FACTORS AFFECTING UTILISATION OF ANTENATAL SERVICES AMONG PREGNANT WOMEN AGED 15-49 IN GOMBE SUB-COUNTY, BUTAMBALA DISTRICT GOMBE HOSPITAL

BY

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DECLARATION

I MUNYAGWA DISAN, hereby declare that this work is built under my own academic effort and consultation that is made as reflected by the attached bibliography. The work has never been submitted to any institution for the award of diploma in higher institution.

Researcher, MUNYAGWA DISAN

.... 18|08|2017

(Signature)   (date)

APPROVAL

This is to certify that this researcher has been written under my supervision and now ready for submission to the research committee of KIU-WC campus for approval.

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ACKNOWLEDGEMENTS

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List of acronyms

ANC: Antenatal Care.

APH: Antepartum hemorrhage.

B.P: Blood Pressure.

ICPD: International Conference on population and development.

KIU-WC: Kampala International University Western campus.

MMR: maternal mortality rate.

SAHS: School of Allied Health Science.

UBOS: Uganda Bureau of Statistics.

UDHS: Uganda Demographic and healthy Survey.

UNICEF: United Nations Children Emergency Funds.

WHO: world Health organization

OPERATIONAL DEFINITIONS:

ANC: this is the care offered to mothers from time of conception to time of delivery.

UTILISATION: refers to access and the use of ANC services.

PREGNANCY: the state of a female after conception until the termination of the gestation.

MATERNAL MORTALITY: the death of a mother while pregnant or within 42 days of termination of pregnancy, irrespective of duration and site of pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

MATERNAL HEALTH: it is the health of women during pregnancy, child birth and post-partum period, encompassing of health care dimensions of family planning, pre conception prenatal and post-natal care.

ABSTRACT

This study aims at determinants affecting utilization of ANC services among pregnant women aged 15-49 years in Gombe sub county Butambala district in Gombe hospital. usually services offered at the ANC clinic may include screening of infections, prevention of maternal child transmission of aids, screening of fetal anomalies, and prevention diseases to mother during pregnancy.

This study was a hospital based across sectional and prospective study that was used in determining the factors affecting the utilization of antenatal care services. The researcher employed a simple random sampling method to obtain data for the research and data was analyzed manually, using Microsoft excel, calculator and by use of percentage for description and presented in form of tables and pie charts.

Independent variables for this study include: age, marital status, level of education, type of place of residence and household wealth index.

Results show that while age and marital status are consistently strong predictors in the utilization of all the ANC services considered in this study, other determinants generally vary in magnitude and level of significance by the type of ANC service- timing and number of antenatal visits. Age and marital status are significant in determining utilization of ANC services. Wealth and type of place of residence are more significant in determining the timing of antenatal visit than in determining the total number of antenatal visits. Similarly, the highest level of education is more significant in determining the total number of visits than in timing of antenatal visits.

CHAPTER ONE

1.0 Introduction

Millions of women in developing countries continue to experience serious health problems related to pregnancy or childbirth. Thaddeus and Maine (1990) argued that not receiving adequate care in time is the overwhelming factor leading to death of women in developing countries. The use of health care services is a complex behavioral phenomenon. It is related to the organization of the health-delivery system and is affected by the availability, quality, costs, continuity and comprehensiveness of services; social structure and health beliefs also affect use (Andersen, 1968; Fiedler, 1981; Kroeger, 1983).

Since the International Conference on Population and Development (ICPD) of 1994, reproductive health has taken center stage in population programs of many countries in the world. In Uganda, the national maternal health programs include: antenatal care, provider-initiated HIV testing and counseling, skilled attendance at birth, emergency obstetric care, post-partum care and family planning in keeping with national policies.

Hospital-based studies in the world conclude that the majority of maternal deaths are due to one or more preventable direct obstetric complications. Postpartum hemorrhage (PPH) is the most common cause of maternal deaths in sub-Saharan Africa. Other direct causes are puerperal sepsis/infections, hypertensive disorders, obstructed labor/ruptured uterus, and complications of unsafe abortions. Major indirect causes are severe anemia, malaria, HIV/AIDS, and tuberculosis. Also, for every woman who dies, 30 others are maimed by potentially lifelong disabilities such as obstetric fistula.

There are significant variations in maternal mortality levels across and within national boundaries. Globally, an estimated 287,000 maternal deaths occurred in 2010, a decline of 47 percent from levels in 1990. Sub-Saharan Africa (56%) and Southern Asia (29%) accounted for 85 percent of the global burden (245 000 maternal deaths) in 2010. The global MMR in 2010 was 210 maternal deaths per 100 000 live births, down from 400 maternal deaths per 100,000 live births in 1990. The MMR in developing regions (240) was 15 times higher than in developed regions (16). Sub-Saharan Africa had the highest MMR at 500 maternal deaths per 100 000 live births. Nigeria and India contribute a third of global

maternal deaths at 14 percent and 19 percent respectively (WHO, UNFPA, UNICEF and the World Bank, 2009).

