NGO	-	Non-Governmental Organization
STD	-	Sexually Transmitted Disease
TBA	-	Traditional Birth Attendant
TTBA	-	Trained Traditional Birth Attendant
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization

ABSTRACT

Background: Every year, approximately 500,000 women die and some 62 million women suffer from pregnancy and delivery related problems at the height of their productivity and family responsibility. Around 80% of maternal deaths are the result of complication arising during pregnancy, delivery and puerperium. However, most of such deaths can be prevented by proper utilization of maternal health care services provided in health institutions.

Objective: The aim of this study is to identify factors influencing the utilization of antenatal care in Dessie Town.

Methods: The community based cross sectional study was conducted on the assessment of factor affecting utilization of antenatal care among 682 reproductive age group women in Dessie town, 2011. Single population proportion formula had been used to determine the sample size. A multistage sampling technique was employed to select the study subjects. The town has ten kebeles and of these, four kebeles were selected through simple random sampling technique. After obtaining the total number of households from selected kebeles, participants were selected through systematic random sampling technique based on population proportion to size method. Before data collection, pre-test were undertaken on 10% of the total sample size i.e. i.e. 68 mothers on non-selected kebeles in Dessie town to control the quality of data and the restructuring of questionnaire. Then, a face to face interview was carried based on the structured questionnaire. The collected data was analyzed by using Soft ware Statistical Package for Social Sciences (SPSS) and possible association were made by using Chi-square and P-value. The findings were statistically interpreted and comparison was made with other findings.

Result-A total of 682 mothers who gave birth within one year were interviewed among them 630(92.4%) of mothers have used ANC in their previous (last) pregnancy. which showed that there is a high coverage of antenatal care in Dessie town.

Associations were sought between ANC service utilization during pregnancy by different socio demographic, obstetric and delivery characteristics. Women having college & university (post secondary) education have used antenatal care 8 times greater compared with women who have no formal education, AOR=8.2(1.1, 65). There was significant association between total number of children & antenatal care that is for each additional child, the probability of having antenatal follow up increased by twice , AOR= 2(1.4, 3.0).

Conclusions & Recommendations- In conclusion, this study showed better utilization of antenatal care as compared to the national coverage. Family income, women education, number of children were important determinant factors for ANC. Mothers' educational level, monthly family income, religion, number of children, showed statistically significance association with antenatal care. Education was found to have an impact on the use of antenatal care services suggests that improving educational opportunity for women may have a large impact on improving utilization of ANC services in the nation.

CHAPTER-I

INTRODUCTION

1.1 Background

Pregnancy and childbirth are natural and often eventful processes many women are at risk for developing complications during pregnancy and childbirth. Complications of pregnancy and childbirth are the leading causes of disability and death among women in the reproductive age (15-49) years in developing countries (1, 2).

Of the nearly 600,000 women who die each year due to pregnancy-related causes, over 99% of these deaths occur in sub-Saharan Africa (SSA) (3). Additionally 300 million women suffer from short and long-term illness related to childbearing. The ratio of maternal mortality in the region is one of the highest in the world, reaching to the levels of 2000 deaths per 100,000 live births. Direct obstetric causes (hemorrhage, obstructed labor, hypertensive disorders, unsafe abortion, and infection) contribute for up to 80% of maternal deaths with increased fetal loss, prenatal mortality and poor survival of small children (4, 5, 6).

Antenatal care is placed as the basic intervention in reducing maternal and newborn mortality in “Safe motherhood package” which has been developed by World Health Organization (WHO) as a guide for the interventions in maternal and child health (1, 4). Antenatal care is the monitoring of mother and fetes by trained health personnel throughout the whole pregnancy with the necessary examination and recommendation by regular intervals.

According to World Health Organization (WHO) recommendation, a minimum of four antenatal visiting (at least 20 minutes duration for each) is needed to accomplish the essential level of ANC (3).

If for any reason the women cannot make the recommended number of visits, then a minimum of four visits are to be made at 10th, 20th, 30th, and 36th week of pregnancy. Since recent empirical evidence has shown that four visits suffice for uncomplicated pregnancies, and more visits are only recommended in case of pregnancy complications (7).

The standard recommended number of antenatal visits in Ethiopia is still according to previous protocols and concern monthly visit up to 28th weeks of pregnancy, followed by bi-weekly visits to the 36th weeks of pregnancy, and weekly visits afterwards to delivery for uncomplicated pregnancies, is the usual recommendation (4, 7). Apart from these routine visits, the protocol recommends that a pregnant women report to the clinic any time she feels unwell or has any complication (8).

Studies across the world demonstrate that there is a high level of maternal mortality and morbidity in developing countries due to the unavailability of maternal and child health care services within a reach of women is also one of the basic problems in areas of low health service coverage and research identifying causes of maternal deaths have repeatedly emphasized the need for antenatal care and availability of skilled personnel to attend women during delivery. The importance of tetanus toxoid injections given prior to birth to reduce neonatal mortality has been documented as well. Since a large proportion of maternal and neonatal deaths occur within few days after delivery (7).

Previous studies in Ethiopia have shown that 27% of Ethiopian women received antenatal care, and less than 10% received professionally assisted delivery care (9-14). Antenatal care (ANC) and emergency Obstetric care are fundamental to decreasing fatalities from complications of pregnancy and childbirth (15).

Antenatal Care is care given to pregnant women by health professionals. The purpose of antenatal care is to prepare the mother for childbirth in order to promote a favorable outcome for healthy mother and healthy infant. ANC helps to detect and treat various problems like anemia & other forms of malnutrition, protein urea, pre-eclampsia, and helps to monitor fetal growth in pregnancy. Such contact with health system may improve the general health status of pregnant women and rule out any systemic problems. Some studies have reported better outcome for both mother and infant with antenatal care use (15, 16).

Recent studies have demonstrated an association between lack of antenatal care and adverse pregnancy outcome such as maternal mortality, prenatal morbidity, low birth weight and premature delivery (17).

Regular ANC is important for identifying women at increased risk of adverse pregnancy outcomes and for establishing good relations between the women and their health care providers (WHO 1994).

Routine antenatal care visit may also raise awareness about the need for care at delivery or give women and their families a familiarity with the health facilities that enable them to seek help more efficiently during a crisis. Scope of benefit may be great in developing countries where morbidity and mortality of mothers and infant are higher.

Antenatal care (ANC) can also be used to provide tetanus immunization, malaria prophylaxis, treatment of sexually transmitted disease (STD) and to identify pregnant mothers living with HIV virus and subsequently to prevent transmission of the virus from mother to the child.(17,18). Very little is known about the effectiveness of antenatal care in reducing maternal mortality and morbidity because most obstetric complications are random and unpredictable events.

For example, the main causes of maternal deaths such as obstructed labor in non-stunted women, hemorrhage, eclampsia, and puerperal sepsis have few reliable markers in the prenatal period. Therefore, emergency obstetric care should be available within the nearest health facility, or there should be proper referral system and transportation to save the mother's life. (15, 19).

1.2 Statement of the Problem

In Ethiopia the national antenatal care coverage was 68 % and that of the Amhara regional state was 72.5% according to FMOH health indicator report (39). Every year, approximately 500,000 women die of pregnancy related causes. Many more suffer the debilitating consequences of ill-health resulting from poorly managed pregnancies and deliveries. The vast majority of maternal deaths need never have happened (19).

In the industrialized countries, maternal deaths are now rare events. However, the benefits of modern maternity care have been largely denied to women in poor countries, where risks of pregnancy up to 200 times higher than those of Europe and North America. All except 1% of the annual 500,000 maternal deaths occur in the developing world (19, 20).

Though the largest numbers of maternal deaths occur in Asia, the risks of pregnancy are highest in Sub-Saharan Africa. Women in Africa have the highest lifetime risk of maternal death because the effect of high mortality rate is compounded by high fertility. For many Africans the lifetime

risk of dying from pregnancy related cause is as high as one in 15. By contrast, the average in industrialized countries is between one in 1,750 and one in 10, 000(20).

Studies reveal that the cause of maternal mortality in developing countries are mostly due to poor accessibility to maternal health services, poor referral to appropriate antenatal and delivery care unit, and inadequacies of available care. These studies also suggested that most of the maternal deaths were preventable with improved coverage of antenatal services, safe delivery and postnatal care (21).

The maternal mortality ratio (MMR) of Ethiopia is estimated to be 673 per 100,000 live births, but there is no disaggregation by region one of the highest in the world. In addition, the infant mortality rate (IMR) is estimated at 77per 1,000 live births (22, 39).

According to report of ministry of health (MOH) of Ethiopia antenatal care coverage nationally in 2005/06 was 50.4 %(23) while the current report revealed that the national coverage was 68 %(39).

The purpose of this study is to identify factors affecting the utilization of antenatal care. Therefore, the findings of the study will hope fully help concerned governmental bodies and non-governmental organizations (NGOs) for improving ANC coverage that can in turn reduces maternal mortality rate & infant mortality rate.

1.3 Significance of the Study

Though women comprise a large proportion of a given society, still many women in developing countries are at greater disadvantage. A large number of women are needlessly dying due to factors related to pregnancy and childbirth. Experiences from both developed and some

developing countries have shown that these deaths could have been prevented if women had access to basic maternity care services. However, in less developed world particularly in SSA countries availability and utilization of maternal healthcare services are low (9).

