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COLLEGE OF MEDICNE AND HEALTH SCIENCE

DEPARTMENT OF PUBLIC HEALTH

ASSESSMENT OF ANTENATAL CARE COVEREG AND FACTORS AFECTING UTLIZATION OF ANTINATAL CARE AMONG WOMEN IN WOLKITE TOWN, SNNPR, ETHIOPIA, 2023.

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ANC Antenatal Care

DCF Data collection facilitator

EDHS Ethiopia Demographic and Health Survey

FMOH Federal Ministry of Health

LMIC Lower Middle Income Country

MDG Millennium Development Goal

MIC Middle Income Country

PI Principal Investigator

PPS Proportion to Population Size

SNNPR Southern Nation Nationality People's Region Sup Supervisor

UNFPA United Nation Population Fund Agency

UMIC Upper-Middle Income Countries

WHO World health organization

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ABSTRACT

BACKGROUD: know antenatal care coverage and utilization is one of the important factors in dropping maternal morbidity and mortality; meanwhile, many women in Ethiopia do not receive such care. However, little is known about determinants factor of ANC coverage in Ethiopia and particularly in wolkite town.

- **OBJECTIVES:** To determine antenatal care coverage status and associated factors among mothers who gave birth within 1 year preceding the study in wolkite town.

- **METHOD:** A community based cross sectional study was conducted using quantitative methods from June to August 2023 in Wolkite town, on 362 women who gave birth 1 year preceding the study. To select study participant in the town, 2 sub city out of 3 sub city were selected randomly randomly by lottery methods. A study participant or mothers were selected by simple random sampling method from the sampling frame generated from health center and hospital registrars. Data was entered by Epidata 3.1 and analyzed using SPSS version 16.0, and ethical clearance, consent letter and informed consent was obtained from Wolkite University College of medicine and health science ethical review committee, wolkite administration and study participant respectively.

RESULT: There was relatively high antenatal care visits among the study participants and this study confirmed that antenatal care coverage was relatively high in the study area. This study also confirmed that among 357 interviewed mothers 333 (93.2%) mothers followed at least one ante natal care. From 357 mothers 313(87 %) Followed antenatal care four and above times during their last pregnancy and 183 (51.3%) mothers follow greater than eight ante natal care. More than half of participant attend greater than four visit.

This study also identified that mothers educational level, monthly family income , occupational status of the mother, means of transportation to reach to health facility, age of the of mothers were the main factor influencing women who received less than four or not follow ANC during their last pregnancy.

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Conclusion and recommendation: Even if there was relatively high antenatal care coverage among the study participants but antenatal care utilization was low in the study area. Women's education status or plan adult learning program, teaching appropriate age of marriage, accessing health Infrastructure to community, encourage pregnant women to follow ANC and educating about income to filmy size relationship is an important factor for coverage of ANC service in the study area suggesting that educating girls will have a great impact on improving future coverage of ANC in the area. Availing health infrastructure is crucial in reducing time travel to reach health facility will enhance women to follow ANC.

CHAPTER ONE: **INTRODUCTION**

1.1 Background

Globally, an estimated 211 million pregnancies and 136 million births occur every year [1].In the world, pregnancy and childbirth is a perilous journey [2] and more than 40% women may experience sudden and unpredictable acute obstetric problems during pregnancy, child birth and post-partum period or 800 women around the world die unnecessarily during pregnancy or childbirth each day [3, 4, 5]. Maternal and newborn mortality cost the world economy estimated $15 Billion in lost productivity each year [5]. Antenatal care (ANC) is one of the important factors in dropping maternal morbidity and mortality; meanwhile, many women in developing countries do not receive such care [6]. Antenatal care is more beneficial in preventing adverse pregnancy outcomes when received early in the pregnancy and continued through delivery [7,8].

World Health Organization (WHO) recommends that a woman without complications should have at least four antenatal care visits, the first of which should take place during the first trimester [8]. Antenatal care (ANC) is personalized care provided to a pregnant woman which emphasizes on the women's overall health, her preparation for child birth and readiness for complications (emergency preparedness')orit is timely, friendly, simple safe services to pregnant women [8, 9]. One of the strategies aimed at addressing maternal mortality in developing countries is the implementation of antenatal care (ANC), which is the care a woman receives throughout her pregnancy [10]. Trials conducted in Argentina, Cuba, Saudi Arabia, and Thailand proved that ANC was safe and was a more sustainable, comprehensive, and effective antenatal care (ANC) model [10].