According to the UN Interagency maternal mortality estimates, maternal deaths were estimated at 358,000 in 2008. Nearly all maternal deaths occur in developing countries; over 80 percent, with hemorrhage being the most common cause of death, particularly in Africa and Asia. Sub-Saharan Africa which is characterized by rapid population growth, high birth rates and increasing rates of HIV infection, has the highest maternal mortality at 640 deaths per 100,000 live births.

Despite the interventions at national level, countries in Africa still face high maternal mortality. The 2008-09 Uganda Demographic and Health Survey shows that maternal mortality ratio (MMR) was 488 deaths per 1000 live births in the country having slightly increased from 414 deaths per 1000 in the 2003 UDHS. It is estimated that Ugandan women face a 1 in 35 lifetime risk of maternal death (National Reproductive Health Strategy, 2009-2015) which is the leading cause (27 percent) among women of childbearing age. Conditions during and just after birth cause 9 percent of deaths in the country (USPA, 2010) and thus maternal mortality is a major health problem in Uganda. According to the UN Interagency report of 2008, Uganda contributed over 60 percent of maternal deaths in sub-Saharan Africa. In an effort to improve pregnancy outcome, the Safe Motherhood Project in Uganda focused on improving quality of antenatal care, essential obstetric care, clean 11 and safe delivery, post-partum care, post-abortion care and management issues at all levels. In addition, the project also focused on strengthening referral practices and on addressing factors responsible for delays by pregnant women in making decisions on when, where and how to seek care. The Safe Motherhood Conceptual Framework provided the basis for designing the project interventions and overall approach. In addition, use of the three delay model focused the activities in reducing maternal, perinatal and neonatal deaths: (i) delay in deciding to seek appropriate care; (ii) delay in reaching an appropriate health care level; and (iii) delay in receiving adequate emergency care once at a facility. Key issues identified that contributed to high maternal and perinatal morbidity and mortality were: poor referral systems, limited competence and skills among health providers, poor health information system, frequent shortages of essential equipment and supplies, weak management systems at all levels and limited access to basic obstetric care at community level.

Overall, the proportion of women who had heard of a woman dying due to obstetric related complications reduced over the project period. However, despite a reduction in the proportion, a review of maternal deaths records showed that the number of maternal deaths during pregnancy increased at end line. This increase of deaths during pregnancy may indicate more deaths due to abortion complications and probably due to indirect causes such as severe malaria in pregnancy, HIV/AIDS, tuberculosis, cardiac diseases, severe anemia, etc. The situation regarding neonatal and perinatal health only improved marginally in Uganda. For instance, 30 percent of women said they had lost at least one child at baseline compared to 28 percent at end line. The age of children who had died was not asked at baseline but among women who had lost a child aged one year or less at end line, 36 percent died within the first month of birth.

Regarding all big low utilization of ANC servicers Globally, Africans and Uganda, there is need of a study to evaluate the leading causes of why there is a lot mothers with malaria, anemia and complications during birth in gombe sub county, Butambala district.

1.1   Problem statement.

The National Coordinating Agency for Population and Development (NCAPD) identified the relationship between maternal mortality, age, parity, marital status, birth interval, antenatal attendance and occupation as a research gap (NCAPD, 2006). To provide an in-depth outlook that will accelerate progress towards improving maternal services, it is important to understand the level of utilization of ANC services among women of reproductive age with intention to examine a continuum of care from pregnancy to delivery rather than study the use of one aspect at a time of maternal health.

Although maternal health services have been provided in the country since 1990s, little is known about their utilization in gombe sub county, Butambala district, which was recently created from the old mpigi district. All the recent national demographic and health surveys didn't cover this district.

Therefore, there is lack ok information on the coverage of maternal health care services in the district, in particular, there is no information available on the overall coverage of ANC services and the factors responsible for this state of affair are yet to be identified.

This study therefore focuses on ANC services where and which care women in gombe sub county Butambala district gombe hospital go through during pregnancy.

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The little information on the coverage, patterns and determinants of the variation in use of maternal health care services where ANC is involved hampers effective health planning, selection and development of corrective interventions in the district.

Therefore, findings of this study should help planners and policy makers to develop ANC services strategies that are responsive to the healthy needs of all expected mothers in Gombe sub county, Butambala district gombe hospital.

1.2. JUSTIFICATION OF THE STUDY.

Maternal mortality rates due to lack ANC services utilization remains high and this study aims at contributing to better understanding about utilization of ANC services by expectant women in Gombe sub county Butambala district gombe hospital.

Seeking antenatal services on time by pregnant women helps detect complications like placenta Previa, abrupio placentae which are will know in causing APH and premature birth.it also informs mothers on ways to care for themselves and the babies during pregnancy by educating them on deity and life style.

ANC services don't only detect complications but also screen for infections that could be dangerous to both mother and fetus during pregnancy, these may include syphilis, HIV and many others. And in case detected immediate treatment is provide there and then to avoid the complications.

