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**UPTAKE OF ANTENATAL CARE SERVICES AMONG WOMEN OF
REPRODUCTIVE AGE IN MANDERA COUNTY, KENYA**

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**A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF
PUBLIC HEALTH (EPIDEMIOLOGY AND DISEASE CONTROL) IN THE
SCHOOL OF PUBLIC HEALTH AND APPLIED HUMAN SCIENCES OF
KENYATTA UNIVERSITY.**

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Uptake of Antenatal
Care Services among*

MAY, 2021

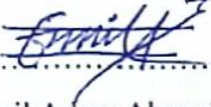


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DECLARATION


This thesis is my original work and has not been presented for a degree in any other University

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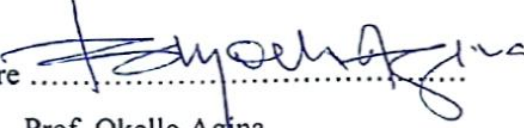
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ABSTRACT

Antenatal care necessitates early treatment of pregnancy complications as well as the prevention of morbidity and mortality in both the mother and the fetus. The new WHO ANC model recommends eight visits with initial visit to take place before gestational age of 12 weeks. Only 37% of women of reproductive age in Mandera County received at least four times over the course of the pregnancy considerably lower than the national rate of 58%. Additionally, 51% received ANC once compared to 96% nationally. There is limited literature on the reasons behind the low uptake of ANC in this County. The study assessed uptake of ANC and associated factors in Mandera County. The study adopted a cross-sectional design utilizing both quantitative and qualitative approach. Mandera South sub-County was randomly selected out of the Six Sub-Counties, which are homogenous in nature. A total of 348 respondents were sampled using stratified and simple random sampling methods. The information was collected using questionnaires, KII and FGD. Quantitative data was analyzed using SPSS version 25. Descriptive analysis conducted and reported in frequencies and percentages. With a statistical significance threshold of $p < 0.05$, the odds ratio (OR) and 95% confidence interval (CI) were used. Qualitative data was analyzed thematically and deployed to corroborate quantitative results. The percentage of women in the population who had utilized ANC at least once was 83.0% and those who utilized recommended four visits at 60.3%. Distance to health facility 43.0%, transport cost 18.0% and do not see the need 18.0% were the top three reasons for non-uptake of ANC. The following individual factors influenced ANC uptake: Age (OR= 8.95; $p < .001$), Level of education (OR= 0.157; $p < .001$), Monthly income (OR= 3.137; $p = .002$), Gravida (OR= 0.103; $p < .001$) and Parity (OR=.071 $p < .001$). Contextual factors with significant relationship on ANC uptake included; Complication during pregnancy (OR=2.136; $p < .028$), time taken to reach health facility (OR= 0.207; $p = .028$), Source of maternal information (OR=0.057; $p < .001$) and local/cultural discouragements (OR=14.135; $p < .001$). Both individual and contextual factors influenced utilization of ANC service. The study recommends multi-sectoral feasible approaches to improve culturally sensitive ANC services, regular outreach services targeting far-flung villages and health education tailored messages to sensitize on importance of ANC services.