Early detection of problems in pregnancy leads to more timely referrals for women in high risk categories or with complications; this is particularly true in Ethiopia, where three quarters of the population live in rural areas and where physical barriers pose a challenge to providing health care [7].

1.2 Statement of the problem

Globally in 2010 World Health Organization (WHO) estimates that 287,000 maternal deaths occurred as result of pregnancy and childbirth-related complications each year, with 99% of these deaths occurring in developing countries and in sub-Saharan Africa, the estimated maternal mortality ratio is 500 per 100,000 live births. More than 60% of all maternal deaths were contributed by ten countries, Ethiopia is one of them. [11].

Globally antenatal care coverage is 72%, in developing countries 68%, and industrialized countries 98% [(12]. In Ethiopia, according to EDHS 2011 report maternal mortality ratio is estimated about 676 deaths per 100,000 life birth which is higher than sub Saharan Africa and maternal deaths represent 30 % of all deaths to women age 15-49 years [7].

According to the 2011 Ethiopia demographic and health survey (DHS) Only 43% of mothers who have had a live birth in the five years received prenatal care from health professionals. But 2014 EDHS report showed that 57.5% of women received prenatal care from health professionals. This showed that there is change from time to time in utilizing antenatal care [7, 13]. Thirty-two percent of women with a live birth in the five years before the survey made four or more ANC visits during the length of their pregnancy, a marked improvement from 19 percent reported in the 2011 EDHS [7, 13]. Similarly according to EDHS 2014 Ethiopia Urban women are more likely than rural women to have made four or more visits (68 percent versus 27 percent) [13]. It is known that ANC helps to reduce the occurrence of maternal morbidity and mortality by providing chances for health promotion and information about danger signs, birth preparedness and where to seek care for pregnancy complications [8]. However, this maternity care utilization in Ethiopia is very low as compared to developed and most of developing countries. Women with irregular antenatal care attendance are much more prone to pregnancy complications such as preeclampsia, eclampsia and anemia besides higher adverse birth outcomes including preterm birth, low birth weight and stillbirth [13]. Presenting late for ANC doesn't only impact on the mother and baby but it also impact the health system, healthcare providers and the care that they are able to provide to women. Obstetric units are impacted in particular, as they deal with the compounded care needs in the later stages of pregnancy and childbirth [7, 8].

1.3 Significance of the study

Ethiopia is committed to achieve MDG five to reduce the maternal mortality ratio by three quarters between 1990 and 2015; following the commitment with the goal Ethiopia is expected to reduce maternal mortality in 2015 to 267 maternal deaths per 100,000 live births. While, the maternal mortality ratio is still high.[14].

ANC utilization or no of ANC follow up changed from four to eight, so identify the coverage of current utilization in study area.

Antenatal care is one of strategy to reduce maternal and newborn morbidity and mortality but factors affecting ANC utilization is vary in different situations and places. Therefore, this study is intended to assess factors affecting ANC utilization among women who gave birth in Wolkite town, south Ethiopia.

The study will benefit Wolkite town health office for improvement and effective interventions of maternal health services for Wereda population and findings will be relevant and useful for reproductive health planners and implementers of the program. This study will assist in giving inputs to policies and strategies makers use it as a base line for their future interventions and activities.

CHAPTER TWO: LITERATURE REVIEW

2.1. Proportion of Antenatal Care

Antenatal care (ANC) coverage provides a measure of access to the health system and is critical to identify maternal risks and improve health outcomes for the mother and the newborn or most important intervention in reducing maternal mortality and one of the MDG indicators to track national effort towards safe motherhood [15]. Globally antenatal care coverage is 72%, in developing countries 68%, and industrialized countries 98% [12]. According to the 2016 Ethiopia demographic and health survey (DHS) Only 62% of mothers who have had a live birth in the five years before the survey received ANC from a skilled provider at least once for their last birth [13]. Proportion of antenatal care different in different study a study conducted in kombolcha Woreda, Oromia region Estern Ethiopia 86.1% of women received ANC at least once but, the majority (13.9%) reported that they did not attend ANC for their last pregnancy. Out of those who utilized ANC services, (35.5%) of them made their first visit in their first, trimester of pregnancy and (38.3 %) had four or more visits during their last pregnancy [16]. Also another study in Hadiya Zone antenatal care service utilization was 86.3%. However, from those who attended antenatal care services (68.2%) started antenatal care visit during the second trimester of pregnancy and significant proportion (42%) had less than four visits [17].Another study in