There is also provision of treated mosquito nets, prophylaxis of malaria and treatment of malaria to those being diagnosed and appropriate treatment is provide, which treatment will not have any form complication to both mother and fetus. There is also provision of iron supplements to mothers to solve anemia complication like birth anomalies during birth.

Therefore, analysis of patterns of ANC utilization behavior by women in gombe sub county Butambala district gombe hospital is necessary in formulating relevant policies to address provincial differentials in maternal mortality. This paper is so not only beneficial to women but also policy makers with in the district.

1.3. Conceptual frame work.

This conceptual frame work shows the variable that contribute to the low utilization of ANC services among pregnant women aged 15-49 years in gombe sub county, Butambala district.

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Socio-demographic factors.

- Age
- Education level
- Marital status

Economic factors.

- Wealthy status.

Level of knowledge on ANC services.

Factor affecting utilization of ANC services among pregnant women aged 15-49 in Gombe sub county, Butambala district in gombe hospital.
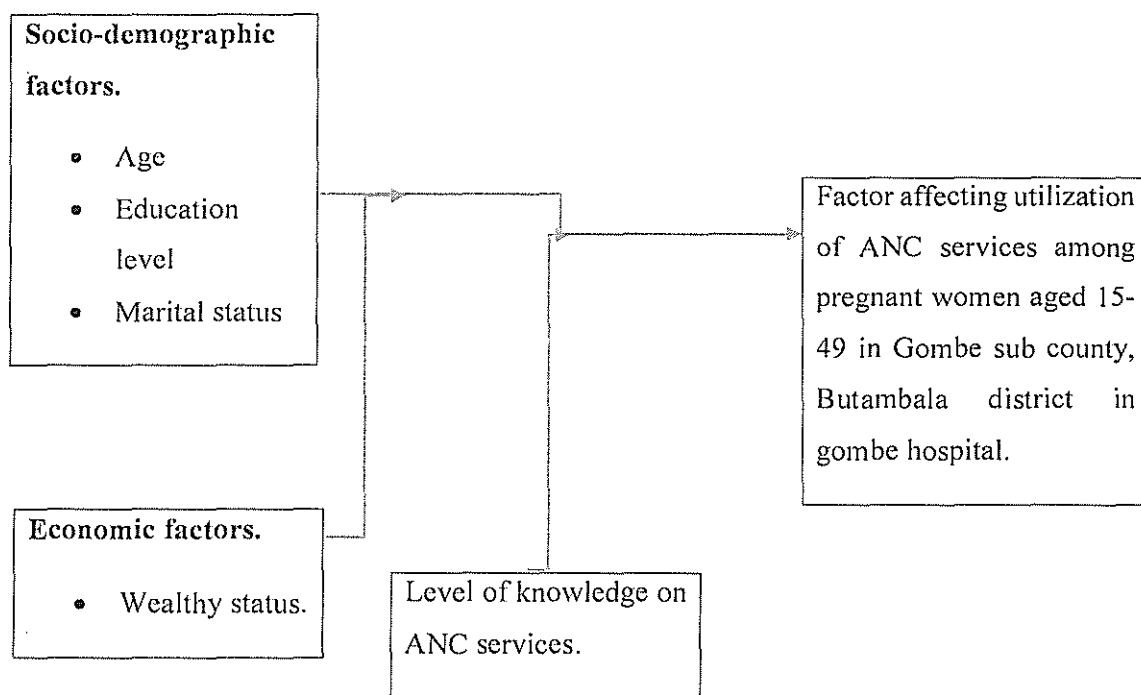
1.4. Scope of the study.

The study was carried out in Gombe sub county Butambala district at Gombe hospital among pregnant women aged 15-49. Data was obtained by interviewing persons directly who are pregnant with age 15-49 and review of hospital records for a period of one month in gombe hospital's ANC clinic.

1.5. RESEARCH QUESTION.

What factors affect utilization of antenatal care services in Gombe sub county Butambala district at Gombe hospital among pregnant aged 15-49?

1.6. STUDY OBJECTIVES.

1.6.1 GENERAL OBJECTIVE.

To determine the factors affecting utilization of ANC services among pregnant women aged 15-49 in Gombe sub county, Butambala district, Gombe hospital.

1.6.2 SPECIFIC OBJECTIVES.

To assess the level of knowledge of pregnant women on importance of ANC in Gombe sub county, Butambala district Gombe hospital.

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To determine the Demographic, social, and cultural factors associated with the utilization of ANC services in pregnant women aged 15-49 years in Gombe sub county, Butambala district gombe hospital.

CHAPTER TWO: LITERATURE REVIEW.

2. O. INTRODUCTION.

Antenatal care is the care given to pregnant women from time of conception to delivery. Furthermore, it is a type of preventive care with goals of providing regular checkups that allows doctors or midwifes to prevent, detect ad well as treat potentate health problems that may arise in a pregnant woman (WHO,2010).