The Alarming rate of Maternal Mortality in developing countries in general, and in Ethiopia in particular is partly explained by the fact that fewer women receive prenatal care. Therefore, it would be reasonable to study on such topics to address the factors affecting the antenatal care.

Despite the fact that maternal health care utilization is essential for further improvement of maternal and child health and researchers have devoted considerable attention to the importance of accessibility to health services on health outcome in the country. Little is known about the status and factors influencing the use of maternal healthcare services in Ethiopia in most regions in general, this paper, therefore, aims to address this gap by attempting to explore the factors that are assumed to be barriers to antenatal care.

The result of this study will reveal the coverage of antenatal care. This study was also identified factors affecting the utilization of antenatal care, and reason of mothers for not utilizing antenatal care. Finally, this study will hopefully used for better planning and implementation of maternal health care service programs, which can reduce MMR & IMR in the area.

CHAPTER – II

LITERATURE REVIEW

2.1 literature review

Women are the back bone of a society and vanguard of the family welfare. However, because of their compromised and marginalized status, women receive the least benefits from societal and family resources. Especially women in developing countries suffer a lot from unfavorable conditions due to under development, traditional and cultural sanctions and poverty among other things. As a result many health indicators such as maternal mortality rate are unacceptably high (25).

Every year, approximately 500,000 women die and some 62 million women suffer from pregnancy and delivery related problems at the height of their productivity and family responsibility. Roughly 4 million neonates die before their first month of life and an equal number are still born (19, 26, 27).

Around 80% of all maternal death is the direct result of complication arising during pregnancy, delivery or the puerperium period (28). The five major causes of maternal mortality are obstructed labor and ruptured uterus, post partum haemorrhage, eclampsia, post partum infection and complications of abortion (19).

Maternal Mortality and Morbidity have repeatedly emphasized the need for antenatal care and availability of trained personnel to attend women during labor and delivery (24).

Antenatal care is named as one of the four pillars of the safe mother hood initiative, but its relative contribution to maternal health has been under lively debate (29). In theory antenatal care reduces maternal and perinatal mortality and morbidity directly through the detection and treatment of pregnancy related or intercurrent illness or indirectly through the detection of women at increased risk of complications of delivery by ensuring that they are cared for in a suitably equipped facility (30).

Research studies have demonstrated an association between lack of ANC and adverse pregnancy out comes such as maternal morbidity, prenatal mortality, low birth weight and premature delivery. Retrospective studies in Ethiopia, India, Nigeria, Senegal, and Zimbabwe found that lack of antenatal care was an important risk factor for maternal death (17, 29).

Periodic health check-up during antenatal period are necessary to establish confidence between the women and health care provider, and manage any maternal complications or risk factors (WHO 1999). In addition ANC has been shown to influence women's use of delivery services, probably the most effective intervention in reducing maternal mortality in the developed world (31, 32).

UNICEF estimates that about 13% of Ethiopian children are born with low birth weight; 63% neonatal deaths are due to tetanus and 60% of infant deaths occur during the first month of life. Much of these Mortality and Morbidity could be prevented by maternal immunization, ANC, and safe delivery services (24).

According to the Ethiopian MOH health facilities are expected to provide pregnant women with prenatal care service including health education, advice and encouragement about their pregnancy, and detailed assessment of their health starting before the 10th week of gestation.

However coverage of prenatal care is generally low in Ethiopia and most pregnant women start attending to service late, often after 6 months of pregnancy. According to 2005/06 report of Ethiopian MOH, national antenatal care coverage was 50.4 % where as FMOH report in 2008/2009 indicated as the national coverage was 68%&that of the Amhara region is 72.5% (23, 33, 39).

A number of socio-demographic characteristics of the individual affect the underlying tendency to use antenatal care. In this regard parental education, birth order, family income, residential place, and age of the mother are good examples.

Educational level

Parental education, especially maternal education is considered to be one of the strongest factors associated with antenatal care service utilization.

This is because educated family has better access to resources and more knowledgeable of health practices than the less educated family. In addition education enables women to take personal responsibility for their health and for that of their children (26).

According to study done in Turkey by Yusuf C. in 2000, both women with one to five Years of schooling and women with six or more years of schooling were substantially more likely to use prenatal care than women without any schooling. (35).

The study done in India shows that women with high school education and above were 11 times more likely to use antenatal care compared to illiterate women in the state of Karnataka. In state of Andhra Pradesh, women whose husbands had at least high school level education were 4 times

more likely to receive ante-natal check-up relative to women whose husbands had no education (31).

According to study done nationwide in Ethiopia in 2002, 72% of women with at least secondary education received antenatal care from health professional, compared with 45% of women with primary education and 21% with no education(37).

Birth Order

Women who were pregnant with their first child were more likely to use prenatal care than women who have had two or more previous pregnancies. If the order of birth was 4 and above, the probability of a women receiving ANC was reduced by 60 percent in Karnataka and by 65 percent in Andhra Pradesh compared to first order births (31, 35).

According to study done in Ethiopia, mothers with first order birth are more likely to use antenatal care than mothers for second and higher order births. Utilization of antenatal care is generally lower among mothers of birth order five and higher (37).

Family Income

Women who enjoyed higher standards of living were more likely to use antenatal care in the Karnataka state of India. Study done in Turkey by Yusuf C. showed that household wealth was found to be associated with prenatal care use (31, 35).

Residential Place

Women living in rural areas were less likely to receive antenatal care and utilize delivery service in health institution.

The percentage of women who received antenatal care was 21.4% and 73.1% for rural and urban areas respectively in southern Ethiopia (24).

According to study done in Ethiopia 22% of rural women received antenatal care. Sixty three percent of women from urban areas received antenatal care (37).

But women in urban areas of Karnataka were about 45 percent less likely to have received antenatal care than those living in rural areas. But there was no significant difference between rural and urban areas in the utilization of antenatal care in Andhra Pradesh. (31).

Experience of Pregnancy and Delivery Complication

In Karnataka, women who experienced an induced or spontaneous abortion were 66 percent more likely to receive antenatal care than those who did not have any abortion. However having had still birth did not affected women's likely hood of receiving antenatal care than those who did not have any stillbirth (31).

Religion

According to study done in Ethiopia Muslim women are 30% more likely to receive professional antenatal care services, while women who belong to traditional faith are 50% less likely to use ANC services than Orthodox or Catholic women (37).

Age of the Mother

The age of women at the time of child birth was not found to be significantly associated with prenatal care use in the study done in Turkey by Yusuf C. (31, 36).

A study done in Ethiopia revealed, use of antenatal care is about 28% for women under the age of 35, while it is 21% for those over the age of 35 years (37).

Exposure to Mass Media

Women with high degree of exposure to mass media were more likely to have utilized antenatal check-up than those who had less or no exposure in most states of southern India (31).

Marital Status

Single (unmarried) mother could feel stigmatized or discriminated against by health workers or other peoples at health setting. Therefore, they could choose not to have antenatal care to avoid embarrassing situations. However, a study done in Ethiopia showed that married women are 40% more likely to receive antenatal care from a health professional than unmarried women (36, 37).

Cost of Maternal Health Care Service

High direct costs (e.g. Cost of laboratory diagnosis and drug) together with the wide spread practice of “informal” or so-called “under the table payment” and other indirect costs (e.g. transportation & others) contribute to the under-utilization of antenatal care (36).

Others

Factors like distance to the nearest health institution, lack of transport, knowledge concerning medical resources available for maternal health care service and perception of mothers about the quality of the services offered by health facilities and medically trained personnel can determine the utilization of antenatal care (26).

2.2 Conceptual framework

Conceptual framework on factors affecting antenatal care utilization adopted from too far to walk maternal mortality in context (37)

