



Prenatal Health Service Utilization Among Women of Reproductive Age Group of Kersa Woreda

This policy brief examines factors which could affect the utilization of prenatal health service utilization.

Introduction

Most of the maternal deaths are from preventable prenatal health conditions and lack of emergency obstetric health services. Improving maternal health and reducing maternal mortality are key concerns of several international summits and conferences since the late 1980s.

A women’s health condition is not only affected because of the absence of reproductive health service for them but also they die due to lack of awareness to use the service as early as possible. Most women die in pregnancy and labor because of three major delays. Among the delays are delay in deciding to seek care which is mostly related to knowledge.

In societies where women are disproportionately poor, illiterate and politically powerless, high rates of reproductive illness and death are the norm.

Majority of women of child bearing age may not know where to go to get health services as well as what health care services are available for them.

S.no	Demographic Variables	Frequency (f)	Percentage (%)
1	Residence		
	Urban	34	10.2
	Rural	300	89.8
2	Age		
	≤ 18	10	3
	19-35	230	68.9
	36-49	94	28.2
4	Educational level		
	Illiterate	285	85.3
	Literate	19	5.7
	Primary	18	5.4
	Secondary	8	2.4
	Tertiary	4	1.2
6	Age at first marriage		
	12-18	12	3.4
	19-30	51	16.6

Questions regarding monthly income show that majority of mothers (71%) earns 91 -250 birr per month and the rest were below 90 or above 500 birr.

Data was also collected related to polygamous. Three hundred twenty five mothers were asked whether her husband had additional wives. Sixteen (4.8%) of them responded yes to the same question. The number of additional wives ranged from 1 to 3. Eleven (68.8%), 4(25%) and 1(6.3%) have had one, two and three additional wives respectively.

Table-1
Frequency and Percentage Distribution of Subjects on Selected Sample Characteristics

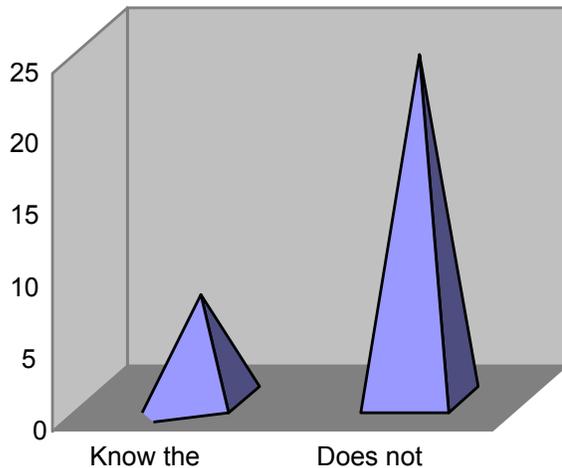


Fig.5 knowledge of mothers related to the availability of antenatal care services

Eighty-nine of mothers who are knowledgeable on the availability of ANC services received antenatal care from health institutions for their most recent birth preceding the data collection time, and of which 87% had three times or less ANC follow up and the rest had four times.

Association between antenatal care and selected socio-demographic variables

This section presents the findings of an association between the antenatal care and selected variables. Chi-square was computed to determine the association; association were observed between antenatal care and certain socio-demographic variables like residence, level of education, monthly income, having radio and house hold size.

Recommendation

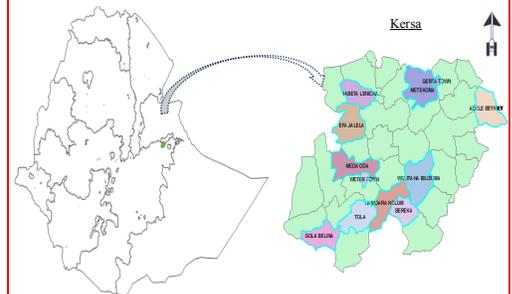
Maternal care services are the foundation for the subsequent health of mothers, babies and their families. But women's health condition is not only affected because of the lack of reproductive health service for them but also they die due to low awareness to use the service. Policy intervention, side by side with the expansion and extension of the prenatal services, is needed to creation of awareness related to antenatal care services particularly in rural area.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