Previous studies have shown that the uptake of maternal health care were ANC is among in developing countries has significant consequences for both the safe transition of the mother through pregnancy and child birth, and the survival and health of the child during early infancy (Khan, 1987).

In spite of the importance of maternal care, poor access to and low utilization of such services continue to be important determinants of maternal mortality and morbidity throughout the world (Mekonnen, 2003). Despite the benefits of ANC services, many women in developing countries do not receive pre-natal care at all, and the care that is received is often characterized by an insufficient number of visits timed late into the pregnancy. Furthermore, the delivery care utilized in most developing countries is dominated by homebirths. Hence high risk pregnancies are often not identified, obstetric histories are ignored, opportunities for transmitting FP messages are missed and important information on child nutrition and healthcare is not disseminated to a large proportion of mothers. Previous literature has documented an urban-rural dichotomy in child health and survival and the utilization of maternal healthcare in developing countries (Madise and Diamond 1996, 1997; Stephenson, 1998).

The Safe Motherhood Demonstration Project in 2004 identified five major causes of maternal death: hemorrhage, infection, hypertensive disease in pregnancy, low ANC services and obstructed labor. Many of these deaths could be averted if women had access to essential obstetric care when they need in which ANC services are among them.

2.0. LEVEL OF KNOWLEDGE OF PREGNANTE WOMEN ON IMPORTANCE OF ANC.

2.1. GENERAL KNOWLEDGE ON ANC

Knowledge on ANC is critical in determining pregnant woman's use of antenatal services (Simkhada et al; 2007). studies have shown that exposure to mass media particularly television and radio significantly predicts utilization of ANC.

Studies done in India and Nepal, found that pregnant women who were watching television every week were more likely to use ANC (Pallikadavath et al; 2004 and Sharma, 2004)

Moreover, studies should have shown that adequate knowledge of ANC has a positive and statistically significant effect on ANC use (Paredes et al; 2005; Nisar and White, 2003).

A study conducted in Nigeria, indicated that health care provider and pregnant women ignorance about ANC was one of the factors affecting utilization of ANC (Amosu et al; 2011).

This study therefore seeks to determine the demographic, socio economic and cultural factors affecting antenatal care utilization and the knowledge of mothers on ANC services in Gombe hospital, Gombe sub county, Butambala district.

2.1.1. ON ANC ATTENDANCE AND UTILIZATION.

Health professionals recommend that the first antenatal visit should occur within the first trimester of pregnancy and continue on a monthly basis through to the 28th week and fortnightly up to the 36th week or until birth (Central Bureau of Statistics- Kenya, Ministry of Health- Kenya & ORC Macro, 2004).

Countries with good indicators in maternal and infant mortality have pregnancy related complications identified and managed early, however according to UBOS the overall one-time antenatal attendance in Uganda was found at 90% with women in rural areas being twice less likely to attend ANC than the urban women.

Globally, developing countries still face a challenge of poorly implemented ANC programs with irregular clinical visits and long waiting times plus poor feed back to the women. A study in Hadiya zone, Ethiopia found that majority of mothers who attended ANC don't receive adequate number of visits and initiated the visits later than recommended by the World Health Organization(WHO2012).

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Studies demonstrating the high levels of maternal mortality and morbidity in developing countries and research identifying causes of maternal death have emphasized the need for antenatal care and availability of trained personnel to attend to women during labor and delivery. The importance of tetanus toxoid injections given prior to birth is to reduce neonatal mortality. Although antenatal cannot prevent all obstetric emergencies (Vilar, 1997), the information provided by the antenatal service provider on danger signs, diet and planning for delivery, along with testing anemia, malaria and high blood pressure are important for the successful management of pregnancies and subsequent well-being of the child.

There are some key factors that determine the utilization of maternal health care services. Mother's education greatly influences health care utilization. For instance, in a study in Peru using DHS data, Elo (1992) found quantitatively important and statistically significant effect of mother's education on the use of antenatal care and delivery services. In a study on inaccessibility and utilization of antenatal health-care services in Balkh Province of Afghanistan, Hadi et al (2007) reported that years of schooling have a significant positive influence at both moderate and adequate levels of services. Researches by Caldwell et al. (1983) and Raghupathy (1996) on the role of education in the use of health services by women present similar results.

At the ANC clinic, women are screened for risk factors and receive appropriate advices, get tetanus toxoid vaccinations, health education and counseling on individual birth planning, intermittent presumptive treatment of malaria and iron supplementation. Therefore, use of antenatal care can help to diagnose pre-existing health problems or to detect health complications while use of care during and after delivery can treat complications that may arise during childbirth hence leading to reduction of maternal mortality.

2.1.2. ON TIMING OF ANC VISITS.

Antenatal care initiated in the first trimester facilitates early diagnosis of anemia and allows treatment at the periphery so that the condition can be corrected before delivery. Services that have the greatest impact on the health of the baby and the mother when obtained early include the correction of anemia and the elimination of hookworm which are common health problems in developing countries (WHO, 1998). Although women are encouraged to start ANC early in pregnancy, studies from Kenya and a host of other developing countries indicate that a majority of women tend to seek antenatal services after the first trimester of the pregnancy (APHRC, 2006; Ikamari, 2007; Mpembeni et al, 2007).