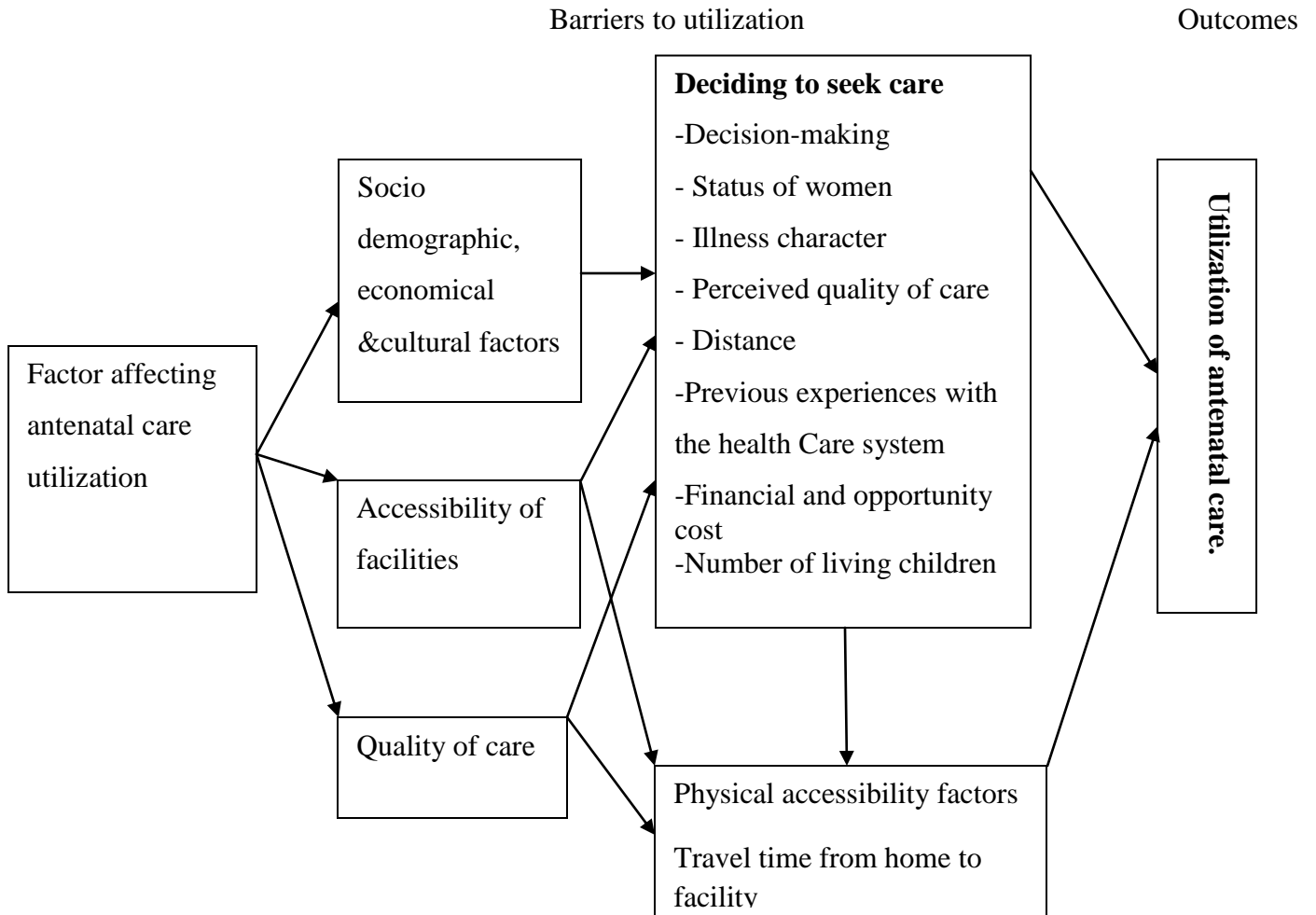


Figure 1: Conceptual framework for factors affecting antenatal care utilization

CHAPER-III

OBJECTIVES

General Objective

- To assess factors affecting the utilization of antenatal care among women in reproductive age group, Dessie town, Northern Ethiopia, 2011.

Specific Objectives

- To determine the effects of socio demographic characteristics on utilization of antenatal care among women in reproductive age groups in Dessie town.
- To identify factors affecting the utilization of antenatal care.
- To estimate the level of antenatal care attendance by women in Dessie Town.

CHAPER-IV

METHODS AND MATERIALS

4.1 Study Area and Study Period

The study was conducted in Dessie town South Wollo Zone in Amhara Regional State, in North east Ethiopia. Dessie is the capital town of South Wollo zone located 400km away from Addis Ababa and 480 km from Bahir Dar. Total population of the town according to 1994 census, in 2005 reported to be 152,137(49). Dessie town was divided in ten kebeles. There are one referral hospital, three health centers and six governmental health posts. In addition, there were five higher clinics, three general hospital, two medium clinics and nine lower clinics owned by private sectors. The study was conducted from Oct 2010 to May, 2011.

4.2 Study Design

Community based Cross sectional study was conducted on reproductive age groups of mothers in Dessie town.

4.3 Study Population and Sampling

4.3.1 Source Population

All mothers who gave birth for at least one child and who are in reproductive age group living in Dessie town.

4.3.2 Study Population

All mothers who gave birth within one year in the selected kebeles were the study population.

4.3.3. Inclusion & Exclusion criteria

4.3.3.1. Inclusion criterion was:

- Mothers who gave birth within one year
- Who are all willing to participate in the study.

4.3.3.2 Exclusion criteria included:

- Mothers who may be too sick to be interviewed or to respond
- Mothers refused to participate in the study
- Mothers who cannot communicate with the data collectors by no means.

4.3.4 Sample Size Determination

The sample size was determined using a single population proportion formula

$$n = \frac{(z\alpha/2)^2 P (1 - P)}{d^2}$$

Where

n= Minimum sample size required

p= The coverage of antenatal care utilization in Amhara region

d= Margin of error tolerated 0.05

α = Confidence Interval at 5% CI

$Z_{\alpha/2}$ = The standard normal variable at 95% Confidence Interval level

$$n = \frac{(1.96)^2 \cdot 0.72(1 - 0.72)}{(0.05)^2} = \underline{\mathbf{310}}$$

$$n = 310 \times 2 \text{(due to design effect of multistage sampling)}$$

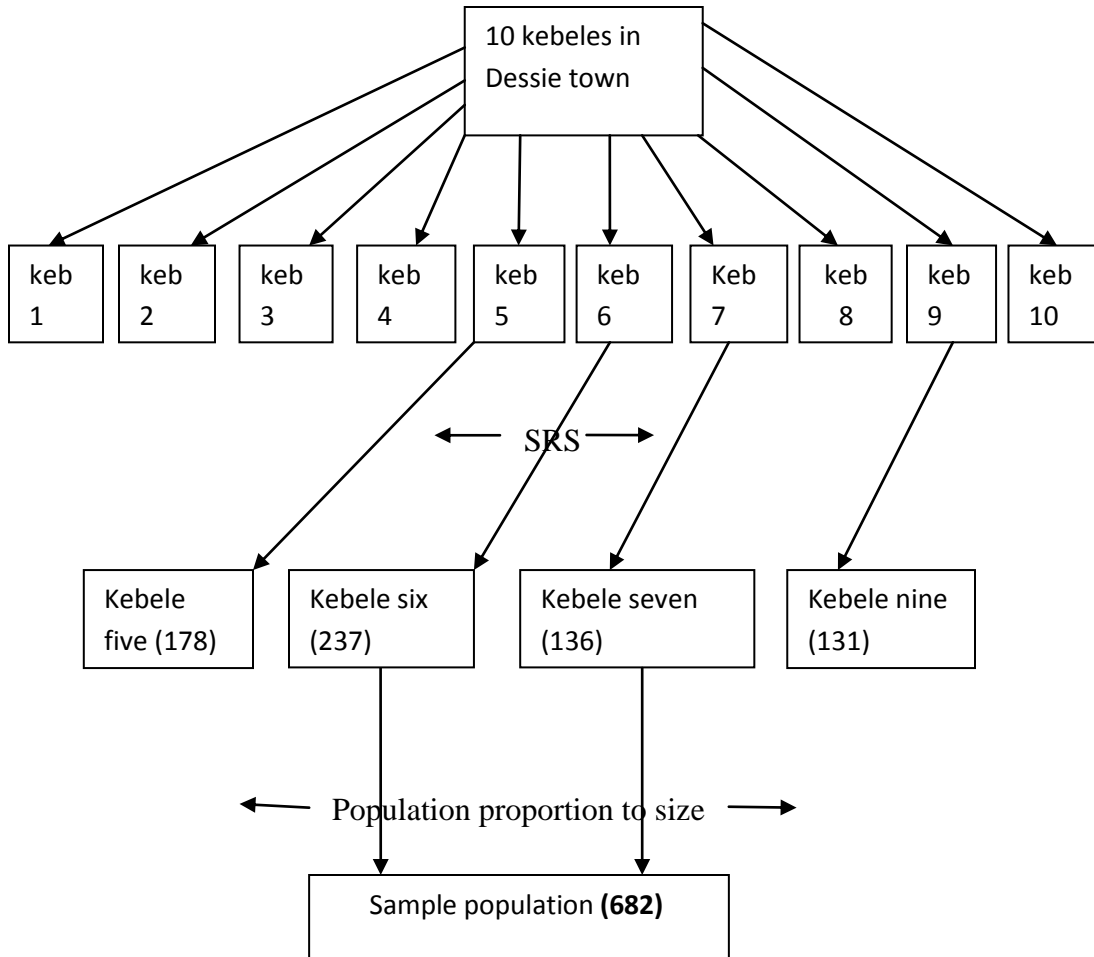
$$n = 620 + 62 \text{(10\% of non-respondent rate)}$$

$$\mathbf{n = 682}$$

By taking the Amhara Regional State prevalence on proportion of antenatal care (72.5%) at 95% Confidence Interval (CI) and margin of error tolerated 0.05, the total sample size was 682.(39)

4.3.5 Sampling Techniques

Multistage sampling technique was employed to select kebeles. The town has ten kebeles. From which four kebeles were selected through simple random sampling technique. Sample mothers were selected proportionally based on the size of population in the selected kebeles. Survey was conducted before the actual data collection period to identify households in which mothers having less than one year child were living for the sampling frame. Mothers were selected proportionally based on number of mothers in each selected kebeles using systematic random sampling technique.