Gamo Gofa Zone Arbminch Town about (42%), had visited less than four times during their previous pregnancies, whereas only (58%) had visited four times or more [18]. A study conducted in Dembecha District, Northwest Ethiopia about 60% pregnant women received at least one ANC visit by skilled health professionals. From60% pregnant women received ANC visit more than 80% had four or more antenatal care visits. The major segment of mothers visited health facilities during the second trimester [19].

Another study also conducted in South gondor health institutions about (64.5%) pregnant mother].

Similar study conducted in Ayder Kebele Mekelle city 2013 about 88.9% of the women had at least one antenatal visit during their recent pregnancy. Almost half of the antenatal care (44.2%) attendants made their first visit during their second and third trimester of pregnancy. Among antenatal care users around 84.8% had four and above antenatal care contacts [21].ANC is a critical element for reducing maternal mortality, and for providing pregnant women with a broad range of health promotion and preventive health services [22].

2.2. Factors Affecting Ante Natal Care

Different study revealed that covarage of antenatal care was affected by different factors. A study conducted in Ibadan, Nigeria on 2010 Women who were 25 years or more were more likely to attend ANC clinic than women who were less than 25 years. Also Married women were more likely to attend ANC clinic compared to women who were single, separated or divorced. Educational status also showed a significant association with respondents having an education of secondary school and above attending ANC clinic more compared to women who had an education of primary school and below. The husband education also showed a significant association with those whose husband had an education of secondary school and above attending ANC clinic more compared to respondents whose husband had an education of secondary school education and respondents' husband occupational status also showed significance as the respondents whose husbands were professionals (lower, middle and higher) were most likely to attend ANC clinic compared to those whose husband were skilled and unskilled. Women who were Muslims or other religions were more than 2 times likely to attend ANC clinic than women who were Christians [23].

According to EDHS, 2011 report antenatal care from a skilled provider is more common among women age 34 and younger (34-36 %) than among women age 35-49 (27 %). Women are almost twice as likely to receive antenatal care from a skilled provider for first births (46 percent) than for birth orders six and higher (23 %). The proportion of women who did not receive any antenatal care increases with the child's birth order. There is a direct relationship between a woman's education level and whether she is likely to receive.

ANC from a skilled provider. For example, 91% of women with more than secondary education received ANC from a skilled provider compared with 25 percent of women with no education. Similarly, the proportion of women who received ANC is greatest among those in the highest wealth quintile (75%), and decreases with each wealth quintile to a low of 17 percent among women in the lowest wealth quintile [7].

Another study also conducted in Hadiya Zone, SNNPRS, revealed that ANC service utilization is significantly influenced by maternal age and Mothers who are in the age group of 25-29 years were less likely to utilize ANC service than women who are 35 years and older. Positive husband attitude towards ANC was significantly related to antenatal care service utilization. Moreover, in this study the use of antenatal care was found to be related to mother's level of education. Mothers with primary educational level were more likely to attend ANC than women who are unable to read and write. It was also observed that availability of women's time is important. Family size was a strong determinant of antenatal care service utilization. Mothers who live within a household size less than three people were eight times more likely to utilize ANC than those living in a household size greater than five. Furthermore, maternal education and age, husband attitude, family size and perceived With regard to the determinants of ANC morbidity were major predictors of ANC service utilization [17].

A systematic review of the literature Journal of Advanced Nursing 2008 study conducted the major factors that can affect the uptake of antenatal care services in developing countries are maternal education, husband's education, marital status, availability, cost, household income, women's employment, media exposure and having a history of obstetric complications [24].

A Study conducted in Yem special Woreda, southwestern Ethiopia educational status, residence, knowledge about danger signs of pregnancy and age at first pregnancy were some of the

predisposing factors that showed a statistically significant association with antenatal care utilization. Among the enabling factors, husband approval and distance showed a

Statistically significant association with antenatal care utilization. Besides, perceived susceptibility to pregnancy related illness in future pregnancies, planned pregnancy and illness experienced in past pregnancy were some of the need factors that showed a statistically significant association with antenatal care utilization [16].