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CHAPTER THREE: METHODOLOGY.

3.0 INTRODUCTION.

The study methodology describes the methods that were used, study design, sample size determination, study population and data collection tools.it also explains the sampling methods, pre testing and ethical consideration analysis.

3.1. AREA OF STUDY.

This study was contacted in Gombe sub county, Butambala district in Gombe hospital located in central part of Uganda.

Butambala district is boarded by Gomba district to the north, Mpigi district in the east, and Sembabule district in the south. The district headquarters in the town of Gombe, Bugombe village approximately 75 kilometers by road from Uganda's capital city, Kampala

The majority of people in Gombe sub county are ethical Baganda and most of them are Muslims.

The economic activity of the people in Gombe sub county includes, grain milling, pottery, carpentry, bodaboda cyclist {bicycle and motorcycle} wholesale and retail shops among others.

3.2 STUDY DESIGN

This was a hospital based across sectional and prospective study that was used in determining the factors affecting the utilization of antenatal care services among pregnant women aged 15-49 years in Gombe sub county Butambala district in gombe hospital.

3.3 STUDY POPULATION

The study was to pregnant women aged 15-49 and are residents of gombe sub county, Butambala district who will be found in maternity wards of gombe hospital, and ANC clinic gombe hospital.

3.4 SAMPLING TECHNIQUE.

The researcher employed a simple random sampling method to obtain data for the research from all pregnant women aged 15-49 in Gombe sub county, Butambala district specifically in gombe hospital.

3.5 SAMPLE SIZE DETERMINATION.

The sample size of this study was calculated using Kish and Leslie Formula for cross sectional studies (1965).

$$N=\frac{z^2p(100-p)}{\partial^2}$$

where,

z= z score for 95 % confidence interval=1.96

p= ANC utilization, according to the literature it is 20%

∂=tolerable error=5%

N= sample size

Substituting to the formula above,

$$N=\frac{1.96^2 \times 20(100-20)}{5^2}$$

N=245.8 approximated to 246 patients

3.6.0 SELECTION CRITERIA

3.6.1 INCLUSION CRITERIA.

All pregnant women aged 15-49 years in gombe sub county from January to march 2017 at gombe hospital participated in this study.

3.6.2 EXCLUSION CRITERIA.

Women who have already delivered and those who are not sure of their last day of normal menstrual period were excluded.

Pregnant women less than 15years and those greater than 49 years but pregnant were also rejected from the study.

3.7 DATA COLLECTION TOOLS.

Data collection tools were developed to capture all the information that this study intends to address. The questionnaires which is English was read and each question was interpreted to the

respondent to those who didn't understand English. Two research assistants were chosen to help the respondents in interpreting to their local languages. Interviews were involved in face to face interaction between the researcher or assistants and respondents and standardized interview guides were used with contained formulated lists to get real information.

3.8 DATA ANALYSIS AND MANAGEMENT METHODS.

The data was analyzed manually, using Microsoft excel, calculator and by use of percentage for description and presented in form of tables and pie charts. Analysis was based on the study objectives that were formulated to achieve the purpose of the study.

3.9 ETHICAL CONSIDERATIONS.

An introductory letter was being sought from the Dean of school Allied Health Sciences to the medical superintendent Gombe hospital where the research was carried out. Privacy was provided and confidentiality ensured to pregnant mother and information consent obtained. The respondent was not to be paid for the responding to the questioners.

3.10 STUDY LIMITATIONS.

The following were the incurred limitations.

- ➤ The study was first only be to pregnant mothers age 15-49 years in Gombe sub county Butambala district at gombe hospital.
- ➤ Time factor given the tight class schedule was also a limitation.
- ➤ Financial difficulty since the university dose not sponsor the researchers study.

CHAPTER FOUR: RESULTS.

4.0 INTRODUCTION.

This chapter presents the results of the study findings on factors affecting utilization of ANC among pregnant women aged 15-45 in Gombe sub county Butambala district Gombe hospital. Section 4.2 is a description of the background characteristics of the population under study while section 4.3 presents the results of ANC timings. Results are expressed in a tabular form analyzation.

4.2 DESCRIPTIVE ANALYSIS.

4.2.1 DISTRIBUTION OF POPULATION BY BACKGROUND CHARACTERISTICS.

The distribution of study population by background characteristics is shown in Figure 4.1.and table 4.1. Only 50 women giving 25% of women in gombe sub county received maternal health care services while a majority at 40%with a number of 80women did not receive maternal health care services at all and 10% received partial services giving 20 women of those in gombe sub county. The 25% remaining gave less than partial in receiving maternal services with a number of 50 women.