SRS-simple random sampling technique

Keb- kebele

Figure 2: Schematic presentation of sampling procedure

4.4. Pre-test

The structured questionnaire were pretested on 10% of the total sample size reproductive age groups from non selected kebeles in Dessie town two weeks prior to data collection. At the time of pre-test the questionnaire were assessed for feasibility and reliability. Correction was made accordingly.

4.5. Data Collection Techniques

4.5.1 Data Collection Instrument

Structured questionnaire were used to collect the data. It is prepared based on different literatures done in the area. First the questionnaire were prepared in English language, and then translated in to Amharic. The data were collected in the Amharic version of the questionnaire.

4.5.2. Data Collection Procedure and Data Collectors

Data were collected using face to face interview with structured questionnaire. The data collectors having at least diploma in social science were assigned for data collection after giving them training on data collection procedures.

Training of data collectors mainly focused on the relevance of the study, objectives of the study, about confidentiality of the information, informed consent and interview technique.

Four supervisors (BSc Nurses) were participated on training of data collectors and they were closely followed the data collection process throughout the data collection period along with the principal investigator. The supervisors were reviewed the filled questionnaire at the end of data collection every day. And every morning the principal investigators and supervisors were

conducted morning session with the data collectors. So that it could be possible to solve problems and correct errors as early as possible.

4.6 Study Variables

4.6.1. Dependent Variable

- Utilization of ANC service

4.6.2. Independent variables

- Age of the woman
- Marital status
- Religion
- Educational level of the woman
- Educational level of the husband
- Family income
- Exposure to mass media
- Place of residence
- Birth order
- Experience of pregnancy and delivery complications

4.7 Operational definition

- **Antenatal care** – The care given to mothers during pregnancy at list once by health professionals (doctor, health officer, midwife, or nurse).
- **Utilization of maternal health care service** – Utilization of health care service provided in health institutions for women during pregnancy, labour, postnatal period.

4.8. Data Quality Control and Management

The structured questionnaire was translated to Amharic language and back to English for consistence of data. Pre-test was undertaken and modification of questionnaires was made to increase response rate.

Data collectors and supervisors were trained for two days on the purpose of the study and how data collection was carried out. The principal investigator and supervisors were closely followed the data collection process. Questionnaires were checked on daily basis for consistence or completeness and corrective measure were also taken. When data incompleteness occurred, data collectors had gone back to respondents' house and gathered the required data. Data were cleaned, coded and entered in to a computer that reduces the introduction of errors.

4.9 Data Analysis and Interpretation

The data was analysed based on set variables and objectives. Both descriptive and analytic measures were used to analyse the data. Computer soft ware programme SPSS version 16 was used & finally comparison made using percentage, chi-square, and P-value. The results were displayed in tables, graphs & figures and were compared with the finding of other studies.

4.10 Ethical consideration

Ethical clearance was obtained from School of Nursing, College of Health Sciences, Addis Ababa University. Official letter was sent from Dessie Zonal health administration office for each selected kebele administration. Informed consent was obtained from the study subjects prior to data collection time. Confidentiality was also be maintained.

The participants were informed in a way that, your participation in this study was completely on voluntary basis and you have a right to refuse, to take part or to interrupt the interview at any time. But the information that you were given us is quite useful to improve antenatal care.

4.11. Dissemination of the Result

The result of this study will be presented to AAU, and a copy of this study will be distributed to Dessie zonal health administration, for organizations which support this study in funding and the concerned bodies who are working on maternal health care services in the region. Publication will also be considered

CHAPTER-V

RESULTS

5.1. Socio – Demographic Profile

A total of 682 mothers who gave birth within one year were interviewed, making a response rate of 100%. Majority 506(74.2%) of women involved in the study were at the age of 25 and above, 176(25.8%) were 25 and below. Concerning to the residence, 174(25.5%) in kebele 5, 180(26.4) kebele 6, 174(25.5%) kebele 7, 154(22.6%) kebele 9. Among respondents 582(85.3%) of mothers were married and the remaining 29(4.3%), 15(2.2%) & 56(8.2%) were single, widowed & divorced respectively. The ethnic origin of 655 (96%) respondents was Amhara followed by oromo 14 (2.1%) & the rest 13(1.9%) were Tigre. Majority of respondents that is 368(54%) were Orthodox Christian and 286 (42%) were Muslims and the rest 24(3.5%) & 4(0.6%) were protestant & catholic respectively. Regarding educational status of respondents, only 41(6%) of women and 19(2.8%) of their husbands have not attended formal education; while majority of women and their husbands had attended formal education 641(93.9%) and 663(97.2%) respectively. Respondents reported that their monthly family income of 84(12.3%) mothers is 250Birr and below, 75(11%) between 250-500Birr, 53(7.8%) between 501-750Birr, the rest 128 (18.8%) & 342(50.1%) is between 751-1000 and 1000Birr respectively. 380(55.7%) of mothers were housewives (do not have independent work), 161(23.6%) were government employee, 62(9.1%) were daily laborer and the other 58(8.5%) & 21(3.1%) were merchant & student respectively. For details see table-1.

Table 1 - Socio-demographic characteristics of respondents, Dessie town, Ethiopia, March, 2011. (n=682)

Variables		Frequency	percentage
Age	<25	176	25.8
	≥25	506	74.2
Total		682	100
Kebele	5	174	25.5
	6	180	26.4
	7	174	25.5
	9	154	22.6
Total		682	100
Marital status	Single	29	4.3
	Married	582	85.3
	Widowed	15	2.2
	Divorced	56	8.2
Total		682	100
Ethnicity	Amhara	655	96.0
	Oromo	14	2.1
	Tigre	13	1.9
Total		682	100
Religion	Muslim	286	42
	Orthodox	368	54.0
	Protestant	24	3.5
	Catholic	4	.6

Total		682	100
Women education	No formal education	41	6.0
	Primary(1-6 grade)	89	13.0
	Secondary (7-12grade)	380	55.7
	Post secondary(12+)	172	25.2
Total		682	100
Husband education	No formal education	19	2.8
	Primary (1-6 grade)	63	9.2
	Secondary (7-12grade)	255	37.4
	Post secondary(12+)	345	50.6
Total		682	100
Family income	<250Birr	84	12.3
	250-500 Birr	75	11.0
	501-750 Birr	53	7.8
	751-1000 Birr	128	18.8
	>1000 Birr	342	50.1
Total		682	100
Women occupation	Government employee	161	23.6
	House wife	380	55.7
	Merchant	58	8.5
	Daily laborer	62	9.1
	Student	21	3.1
Total		682	100

5.2. Source of information

Concerning source of information of respondents, 387(56.7%) of mothers have got information from television and 158(23.2%) were from radio, the rest 107(15.7%) & 30(4.4%) have got from health professionals & friends respectively.

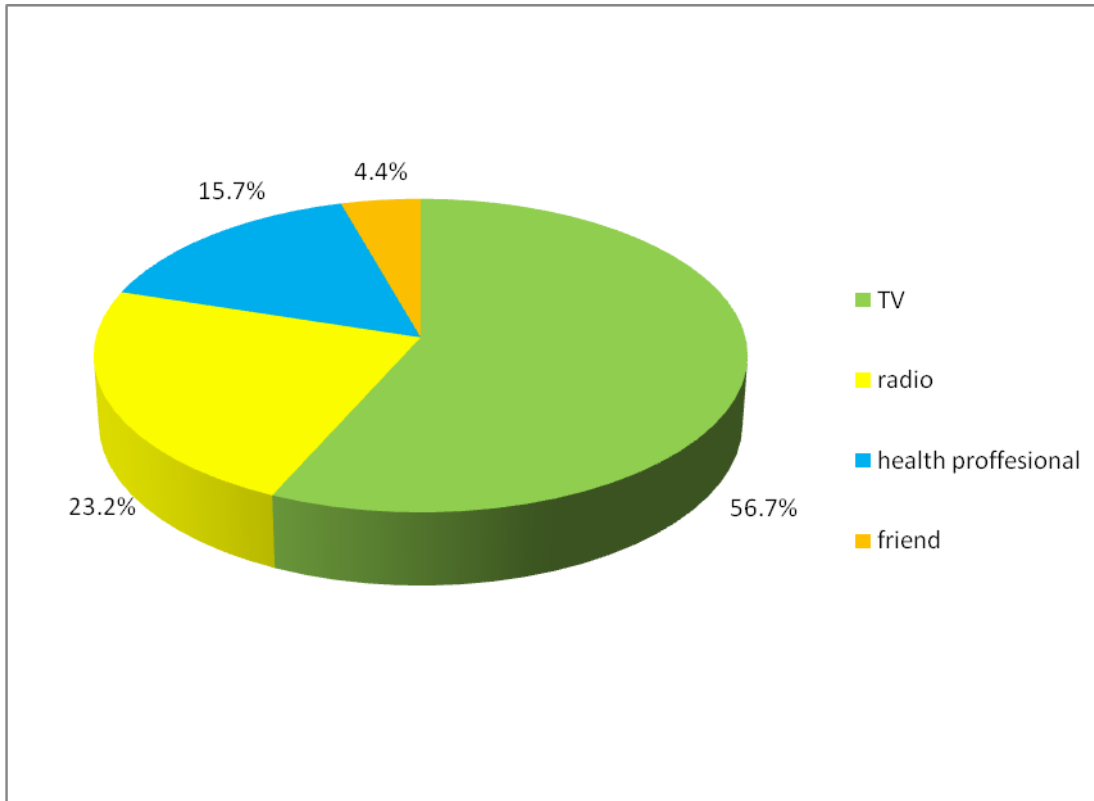


Figure-3 Shows source of information of respondent, Dessie town, Ethiopia, March, 2011.