Another study in Kham District in 2008 levels of education and knowledge were the most important predictors of ANC utilization in the Kham District. Educated women were 6.8 times more likely to receive ANC services than those who had no education, and women who were highly knowledgeable were 6.5 times more likely to do so than those who were deficient in knowledge. Moreover, family income proved to be one of the most significant predictors of ANC service utilization. Women who had high incomes were 2.6 times more likely to have obtained ANC services than women with low incomes. Women who lived nearby were 2.9 times more likely to frequent an ANC than those who lived far away [18].

Similarly another study conducted in Dembecha District, Northwest Ethiopia mothers aged less than 20 years, illiterate, and lived in a household whose annual income was less than 6000 Birr were less likely to utilize antenatal care.

Those mothers aged between 20 to 40 years, with education attainment of primary and above, and lived in a house hold whose monthly income more than 6000 Birr per annum were 1.5 to 3 times more likely to utilize antenatal care than those who were younger than 20 years, illiterate and whose household earned less than 6000 Birr per annum. This study revealed also that single, divorced, widowed or separated women were less likely to utilize antenatal care than married ones [19].

A study conducted in Debra Berhan In 2012 pregnant mothers who had good knowledge on timing of the first ANC were about three times more likely to start their first ANC visit early as compared to their counterparts. Mothers with planned pregnancy were 1.66 times more likely to start first ANC visit early as compared to those who had unplanned pregnancy.

Nulliparous mothers were 3.65 times more likely to start first ANC visit early as compared to those who had at least one history of birth. However, educational status, pregnancy related

complications for current pregnancy, history of abortion and still birth, previous utilization of service, monthly income, number of children alive, and means of approving pregnancy were not significantly associated with early ANC visit [20].

A study conducted in Ayder Kebelle Mekelle city in 2012/2013 63.4% of study participants were in the age group of 25 to 34 years and Most of the respondents (86.6%) were orthodox Christian by religion. A significant number (76.3%) of the respondents did attend formal education. Also 85.3% of respondents were married currently. From the total respondents (54%) were unemployed or house wife and majority of the study participants (49.6%) had zero parity [21].

Similar study conducted 2011 in Pakistan was husband's attitude towards ANC utilization: 41% said that their husbands were supportive in giving permission for ANC. 35% said that their husbands were against it. Regarding ante natal care (ANC) utilization, 41 % of the women did not receive ANC because of lack of financial support 33% said their family did not support the decision to get ANC.13% said transportation was an issue .knowledge of benefits of ANC: only 29% were aware of the benefits of ANC [25].

A Study conducted in rural West Sumatra, Indonesia in 2010 Nearly 80% (77.9%) of respondents received ANC more than four times and 22.1% received ANC less than four times. Women aged 21 to 34 were more likely to receive less than four ANC visit (87.5%) compared to those who were over 35 years old. As a group primeparous received less than four ANC visits, which was statistically significant compared to multiparous. Women who finished basic education tended to receive fewer than four ANC visits compared to women who finished secondary education [26].

A study conducted in Addis Ababa in 2008 mother who made their first ANC visit within the recommended time is (40.2%) while those who booked late were (59.8%). Respondents who received advice on recommended time of booking, their pregnancy was planned and first pregnancy, were more likely to book timely compared to others [27