Figure 4.1 Distribution of study population by utilization of maternal health services
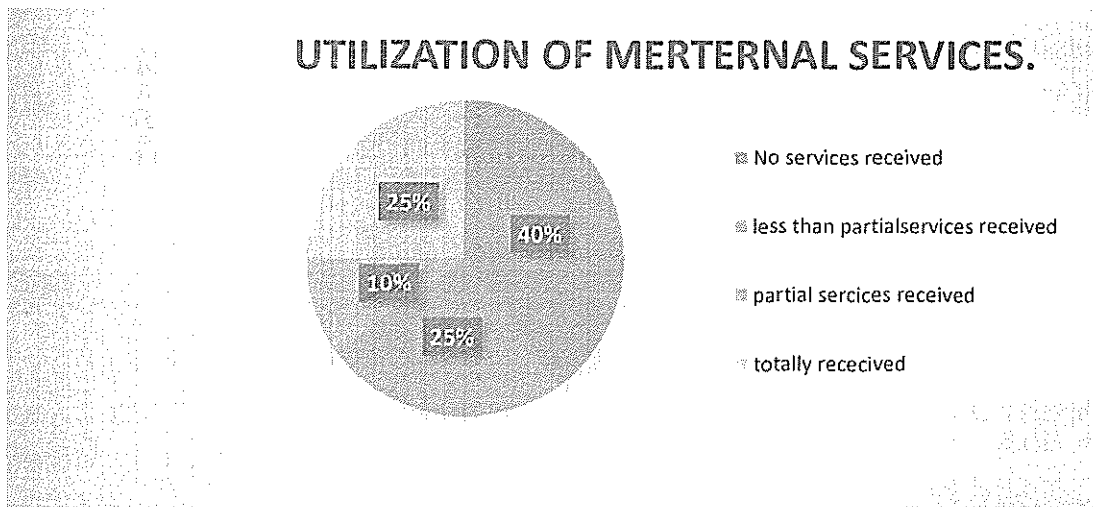
From the Table 4.1 below, highest number of women were aged 15-24 contributing 40% of the cases. Most of the women reside in rural forming almost at 75%. In terms of education, 24.5% of women have no education, 45% have primary while 30.5% have secondary or higher. Almost half of the population are poor at 50% and 60% of the women were married as other didn't leave with their husbands with 40% of the women.

Table 4.1 Distribution of study population by background characteristics.

	Characteristic	Frequency	Percentage distribution(%)
Demographic factors	Marital age		
	15-24	80	40
	25-34	65	32.5.
	35-49	55	27.5
	Marital status.		
	married	120	60
	Others	80	40
Socio-economic factors	Education levels.		
	No education	49	24.5
	Primary.	90	45
	Secondary+	61	30.5
	Wealth index		
	Low	100	50
	Middle	25	12.5
	high	75	37.5
	Type of place of residence.		
	Urban.	50	25
	Rural.	150	75

4.3. DISTRIBUTION OF STUDY COVARIATES BY TIMING OF ANTENATAL SERVICES.

Table 4.2 shows the distribution of frequencies or counts by timing of antenatal visits, grouped into two groups; early and late, and the total of both groups. The factors are categorized by demographic factors (age and marital status) and social-economic factors (highest level of education, type of residence and wealth index).

Women with late antenatal visits had the highest frequencies, Women aged between 15 to 24 years with32.5%, while married women with 40%, women with highest level of education as primary education with 30%, women from rural area with 47.5% and women with low wealth index with 39%.

Table 4.2 Distribution of study covariates by timing of antenatal services.

Factors.	Early count	Percentage(%)	Late count	Percentage(%)	Total count
Demographic factors.					
Age.					
15-24	15	7.5	65	32.5	80
25-34	45	22.5	20	10	40
35-49	20	10	35	17.5	55
Marital status					
Married.	40	20	80	40	20
Others.	30	15	50	25	80
Socio-economic factors.					
Level of education.					
No education.	19	9.5	30	15	49
Primary.	30	15	60	30	90
Secondary+	21	10.5	40	20	61
Type of residence.					
Urban	15	7.5	35	17.5	50
Rural.	55	27.5	95	47.5	150
Wealth index.					

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Low.	22	11	78	39	100
Middle.	10	5	15	7.5	25
High.	25	12.5	50	25	75

Table 4.3 Distribution of study covariates by the number of antenatal visits.