(n=682)

5.3. Patterns and reasons for ANC utilization of respondents

Regarding the current status of pregnancy, 588 (86%) of respondents were not pregnant, and the rest were pregnant. Antenatal care used in the previous (last) pregnancy among women under study was 630(92.4%).

Regarding to frequency of antenatal care the majority 475 (69.6%) have followed four times and above, 135(19.8%) 2-3 times. 619(90.8%) of respondents followed antenatal for regular check up while 12(1.8%) had antenatal care for medical care. The main reason for not attending ANC is “Ignorance for the purposes of ANC” which is responsible for 26(50%) of non user respondents, “Not having enough information about the purposes of ANC” was responsible reason of 8(15.4%) of non user respondents and “not being satisfied with previous ANC” for reasons such as long waiting time and bad conduct of service providers% long travel were the other reasons for not attending ANC service in the region being responsible for 13(25%) & 5(9.6%) of non user respondents respectively.

Table 2 - Patterns and reasons for ANC utilization of respondents in Dessie town, Ethiopia
 March, 2011. (n=682)

Variables		Frequency	percentage
Current status of women	Pregnant	94	13.8
	Non pregnant	588	86.2
Total		682	100
Use of ANC in the last pregnancy	yes	630	92.4
	No	52	7.6
Total		682	100
Number of antenatal care	1	19	2.8
	2-3	136	19.9
	4&above	475	69.7
Total		630	92.4
Reason for attending ANC	For regular check Up	618	90.6
	Medical help for sickness	12	1.8
	Total	630	92.4
Reason for not attending ANC	Long travel distance	5	0.7
	Not knowing about ANC	8	1.2
	Ignorance	26	3.7
	Other	13	1.9
Total		52	7.6

This figure shows that as maternal education increases, utilization of antenatal care increases that means mothers who have better educational status have greater tendency for utilization of antenatal care. Among a total of respondents who used antenatal care, 170(98.8%) of them were post secondary (12+), 357(93.9%) secondary, 72(80.9%) primary & 31(75.6%) no formal education. whereas out of respondents who didn't use antenatal care, 10(24.4%) no formal education, 17(19.1%) primary education, the rest 23(6.1%) & 2(1.2%) had educational status of secondary & post secondary respectively.

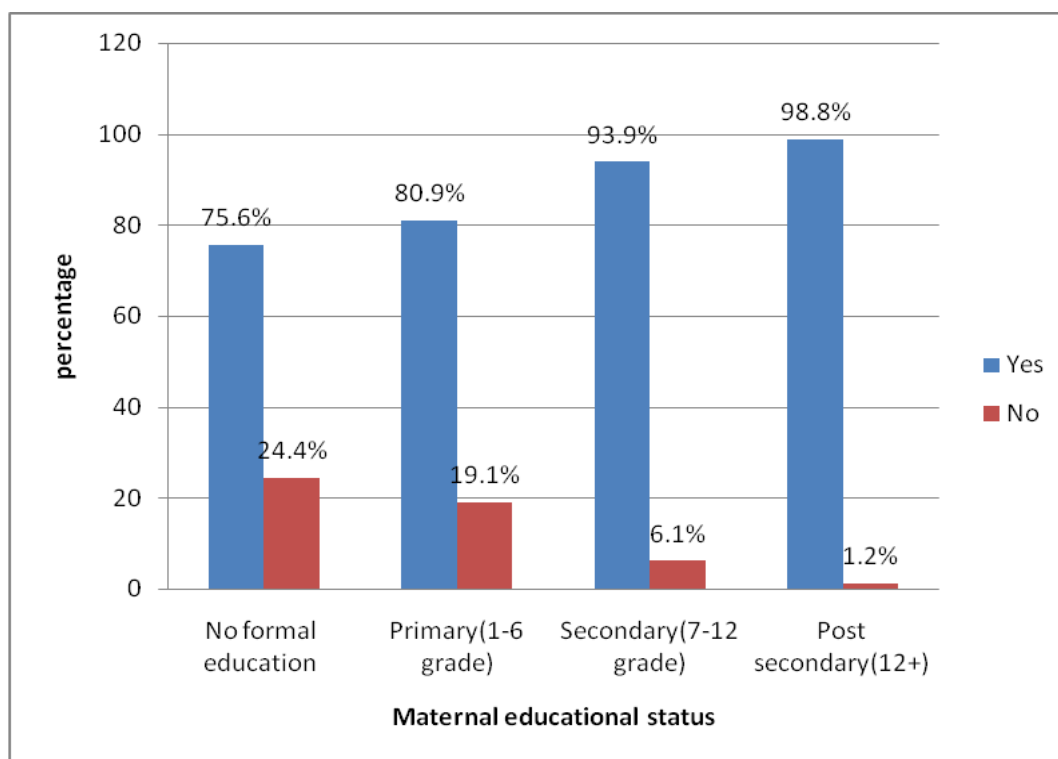


Figure-4 Utilization of antenatal care by women's educational status in Dessie town, Ethiopia march, 2011. n=682

This figure shows Illiterate and more educated husbands showed higher utilization of antenatal care which is not clear as maternal education that has definite increasement with utilization of antenatal care. regarding to their husband educational status, Among a total of respondents who used antenatal care, 338(98%) were postsecondary, 233(91.4%) secondary, 42(66.7%) primary & 17(89.5%) no formal education. whereas out of respondents who didn't use antenatal care, 2(10.5%) no formal education, 21(33.3%) primary education, the rest 22(8.6%) & 7(2%) had educational status of secondary& post secondary respectively.

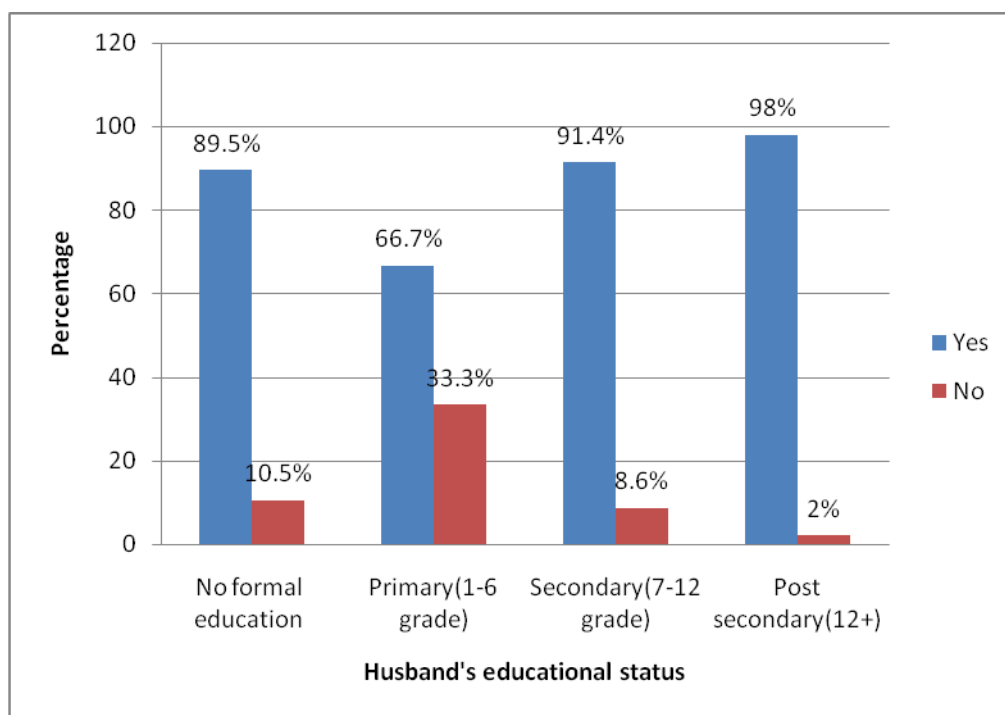


Figure5-Utilization of Antenatal care by husband's educational status, in Dessie town, Ethiopia march, 2011.n=682

This figure shows that as the number of children increases the utilization of antenatal care increases that means mother who were grandmultipara utilized more antenatal care services than others. Out of a total of respondents, 9(100%) of mothers who had six and more children have used antenatal care, 13(86.7%) of mothers who had five children used ANC, 31(91.2%) of mothers who had four children used ANC, 102(99%) were who had three children, 215(96.4%), 246(91.1%) & 14(50%) were who had two, one & who had no children respectively. Out of a total of respondents, 2(13.3%) of mothers who had five children didn't used antenatal care, 3(8.8%) of mothers who had four children didn't used ANC & the rest, 1 (1%), 8(3.6%), 24(8.9%) & 14(50%) were who had three, two, one & who had no children respectively.