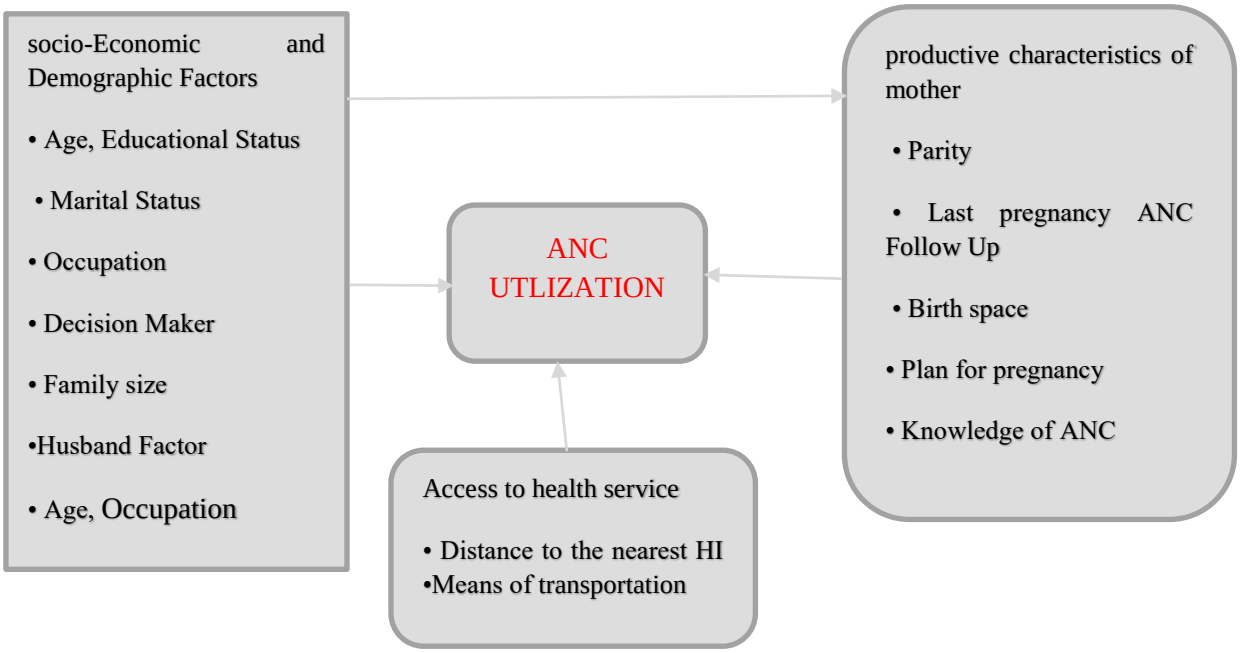


Figure 1.Conceptual frame work adapted different studies, show that direct and indirect factors affecting ANC utilization

CHAPTER THREE: OBJECTIVES

3.1 General objective

To asses antenatal care coverage and associated factors among mothers who gave birth within 1 year preceding the study in Wolkite Town, SNNPR, Ethiopia 2023.

3.2 Specific objective

- ✓ . To determine the coverage of antenatal care in Wolkite Town, SNNPR, Ethiopia 2023,
- ✓ To identify factors associated with antenatal care status of mothers who gave birth within 1 year preceding to the study period in Wolkite Town, SNNPR, Ethiopia 2023

CHAPTER FOUR: METHOD

4.1 Study Area and period

The study was conducted in Wolkite town the administrative center of Gurage Zone, located 158 km far from south of Addis Ababa. The structural plane of Wolkite town is set up from 7 kebeles and 3 sub-cities. The 3 sub-towns are Bekur, Addis Brihan and Gubreye plus the corresponding 7 kebeles are selamber, Ediget chora and Menahiria in Addis Brihan sub-city, Addis hiwot and Ediget Ber in Bekure sub-city and 01 kebele and Buchach in Gubrye sub-city with the total population of 92,416. The numbers of reproductive age group women in the three sub cities are 11307, 5643 and 3932 in Addis Birhan, bekur and gubreye subcities respectively. There are 3 governmental health centers which are wolkite, gubrye and edget ber health center and 1 teaching and referral hospital.

The study was conducted from June 20 to August 28, 2023.

4.3 Study Design

Community based cross sectional study was used to assess antenatal care coverage and factor affecting utilization of antenatal care among women in Wolkite Town, Gurage Zone, SNNPR ETHIOPIA, 2023.

4.4 Study and source population

4.4.1 Source population

All mothers who gave birth in the last 1 year prior to the study period in Wolkite town.

4 .4.2 Study Population

All mothers who gave birth in the last 1 year prior to the study period in selected Sub-cities.

4.5 Inclusion and Exclusion Criteria

4.5.1 Inclusion Criteria

- Mothers who gave birth and were volunteers during the last 1 year prior to study during data collection pried.

4.5.2 Exclusion Criteria

- Mothers who were mentally and physically incapable for interview during data collection period were excluded.
- Mothers who were not volunteers to participate in the study during data collection pried were excluded.

