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

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Uptake of Antenatal
Care Services among*


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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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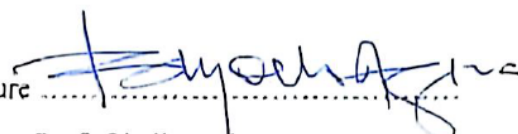
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DEDICATION

I dedicate this work to my wonderful family and parents, who have supported and adored me throughout the process.

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ABBREVIATIONS AND ACRONYMS

AFIDEP- African Institute for Development Policy

ANC- Antenatal Care

CHMT: County health management team

CHV: Community health Volunteer

FANC: Focused Antenatal Care

FGD- Focus Group Discussion

HBM -Health Belief Model

KDHS- Kenya Demographic Health Survey

KEMRI- Kenya Medical Research Institute

KII- Key In-depth Interview

KNBS- Kenya National Bureau of Statistics

KU- Kenyatta University

MMR: Maternal Mortality Rate

NACOSTI- National Commission for Science, Technology, and Innovation

SBA- Skilled Birth Attendant

SDG- Sustainable Development Goals

SERU- Scientific Ethics Review Unit

SPSS - Statistical Program for Social Science

TBA- Traditional Birth Attendants

WHO- World Health Organization

DEFINITION OF OPERATIONAL TERMS

Antenatal care (ANC) is the medical attention provided to expectant women and teenage girls by trained health professionals in order to ensure the best possible health wellbeing for both mother and fetus (WHO, 2016).

ANC Uptake is the action of taking up or making use of available ANC services.

Maternal death is the death of a pregnant woman or a woman who died within 42 days of the pregnancy's termination due to pregnancy-related issues that are not accidental or incidental (UNICEF, 2017).

Skilled birth attendant is a health professional trained according to set standard and has acquired required skills on childbirth and newborn health (Umar *et al.*, 2019).

Traditional Birth Attendant (TBA) is unprofessional person who assist mothers during childbirth through acquiring skills by themselves or working with other birth attendants (WHO, 2016).

Postnatal care (PNC) is a term used to describe the services given to a mother and her baby within the first six weeks of delivery.

Gravida is the number of times a woman has been pregnant in her lifetime, regardless of whether or not the pregnancy was successful.

Parity is the number of times a woman has given birth to a live or stillborn fetus with a gestational age of 24 weeks or older.

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.