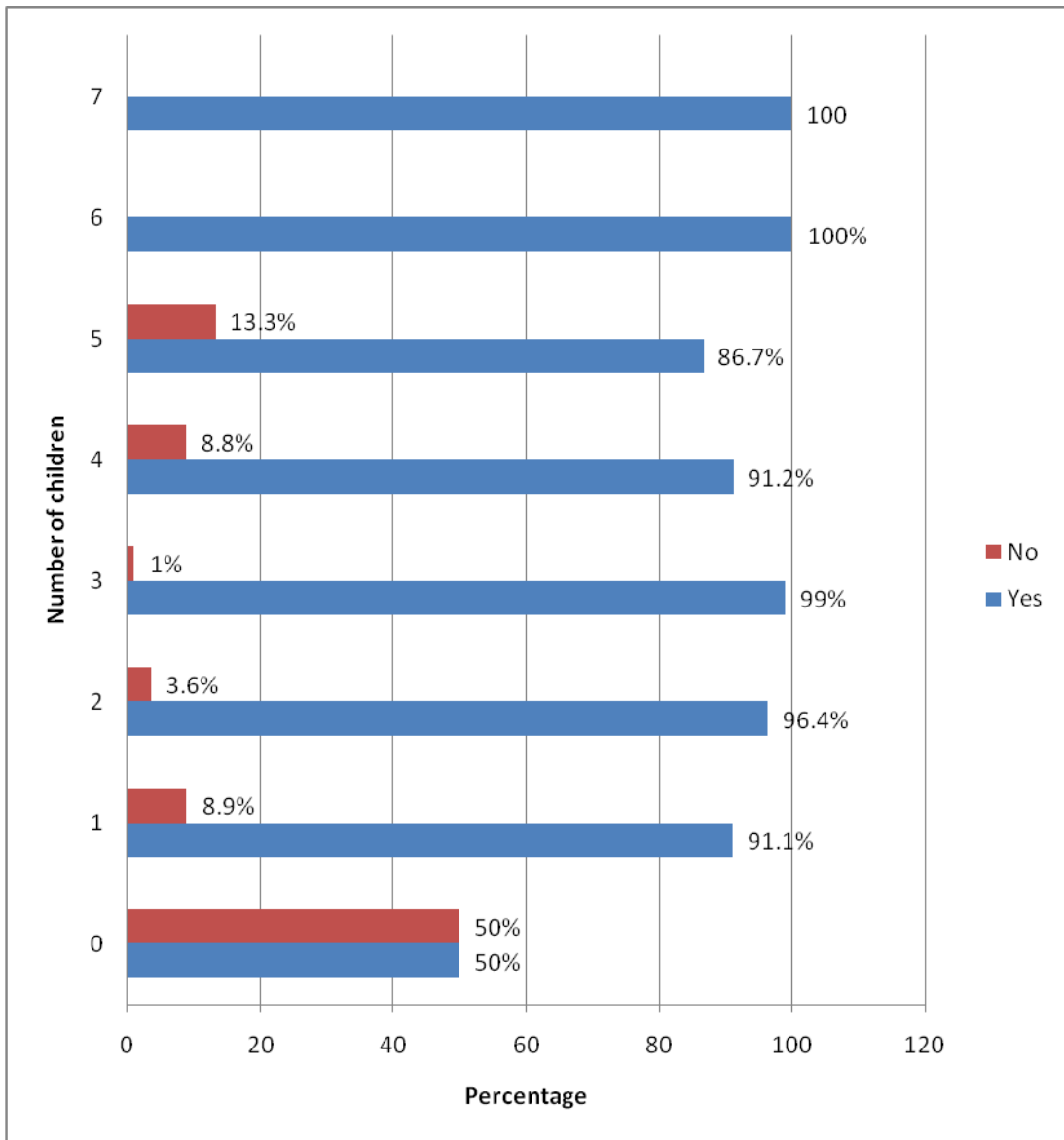


Figure 6- Utilization of Antenatal care by number of children in Dessie town, Ethiopia march, 2011. n=682

5.4. Antenatal care utilization by monthly family income, religion & age in Dessie town

Out of the total respondents 333(97.4%) those who have monthly family income of greater than 1000 have attended antenatal care during their last pregnancy. 344(93.2%) orthodox & 264(92.6%) Muslim mother have attended antenatal care. Mother with age 25 & above that is 479(94.7%) utilized antenatal care in their last pregnancy.

When we see the use of ANC by monthly family income, the use of ANC is more or less increasing with monthly family income and significant with Chi-Square = 52.472 (p=0.000). Antenatal care utilization has also a significant variation by religion with Chi-Square=13.454 (p=0.009).

Another significant finding was observed based on variation in age groups with Chi-Square=14.582(p=0.000). For details see table-3.

Table 3- Antenatal care utilization by monthly family income, religion& age in Dessie town, March 2011.

Variables		ANC follow up		Total	P-value
		Yes	No		
Monthly family income	<250Birr	63(75.0%)	21(25%)	84(100%)	0.000
	250-500 Birr	70(93.3%)	5(6.7%)	5(100.0%)	
	501-750 Birr	45(84.9%)	8(15.1%)	53(100.0%)	
	751-1000 Birr	119(93.0%)	9(7.0%)	128(100%)	
	>1000 Birr	333(97.4%)	9(2.6%)	342(100.0%)	
Total		630(92.4%)	52(7.6%)	682(100.0%)	
Religion of women	Muslim	264(92.6%)	21(7.4%)	285(100.0%)	0.000
	Orthodox	344(93.2%)	25(6.8%)	368(100.0%)	
	Protestant	20(83.3%)	4(16.7%)	24(100.0%)	
	Catholic	2(50.0%)	2(50.0%)	4(100.0%)	
Total		630(92.4%)	52(7.6%)	682(100)	
Age in years	less than 25	151(85.8%)	25(14.2%)	176(100%)	0.000
	≥25	479(94.7%)	27(5.3%)	506(100%)	
Total		630(92.4%)	52(7.6%)	682(100%)	

5.5. Association between selected variables and antenatal care service utilization

Associations were sought between ANC service utilization during pregnancy by different socio demographic, obstetric and delivery characteristics. Mothers having college & university (post secondary) education use antenatal care 8 times greater compared with mothers with no formal education, AOR=8.2(1.1, 65).

There was significant association between total number of children & antenatal care that is for each additional child, the probability of having antenatal follow up increased by twice , AOR= 2(1.4, 3.0).

There was no significant association observed in other variables after adjustment of potential (confounding) variables.

Table 4 - Association between selected variables and antenatal care service utilization, Dessie town, Ethiopia, March, 2011.n=682

Variables		P value	AOR	95.0%C.I. for AOR	
				Lower	Upper
Women's education	No formal education (reference)	0.116			
	Primary (1-6 grade)	0.823	1.167	0.301	4.526
	Secondary(7-12 grade)	0.157	2.583	0.695	9.605
	Post secondary(12+)	0.047	8.228	1.029	65.800
Husband's education	No formal education (reference)	0.010			
	Primary(1-6 grade)	0.165	0.244	0.033	1.793

	Secondary(7-12 grade)	0.696	0.667	0.087	5.101
	Post secondary(12+)	0.551	1.974	0.211	18.424
Family income	<250Birr	0.052			
	250-500 Birr	0.003	7.059	1.977	25.205
	501-750 Birr	0.459	1.543	0.489	4.870
	751-1000 Birr	0.279	1.833	0.613	5.486
	>1000 Birr	0.237	2.063	0.621	6.859
Mother's occupation	Government Employee	0.887			
	House wife	0.805	0.830	0.190	3.636
	Merchant	0.527	2.173	0.197	24.018
	Daily laborer	0.579	0.620	0.115	3.351
	Student	0.835	1.318	0.098	17.648
	Other	0.470	0.276	0.008	9.070
Source information	Television	0.195			
	Radio	0.466	1.403	0.565	3.484
	Health professional	0.704	0.814	0.282	2.351
	Friends	0.063	0.288	0.077	1.072
		0.784	1.483	0.088	24.960
Total number child		0.000	2.013	1.379	2.940
Constant		0.817	1.346		

This table shows that family income & total number of children have significant association with utilization of antenatal care.

CHAPTER -VI

DISCUSSION

This community based cross-sectional study tried to assess factors affecting utilization of antenatal care in selected kebeles, Dessie town, Amhara regional state. The current study showed a high coverage of antenatal care in Dessie town, that is antenatal care utilization rates was 92.4%; similar to the study done in Jimma town by Challi & Tefera, (2005) which was 90%. On the other hand, it was better than the national coverage of 68% ANC and regional coverage of 72.5% according to report of FMOH, national health indicator 2008/2009 (39, 50).

In addition, the findings of this study were greater than that of Harrari region & Tigray region that is 75% & 80% respectively (40). Compared to other studies the current findings revealed higher coverage of ANC than the study done in Yem special woreda, southwestern Ethiopia that was only 28.5% & 53.9% in study done in kham district (40, 41, 43). This might be the fact that in those studies both urban and rural areas had been included whereas this study was exclusively urban environment to control distance from health services.

This study has identified a number of factors that have important influences on utilization of ANC in Dessie town. Women's education level, family income, religion, age of the mother & number of children found to affect utilization of ANC utilization significantly. Which is similar to the study done in eastern Sudan & in-depth Analysis of the Ethiopian Demographic and Health Survey (2005) (44, 48).