4.6 Sample Size Determination

4.6.1 Sample Size

Sample size was determined by using single population proportion formula.

$$n = \frac{[\left(\frac{Z\alpha}{2}\right)^2 \times P(1-P)]}{d^2}$$

According to 2016, EDHS report proportion of mothers who visited ANC four and more times is 62% (13). Then after, based on the following assumption the sample size is calculated:-

Where:

Z α/2= critical value = 1.96 for 95% CI

p = proportion of mother visited ANC four and more times = 62%

d = degree of precision (margin of error) = 0.05or 5%

n= $\frac{(1.96)2*0.62(1-0.62)}{(0.05)2}$= **362**

4.6.2 Sampling Technique

To select the study subjects, 2 sub-cities were selected out of 3 sub-cities in the town randomly by lottery method. To select study participant from selected sub-cities, first sampling frame was generated from health center and hospital registrars then sample was allocated to each 5 Kebeles in the sub-cities by proportional allocation to their population size. Finally the study participant or mothers were selected by simple random sampling method from the sampling frame.

Proportional allocation

Sample size selected from sampling frame of Kebeles is calculated according to proportional to population size:

$$n_i = \frac{Ni * n}{N}$$

Where;

ni = Number of women selected from each sampling frame

Ni = Sampling frame of each Kebeles

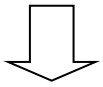
N= Total sampling frame (Ni+ Ni +Ni +Ni +Ni)

n = Total sample size

N = 410 Total Number of women in 5 Kebeles

1. Selamber $\frac{80 \times 362}{410} = 71$
2. Ediget chora $\frac{88 \times 362}{410} = 77$
3. Menahria $\frac{62 \times 362}{410} = 55$
4. Buchach $\frac{101 \times 362}{410} = 89$
5. 01 kebele $\frac{79 \times 362}{410} = 70$