Factors.	4+visits count	percentage	Less than 4 visits count	Percentage	Total count
Demographic factors.					
Age.					
15-24	12	6	68	34	80
25-34	43	17	31	15.5	65
35-49	16	8	39	19.5	55
Marital status					
Married.	79	39.5	41	20.5	120
Others.	15	7.5	25	12.5	40
Socio-economic factors.					
Level of education.					
No education.	42	21	7	3.5	49
Primary.	60	30	30	15	90
Secondary+	40	20	20	10.5	61
Type of residence.					
Urban	35	17.5	15	7.5	50
Rural.	95	47.5	55	27.5	150

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Wealth index.					
Low.	85	42.5	15	7.5	100
Middle.	18	9	7	3.5	25
High.	35	17.5	40	20	75

Table 4.3 shows the distribution of study covariates by the total number of antenatal care visits. The results show that there is an association between receiving and not receiving the recommended 4+antenatal care visits by mothers with the various study variables. Younger mothers of age25-43 are more likely to receive recommended 4+ antenatal visits compared to older mothers and very young mothers of age 15-24. Married women are more likely to achieve the optimal number of visits with 39.5 of them receiving more than four antenatal care visits in comparison to7.5% women who are not married. The socio economic factors also play a role in the utilization of maternal health services. Results show that women with primary education are most likely to receive more than four antenatal visits with a decline for those with secondary or higher education. 30% of women who received more than four visit had primary education, 20% had secondary or higher education and 42%of those who did not have any education. Type of place of residence is another factor that shows that women from rural areas are more likely to receive more than four antenatal care visits. 47.5 of women from rural areas utilized antenatal care services compared to 17.5 % from urban areas. Another factor in the utilization of ANC services is wealth index, show that women from poor households are more likely to utilize maternal health care services with 42.5% women receiving more than the recommended four visits in comparison to17.5% of women from rich households and 9% of those from households that fall in the middle state.

CHAPTER FIVE: DISCUSSION OF RESULTS.

5.0. INTRODUCTION.

This chapter presents the discussion, conclusions as well as recommendations drawn from the findings of the topic factors affecting utilization of ANC services among pregnant women aged 15-49 in gombe sub county Butambala district Gombe hospital.

5.1. DISCUSSION.

The findings show that age is an important factor in determining the use of skilled assistance, early antenatal care visits and more than four antenatal visits. Older women are less likely to utilize maternal health services compared to younger ones. This finding is similar to a study by Ochako (2003) in which young women are more likely to seek skilled assistance in health facilities in comparison to older ones. This can be explained by the fact that for older women pregnancy is not considered as an illness hence having experience makes them think that they can give birth on their own at home.

Married women are more likely to seek maternal health care services when compared to those that are formerly married and those that have never been married. This can be explained by perception whereby women who are not married are shy or ashamed to be noticed by others especially during queuing for services.

The finding of a strong education effect is consistent with findings from elsewhere in the World (Letamo, 2003; Stephenson, 2006; Navaneetham, 2002). There are a number of explanations for why education is a key determinant of health service use. Education is likely to enhance female autonomy so that women develop greater confidence and capability to make decisions about their own health (Caldwell, 1981; Raghupathy, 1996). It is also likely that educated women seek out higher quality services and have greater ability to use health care inputs that offer better care (Celik and Hotchkiss, 2000).

Findings for wealth index show that women with low as well as a high status are more likely to seek maternal health care services. Cost constraints have been found to be a barrier in seeking maternal health services (Letamo, 2003; Stanton et al, 2007; Houweling, 2007) and hence high income has a positive impact on utilization of maternal health services since women from rich households are able to afford transport, registration and any other costs related to the health services. This cannot explain the case for the poor women who utilize maternal health care services almost at the same proportion with rich women.

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5.2. CONCLUSION.

This study sent out to determine factors that are associated with the utilization of ANC services in gombe sub county Butambala district among women aged 15-49 years of reproductive age examines health seeking behavior in reference to seeking a continuum of maternal health care services from onset of pregnancy to delivery, that is, timing of antenatal visits and number of antenatal visits and the utilization of all services offered at ANC clinic.

In this study ANC service is measured with ordered scale and analyzed using ordinal equations to find the factors associated with the use of ANC services.

This study shows that the demographic and socio-economic factors play a role in determining utilization of ANC services. The findings of this study therefore confirm the conceptual framework discussed above.

Results show that while age and marital status are consistently strong predictors in the utilization of all the ANC services considered in this study, other determinants generally vary in magnitude and level of significance by the type of ANC service- timing and number of antenatal visits. Age and marital status are significant in determining utilization of ANC services. Wealth and type of place of residence are more significant in determining the timing of antenatal visit than in determining the total number of antenatal visits. Similarly, the highest level of education is more significant in determining the total number of visits than in timing of antenatal visits.

5.3. RECOMMENDATIONS.

The findings show that utilization of ANC services in gombe sub county is very low. Increased efforts should focus on sensitizing the general public on maternal health services and so programs should promote health seeking behavior among women. The health personnel need to be trained about maternal health services and should take part in educating their target populations on the importance of seeking maternal health care services on time.

This study shows that women without education, poor women and those who are not married are less likely to seek ANC services. Maternal health programs should therefore be intensified for poor and illiterate women. Programs should be designed to particularly target younger and older women, poor women and those with low levels of education

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APPENDIX IV: CONSENT FORM.

A QUESTIONNNAIRE TO DERTERMINE THE FACTORS AFFECTING UTILISATION OF ANTENATAL SERVICES AMONG PREGNANT WOMEN AGED 15-49 IN GOMBE SUB-COUNTY, BUTAMBALA DISTRICT.