Regarding the age, the present study revealed that the utilization of ANC was significantly affected by age of the mothers in contrast to the study done in Turkey. However the percentage of ANC utilization less than 25 years is less (85.8%) when compared with mothers with the age of 25 & above (94.7%). However, 28% of younger women below 35 years of age and 21 % of women with age 35 years and above utilized ANC according to study done all over Ethiopia (34, 37, 43).

Women's educational level was significant indicators for utilization of ANC in Dessie town. Women having college & university(post secondary) education use antenatal care 8 times more likely than women with lower educational status in receiving antenatal care ($p < 0.05$). Similar studies conducted in Ethiopia, Southern India, Turkey, and rural Vietnam also found maternal education to be among the most important determinants of maternal health care service utilization. For instance according to study done nationwide in Ethiopia in 2002; 72% of women with at least secondary education received antenatal care from health professional compared with 45% of women with primary education and 21% with no formal education (35,37,46).

There are a number of explanations for why education to be a key determinant. Education likely to enhance female's autonomy so that women develop greater confidence and capabilities to make decisions regarding their own health as well as that of their children. It is also likely that educated women seek out higher quantity services and have a greater ability to use health care imputes to produce better health.

There is significant association between total number of children & antenatal care that is for each additional child, the probability of having antenatal follow up increased twice ($p < 0.05$).

Women following orthodox (93.2%) & Muslims (92.6%) were found to use ANC better than protestant (83.3%) & catholic followers. The result of this study revealed similar associations compared with study done nationwide in Ethiopia; in which Muslim women were found 30% more likely to receive professional antenatal care services than Catholic women.(31,37,47).

Family income was found to be one of the main significant factors affecting ANC. For instance women with family income above 1000 birr were found to be more likely to use ANC that is five times with family income less than250.

Family income between751-1000 was nearly two times more likely to use ANC than women with family income equal and below less than250 birr. Similarly according to study done in rural Bangladesh in 2002 & the study done by Ali A. & Osman M. (2010) showed that higher income women were twice likely to use antenatal care services (45,48).

This compares with only 12% of the respondents classified as having small land holding and 5% of landless households. This association is due to ability of mothers to travel to health care facilities and ability or willingness to pay out money that is directly or indirectly related to health care service utilization. (26, 31, 42).

This study didn't show any significant association between sources of information and utilization of antenatal care. Regarding Parity; the present study revealed that There is significant association between total number of children &antenatal care that is for each additional child, the probability of having antenatal follow up increased by twice as the fact that grand multiparas are at great risk of maternal mortality and morbidity as well as having poor delivery outcome .The finding is similar with studies done in other areas (31, 34, 35, 37).

Possible explanation for high utilization of maternal services among high parity women is that such women developed experience and knowledge accumulated from previous pregnancies and births.

6.1. Strength of the Study

- The study is community based therefore all mothers who gave birth within one year before the study periods were included in the study population.
- The sampling frame has included all kebeles in the town therefore the result can be generalized for the town.
- The study has identified wide range of socio-demographic and maternal factors affecting utilization of ANC.

6.2. Limitation of the Study

- Qualitative method of research needs to be done to identify important reasons for not utilizing the services
- Some responses for questions like the number of ANC visit can depend on mother's memory.

CHAPTER-VII

CONCLUSION AND RECOMMENDATION

7.1. Conclusion

In conclusion, this study showed better utilization of antenatal care as compared to the national coverage. The most important factors influencing utilization of antenatal care services were and socio-demographic in nature like maternal education, family income, maternal age, religion and parity were associated factors.

The reasons given by the individual women for not attending ANC were found to be “Ignorance for the purposes of ANC” “Not having enough information about the purposes of ANC” “Not being satisfied with previous ANC” long waiting time was being too busy & bad conduct of service providers. The study result revealed that non-attendance was highest for those women whose monthly income is low, illiterate and with age < 25. Antenatal coverage in the study area was very high. Family income, women education, number of children, maternal age & religion were important determinant factors for ANC.

Mothers' educational level, monthly family income, age, religion, number of children, showed statistically significance association with antenatal care. This study has showed similar results to those documented in some studies done in Ethiopia and other developing countries. Such finding can therefore be used as the basis for a number of recommendations.

7.2. Recommendations

- Improving educational coverage, especially education of women should be encouraged strongly to bring better change in the future. Education was found to have an impact on the use of antenatal care services suggests that improving educational opportunity for women may have a large impact on improving utilization of ANC services.
- This is, however, a long term investment. As an alternative in short term, health promotion programs that centered on women with little or no education should be given. Increase women's autonomy within the family, enhancing their ability to earn and control income and decided on their own health. Different governmental sectors and NGOs should work together to bring economical change in the community. Improvement in family income should be addressed in the long term. Thus, the government and other development partners should design medium and long term plans to increase the income of poor.
 1. households
 2. The integrated maternal health care programs should focus on illiterate women to bring awareness on the benefits of using ANC.
 3. Provision of ANC must be used as an opportunity for promotion maternal health.
 4. Health extension workers should be encouraged to identify and transfer high risk mothers for better ANC.

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ANNEXES

Annex 1 –Addis Ababa University, Faculty of Medicine, School of Nursing

Consent form to assess factors affecting utilization of antenatal care in Dessie Town

Greeting!

Good Morning/Afternoon. My name is_____ I am among the data collectors conducted by School of Nursing, College of Health Sciences in Addis Ababa University. This is a study to be conducted with the objective of identifying factors affecting the utilization of antenatal care in Dessie Town. The study will help to improve antenatal care provided in the Dessie town. Therefore, you are kindly requested to participate in this study and provide information required from you.

I am going to ask you some questions. Your participation in this study is completely on voluntary bases and you have a right to refuse, to take part or to interrupt the interview at any time. But the information that you will give us is quite useful to improve antenatal care.

We would like to assure that your name will not be mentioned in anywhere. The information that you will give us will be kept confidential and only be used for the research purpose.

Are you willing to participate in this study?

1. yes signature _____

2. No signature _____

If the answer is yes, thanks! Conduct the interview.

If the answer is no, thanks! And go to other the respondent. Don't force them to participate in the study.

Name of the interviewer _____signature_____

Date of the interview _____month_____Year_____

Name of the supervisor _____signature_____

Date of checking_____month_____Year_____

Remark 1. Complete 2. Incomplete

Annex 2. Addis Ababa University, Faculty of Medicine, School of Nursing

Questionnaire prepared for cross sectional study on factor influencing the utilization of antenatal care, in Dessie town.

Direction to interviewer

Read the questions carefully and make sure the respondents understand the question. Write the response given by the respondents in the space provided. According to the questions the respondents can select one option, select more than one option, or give a word/words or numbers. Age should be completed in completed years. Others time durations should be recorded according to the specification on each questions.

Part 1. Socio-demographic characteristics

Ser No	Question	Coding categories (response)	Code
101	Age	_____	
102	Address	Town _____ Kebele _____ House No _____	
103	Marital status	1. Single 2. Married / Cohabitation 3. Widowed 4. Divorced/Separated	

104	Ethnicity	1.Amhara 2.Oromo 3.Tigre 4.Other (specify) _____	
105	Religion	1.Muslim 2.Orthodox 3.Protestant 4.Catholic 5.Other(specify) _____	
106	Woman's educational level	1. No formal education 2. Primary(1 – 6 grade) 3. Secondary(7 – 12 grade) 4. Post secondary(12+)	
107	Husband educational level	1. No formal education 2. Primary(1 – 6 grade) 3. Secondary(7 – 12 grade) 4. Post secondary(12+)	
108	Family income per month	1.< 250 birr 2.250 – 500 birr 3.501 – 750 birr 4.751 – 1000 birr 5.>1000 birr	

109	Woman's occupation	1.Government/ Privet employee 2.House wife 3.Merchant 4.Daily laborer 5.Student 6.Others (specify) _____	
110	Mass media found in the house	1.TV 2.Radio 3.health professionals 4.friends 5.other specify _____	

Part 2. Maternal History

Ser No	Question	Coding categories (Response)	Code
201	Total number of pregnancy	_____	
202	Total number of live birth	_____	
203	Total number of still birth	_____	
204	Total number of abortion	_____	
205	Total number of living children	_____	
206	Are you currently pregnant	1.Yes 2.No	

207	Have you attended antenatal clinic During the last or current pregnancy?	1.Yes 2.No 3.Do not remember	
208	If yes why did you attended the ANC clinic?	1.For regular check-up 2.While sick 3.Other (specific)	
209	How many times have you attended the ANC clinic in the last pregnancy? (Not for mothers who are currently pregnant)	_____	
210	If not attended the ANC during your last or current pregnancy What was your reason?	1. Long travel distance 2. Not knowing about ANC 3. Ignorance 4. Not satisfied with ANC 5. Other (specify)_____	

Annex 3

በአዲስ አበባ ዩኒቨርሲቲ ሕክምና ትምህርት ክፍል የነርስ ትምህርት ቤት

በደሴ ከተማ እናቶች የቅድመ ወሊድ አገልግሎት አጠቃቀም ላይ ተፅዕኖ የሚያሳድሩ ችግሮችን ለማጥናት ለተዘጋጀው ቃለ መጠይቅ የግለሰቦችን ፈቃደኝነት መጠየቂያ ቅፅ።