Wolkite town = 3 Sub-Cities



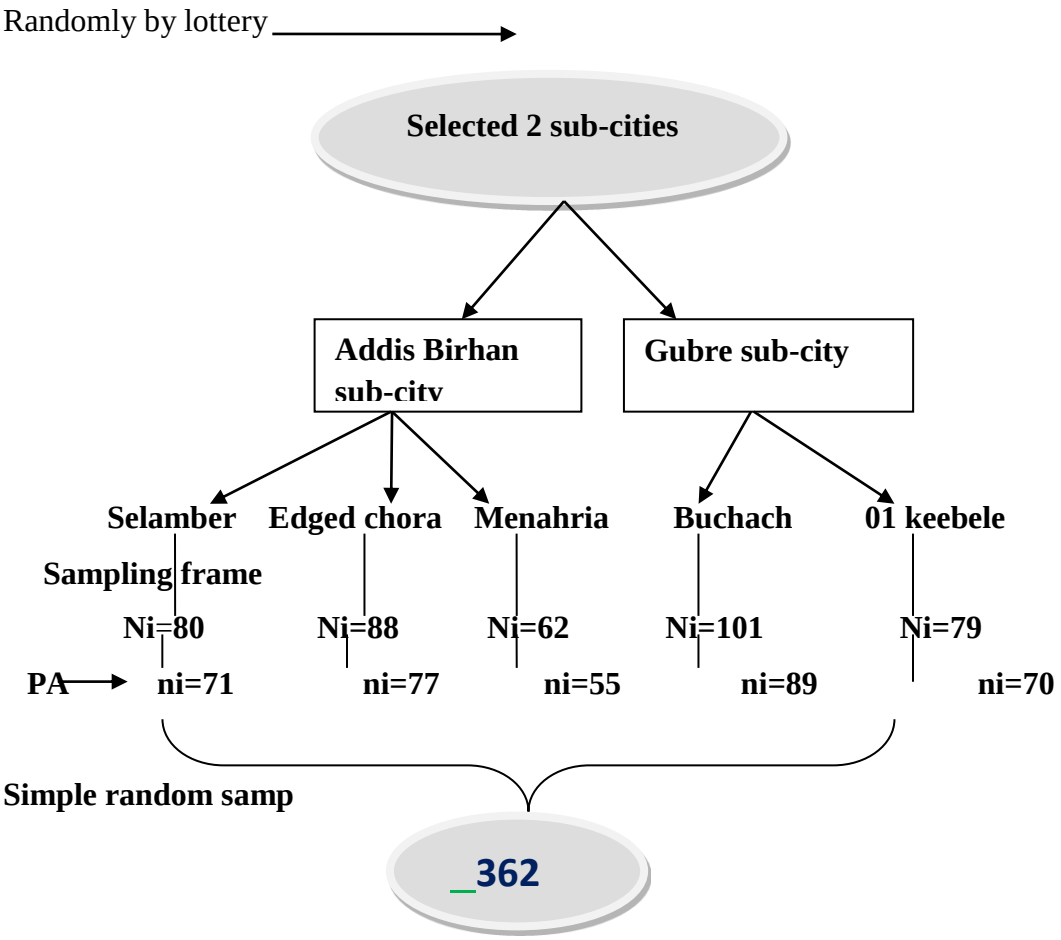


Figure 2. Schematic Representation of the Sampling Procedure

4.7 Data collection

Data was collected by using interviewer administered questionnaires developed after reviewing relevant literatures and arranged according to particular objective (15, 17, 18, 22). Questionnaires was prepared by English later translated in to Amharic. Amharic version questioner was used for data collection. Pretest was conducted in 5% of the sample. To check clarity and consistency of the questionnaires prior to the actual data collection. After the pretest, which were not clear was rephrased to ensure its appropriateness. From participants who met the inclusion criteria was selected for respond the question and the questionnaire prepared by Amharic was used for data collection. The study was used interview data collection techniques. The primary data from the study unit was collected by fourth year public health students.

4.8 Study Variables

4.8.1 Dependent variables

Ante natal care coverage

4.8.2 Independent variables

Socio-demographic

Age , Occupation of women, Decision maker ,Husband age, Husband occupation , Husband Education, family size, Ethnicity , Marital status, Religion, Residence, family income

Reproductive characteristics of mothers

Knowledge of ANC, Birth space, Parity, Plan for the pregnancy,

Access to health service

Distance to the nearest health institution, Means of transportation, quality of care perception measured by mother's satisfaction by ANC service, attitude of mothers towards service.

4.9. Operational Definitions

Antenatal care: In this study Antenatal care was considered as if a mother received at least one antenatal care visits and more during pregnancy period by health professional.

Antenatal care utilization; early attendance or initiating the first trimester and frequently visits (at least eight ANC) (28)

Knowledge of Antenatal care: refers to the level of understanding of mothers' about Antenatal care. If the mother answer eight and above Women considered as knowledgeable or not.

4.10. Data Quality Control

Before data collection started Consistency and organization of the questionnaire was checked by investigators. During collection of data completeness of the data wass daily checked by the investigator.

Pretest was made, this involved testing the actual tool on 5% of sample taken from the general population. A week before execution of the study, the actual questionnaire was administered outside the study area on unselected Kebeles, in order to ensure the questions are clear. After analyzing this, questions which were not clear was rephrased to ensure its appropriateness.

4.11. Data Analysis Procedure

Data was interred, cleaned, coded, checked and analysis by using SPSS V-20. Descriptive analysis was done first to calculate proportions and percentage for categorical variables and mean, SD, variance and median for numerical variable. For presentation of the result description of data was made using text or words tables, percentage, and diagrams. Binary logistic regression analysis was used to assess association between dependent and independent variables. The strength of statistical association was assessed by adjusted odds ratios and 95% confidence intervals and statistical significance was considered at $P<0.05$

4.12. Ethical Clearance

Official support letter was obtained from Wolkite University College of medicine and health science to Wolkite town Administration and health office. Further, names of respondents were excluded and confidentiality ensured for any information obtained from the clients. Oral consent was obtained from the respondent prior to the interview. The information is only used for the purpose of study.

4.13. Result Dissemination Plan

The final result of this paper will be submitted to Wolkite University College of medicine and health science, department of public health. The finding of this study will be disseminated through presentation, publication, and distribution to relevant bodies. Hard and soft copies will be available in the library of WKU, for students as well as for other concerned bodies.

CHAPTER FIVE: RESULT

5.1. Socio demographic characteristics of mothers

Out of the sample 362 mothers who gave birth in the last one year prior to the study period, 357 (98.6%) were participated in the study. Five mothers refused to participate in the study. Out of 357 mothers, majority 189 (52.9%) were between 30-35 age group.

Large majority study participants 322 (90.2%), 148 (41.5%) and 133 (37.3%) were married, flowed orthodox religion, and house wife and similarly 213 (59.7%) are ethnically Gurage (table below). Regarding mothers occupation about 133 (37.3%) of mothers were house wife and 97 (27.2%), were merchant. Concerning mothers educational status 95 (26.76%) not attended formal education, 59 (16.5%) attended primary and 119 (33.3%) attended secondary 84 (23.5%) diploma and above education.