I am MUNYAGWA DISAN, a student of KAMPALA INTERNATIONAL UNIVERTY, Ugandan, carrying out a research to determine the factors affecting utilization of antenatal services among pregnant women aged 15-49 in Gombe Sub-Country, Butambala District.

Your cooperation in answering these questions will be highly appreciated. All information obtained will be treated with confidentiality.

Signature.....................................

Instructions

You are kindly requested to participant in research study about the factors affecting the utilization of antenatal services among pregnant women aged 15-49 in Gombe Sub –County Butambala District. Questions whose answers are soloy required for research purpose. You are free to answer YES or NO to the question as they apply to you There are no restrictions what so ever about specific answers to be given. The information you provide will help full to determine factors associated with low utilization of ANC services among pregnant women and will help as generate ways we learn from this study should provide general benefits to the children in nation of Uganda.

If you choose to participate then you are required to complete questionnaire and also participate in group discussions that may last for about half an hour

Confidentiality will be maintained by using a pseudonym instead of your name when transcribing the interview.

I understand the procedure described above. My questions have been answered to my satisfaction, and agree to participate in this study. I have been given a copy of this form.

Name of participate ....

Signature of participant............................. Date....................................

PART A:

Tick as appropriated on any option of your choice.

Demographics, Social and Culture factors that may contribute to the low level of utilization of ANC services

Demographic characteristics

Age

    A. 15-19

    B. 20-24

    C. 25-29

    D. 30-34

    E. 53-39

    F. 40-44

    G. 45-49

Marital status

    A. Married single

    B. Divorced

    C. Widowed

    D. Separated

Religion

    A. Christian

    B. Muslim

    C. Traditional

Level of education

    A. Primary

B. Secondary

C. Tertiary

D. None

Respondents occupation

A. Business

B. Peasant servant

C. Civil servants

Husbands occupation

A. Business man

B. Peasant

C. Civil servant

Parity

A. None

B. One

C. Two

D. Three

E. More than four

How far is the nearest healthy facility in terms of kilometers?

A. Less than 1 Km

B. 1-2 Km

C. More than 2Km

What dose people say about ANC in our community?

A. Showing off the pregnancy

B. Fear that there may be termination of pregnancy

C. It's not for every one

D. Is for only those who sick and pregnant

What is your view about ANC services offered at the nearest healthy facility?

A. Satisfied with the services

B. Not satisfied with services

C. Incomplete trust in the healthy work

D. Long waiting for attendance

What problems do you encounter for ANC services?

A. Transport problems

B. Paying for services

C. Unaffordable services

D. None

Do you know when to go for ANC?

A. YES

B. NO

PART B

Source of information and knowledge of participating mothers on ANC.

Source of information

A. Health worker

B. Radio

C. Traditional birth attendants

D. Friends

E. Husband

Number of visits when there is no problem

    A. <4 visits

    B. 4visits

    C. None

Number of visits when there are problems

    A. <4 visits

    B. 4 visits

    C. None

Gestational age at initiation visit

    A. 0-3 months

    B. 4-6monthe

    C. 7-9monthe

    D. Don't know

Benefits of ANC to you

    A. Rapport

    B. Early detection of pregnancy associated risks

    C. Vaccines and supplements

    D. No use

Thank you very much for your participation in this study

APPENDIX V: **MAP OF UGANDA**

APPENDIX VI. INTRODUCTORTY LETER.

19ᵗʰ June 201...

The Medical Superintendent

Gombe Hospital, Gombe sub-county

BUTAMBALA DISTRICT

Dear Sir/Madam,

SUBJECT: DATA COLLECTION

Academic research project is an Academic requirement of every student pursuing a 3 year Diploma in Clinical Medicine & Community Health (DCM) of Kampala International University- Western Campus (KIU-WC). DCM program is housed in the School of Allied Health Sciences (SAHS). The students have so far obtained skills in Proposal writing especially chapter one, Three & Questionnaire design. The student's topic has been approved by SAHS Research Unit and is therefore permitted to go for data collection alongside full proposal & dissertation writing. As you may discover the student is in the process of full proposal development. However, the student MUST present to you his specific aim and his research specific objectives that he wishes to address. We as academic staff of Allied Health Sciences are extremely grateful for your support in training the young generation of Health Professionals. I therefore humbly request you to receive and allow the student MUNYAGWA DISAN Reg No: DCM/0102/143/DU in your area to carry out his research. His topic is hereby attached. Again we are very grateful for your matchless support and cooperation.

Topic: FACTORS AFFECTING THE LOW UTILIZATION OF ANTENATAL CARE SERVICES IN GOMBE HOSPITAL, GOMBE SUB COUNTY BUTAMBALA DISTRICT.

Sincerely yours,

Collins Anthony, Head, Research Unit SAHS
CC: Dean SAHS
CC: Associate Dean SAHS
CC: Coordinator, Research Unit SAHS
CC: H.O.D Dept. Public Health