ሰላምታ

ስሜ _____ ይባላል። እኔ በአዲስ አበባ ዩኒቨርሲቲ የሕክምና ትምህርት ክፍል በነርስ ትምህርት ቤት በሚካሄደው ጥናት መረጃ ከሚሰበሰቡት አንዱ ስሆን የዚህ ጥናት አላማ በደሴ ከተማ የሚገኙ እናቶችን የቅድመ ወሊድ አገልግሎት አጠቃቀም ላይ ተፅዕኖ የሚያሳድሩ ችግሮችን ማጥናት ነው። ይህ ጥናት በከተማው ለሚገኙ እናቶች የሚሰጠውን የቅድመ ወሊድ አገልግሎትን ለማሻሻል ይረዳል ብለን እናምናለን። ስለሆነም እርስዎ አስፈላጊውን መረጃ በመስጠት የጥናቱ ተሳታፊ እንዲሆኑ በአክብሮት እንጠይቃለን። እርስዎን በተመለከተ ጥያቄ አቀርብልዎታለሁ። በዚህ ጥናት የሚሳተፉት በሙሉ ፈቃደኝነትዎ ነው። እንዲሁም በቃለ መጠይቁ ያለመሳተፍም ሆነ በማንኛውም ሰዓት ቃለ መጠይቁን የማቋረጥ መብትዎ የተጠበቀ ነው። ነገር ግን የሚሠጡን መረጃ የእናቶችን የቅድመ ወሊድ አገልግሎትን አጠቃቀም ለማሻሻል ለሚደረገው ጥረት ከፍተኛ ጠቀሜታ አለው።

ስምዎ የትም ቦታ አይጠቀስም። የሚሰጡት መረጃ ሚስጥራዊነቱ የተጠበቀ ነው። እንዲሁም ከጥናቱ ጋር በተያያዘ ብቻ ነው ጥቅም ላይ የሚውለው።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

- 1. አዎን ፊርማ
- 2. አይደለሁም ፊርማ

መልሱ አዎን ከሆነ እናመሰግናለን። ቃለ መጠይቁን ያካሂዱ መልሱ ፈቃደኛ አይደለሁም ከሆነ አመስግነው ወደ ሌላ ተጠያቂ ይለፉ (ግለሰቧን በቃለ መጠይቁ ለማሳተፍ ምንም አይነት ጫና እንዳያደርጉ)

የጠያቂው ስም _____ ፊርማ

ቃለ መጠይቁ የተካሄደበት ቀን _____ ወር _____ 2003 ዓ.ም

ቃለ መጠይቁ የተካሄደበት ሰዓት _____

የገምጋሚው ስም _____ ፊርማ

የመረጃ መስብሰቢያው ቅጽ የተመረመረበት ቀን _____ ወር _____ 2003 ዓ.ም

የመረጃ መስብሰቢያው ቅጽ 1. የተሟላ 2. ያልተሟላ

Annex 4

አዲስ አበባ ዩኒቨርሲቲ ሕክምና ትምህርት ክፍል ነርስ ትምህርት ቤት

በደሴ ከተማ የእናቶች የቅድመ ወሊድ አገልግሎት አጠቃቀም ላይ ተፅዕኖ የሚያሳድሩ ችግሮችን ለማጥናት የተዘጋጀ መጠይቅ።

የጠያቂው መመሪያ

የሚከተሉትን ጥያቄዎች በጥንቃቄና ተጠያቂ በሚገባት ሁኔታ አንብበው ተጠያቂዎች የሰጠችውን መልስ ለመልስ መስጫ በተሰጠው ቦታ ላይ ያስፍሩ። እንደየጥያቄው ሁኔታ ተጠያቂዎች ከአንድ በላይ መልስ ልትሰጥ ትችላላችሁ ወይም መልሱ በቃላት፣ በዓረፍተ ነገር ወይም በቁጥር ሊሰጥ ይችላል።

የተጠያቂዎች እድሜ በሙሉ ዓመት ሊገለፅ ይገባል እንዲሁም ጊዜን የተመለከቱ ጥያቄዎች በጥያቄው ላይ እንደተመለከተው ተደርጎ ሊጻፍ ይገባል።

ክፍል አንድ - ስለማህበራዊ ሁኔታ መረጃ

ተ.ቁ	ጥያቄዎች	መልስ	ክድ
101	እድሜ	_____	
102	አድራሻ፡-	ከተማ ቀበሌ የቤት ቁጥር	
103	የጋብቻ ሁኔታ	1. ያላገቡ 2. ያገቡ/አብረው በአንድ ቤት የሚኖሩ 3. ባል የሞተባቸው 4. የተፋቱ/አብረው አንድ ቤት የማይኖሩ	
104	ብሔር	1. አማራ 2. ኦሮሞ 3. ትግሬ 4.ሌላ ከሆነ ይግለጽ _____	
105	ሐይማኖት	1. ሙስሊም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ	

		5. ሌላ ከሆነ ይገለጽ_____	
106	የሴቷ የትምህርት ደረጃ	<ol style="list-style-type: none"> 1. መደበኛትምህርት ያላገኘች 2. አንደኛ ደረጃ (ከ 1 - 6ኛ ክፍል) 3. ሁለተኛ ደረጃ (ከ 7 - 12ኛ ክፍል) 4. ከሁለተኛ ደረጃ በላይ(12⁺) 	
107	የትዳር አጋር (የወንድ) የትምህርት ደረጃ	<ol style="list-style-type: none"> 1. መደበኛትምህርት ያላገኘች 2. አንደኛ ደረጃ (ከ 1 - 6ኛ ክፍል) 3. ሁለተኛ ደረጃ (ከ 7 - 12ኛ ክፍል) 4. ከሁለተኛ ደረጃ በላይ(12⁺) 	
108	የቤተሰቡ ጠቅላላ የወር ገቢ	<ol style="list-style-type: none"> 1. ከ 250 ብር በታች 2. ከ 250-500 ብር 3. ከ 501-750 ብር 4. ከ 751-1000 ብር 5. ከ 1000 ብር በላይ 	
109	<u>የሴቷ የሥራ አይነት</u>	<ol style="list-style-type: none"> 1. የመንግስት/ የግል ድርጅት ሠራተኛ 2. የቤት እመቤት 3. ነጋዴ 4. የቀን ሠራተኛ 5. ተማሪ 6. ሌላ ከሆነ ይገለጽ_____ 	
110	በቤት ውስጥ የሚገኝ የመገናኛ ብዙሃን አይነት	<ol style="list-style-type: none"> 1. ቴሌቪዥን 2. ሬድዮ 3. የጢና ባለሙያ 4. ጎደኛ 5. ሌላከሆነ ይገለጽ_____ 	

ክፍል ሁለት - የእርግዝናና የወሊድ ሁኔታ

ተ.ቁ	ጥያቄዎች	መልስ	ክድ
201	በአጠቃላይ የተከሰተው እርግዝና ቁጥር	_____	
202	በህይወት የተወለዱ ልጆች ቁጥር	_____	
203	ሞተው የተወለዱ ልጆች ቁጥር	_____	
204	በአጠቃላይ የተከሰቱ ውርጃዎች ቁጥር	_____	
205	አሁን በአይወት ያሉ ልጆች ቁጥር	_____	
206	አሁን እርጉዝ ነሽ ?	1.አዎ 2.አይደለሁም	
207	በመጨረሻው (ባለፈው) እርግዝና ወቅት የቅድመ ወሊድ ክትትል አድርገው ነበር?	1. አድርጌያለሁ 2. አላደረኩም 3. አላስታውስም	
208	የቅድመ ወሊድ አገልግሎት ተጠቅመው ከነበር የተጠቀሙበት ምክንያት ምን ነበር?	1. ለመደበኛ ቅድመወሊድ ምርመራ 2. በታመምኩበት ወቅት 3. ሌላ ከሆነ ይግለፁ _____	
209	ባለፈው እርግዝና ምን ያህል ጊዜ የቅድመ ወሊድ ክትትል አድርገዋል?	_____	
210	የቅድመ ወሊድ አገልግሎት ያልተጠቀሙ ከሆነ ምክንያት ምን ነበር?	1. አገልግሎት መስጫው ስለሚርቅ 2. ስለቅድመ ወሊድ አገልግሎት ስለማላውቅ 3. ቸልተኝነት 4. በአገልግሎ አሰጣጡ ስላልተደሰኙት (ስላልረካሁ) 5. ሌላ ከሆነ ይግለፁ _____	

Declaration

I, the undersigned, declared that, this thesis is my original work and has never been presented in this or any other University, and that all sources of materials used for the thesis have been dully acknowledged.

Name : Zenebework Assefa Adal(BSN, Assistant Lecturer)

Signature: _____

Place: Addis Ababa University

Date of submission _____

This thesis has been submitted for examination with my approval as University advisor

Name of the primary advisor: Mr. Asrat Demissie (MSN, Assistant professor)

Signature: _____

Date of approval: _____

This thesis has been examined by

Name: _____

Signature: _____

Date of examination _____