Majority of respondents husbands age between 31-40 years 202 (56.6%), <= 30 years 59 (16.5%), 41-50years 70(19.6%),>45 years 4 (1.1%). Regarding respondent's husbands educational status, 21 (5.9%) not attended formal education, 163(45.7%) primary education and 42 (11.8%) secondary, whereas 109 (30.5%) diploma and above education. With respect to respondent's husbands occupation 43 (12%), 39 (10.9%), 108 (30.3 %) and 144 (40.3%) were farmers, daily laborers, government employees and merchants respectively (table 8).

About 237 (59.2%) of the respondents had a family size greater than five person and 120 (40.8%) less than five family size. Majority of respondents 157(44%) travel 30-1hr to reach the nearest health center (within minimum 15 minute and maximum 2:00 hour). Regarding means of transportation respondents 169 (47.3%) travel on foot, 164(45.9) by taxi.

Table 1.socio demographic characteristics of mothers **in Wolkite town south Ethiopia august 2023**

	Category	**Frequency**	**Percent %**
Age group of mother	15-20	17	4.8
	21-25	27	7.6
	26-30	59	16.5
	31-35	189	52.9
	36-40	52	14.6
	>40	13	3.6
	Total	357	100
Marital status of mothers	Married	322	90.2
	Single	4	1.1
	Widowed	18	5.0
	Divorced	13	3.6
	Total	357	100
Religion of mother	Orthodox	148	59.7
	Muslim	115	32.2
	Protestant	37	10.4
	Catholic	57	16
	Total	357	100
Ethnicity of mothers	Gurage	213	59.7
	Oromo	63	17.6
	Kambata	13	3.6
	Wolayita	18	5
	Kebena	21	5.9
	Amhara	29	8.1
	Total	357	100
Occupation of mother	House wife	133	37.3
	Gov't	90	25.2
	Farmer	24	6.7
	Daily laborer	13	3.6
	Merchant	97	27.2
	Total	357	100
Educational status of mother	No formal	95	26.6
	Primary	59	16.5
	Secondary	119	33.3
	Diploma and above	84	23.5
	Total	357	100

Husband age	20-30	59	16.5
	30-40	202	56.6
	41-50	70	19.6
	>50	4	1.1
	Total	335	100
Occupation of husband	Farmer	43	12
	Daily laborer	40	11.2
	Gont.employee	108	30.3
	Merchant	144	40.3
	Total	335	100
Educational status of husband	No formal	21	12
	Primary	163	45.7
	Secondary	42	11.8
	Diploma and above	109	30.3
	Total	335	100
Family size	<5	120	40.8
	>_5	237	59.2
	Total	357	100
Time to reach health institution	5-15m	110	30.8
	16-30m	90	25.2
	30-1hr	157	44.0
	Total	357	100
Means of transportation	Foot	169	47.3
	Animal	4	1.1
	Car	20	5.6
	Taxi	164	45.9
	Total	357	100

5.2 Reproductive characteristics of mothers

As shown in the table below regarding mothers about number of pregnancy or parity, 66 (18.5%), 266(74.5%), and 25 (14.2%) had 1, 2-5, and >5 times pregnancies. Regarding birth space 99 (34.9%) of mothers were two and less, 196(60.3%) were greater than two years of birth interval between previous and last child pregnancy. More than half 153 (70.9%) of mothers planned their last child pregnancy, the rest 104 (29.1%) did not planned. Regarding the decision making for ANC visit, 104(29.1 %), 177 (49.1%), 5(1.4%) and 17(4.8%), of mothers decided by themselves, herself and her husband together, husband only and relatives.

Table 2. Reproductive characteristics of mothers in Wolkite town south Ethiopia 2023

	Category	**Frequency**	**Percent**
Parity	Premipara	66	18.4
	Multipara	266	74.5
	Grand multipara	25	7.1
	Total	357	100
Birth space	<=2	99	34.9
	>2	196	60.3
	Total		
Intended pregnancy	Yes	253	70.9
	No	104	29.1
	Total	357	100
Decision making for ANC visit	Mine only	104	29.1
	Mine and my husband	177	49.1
	My husband only	5	1.4
	Relatives	17	4.8
	Total	303	100

5.3. Knowledge on number and starting month of ante natal care visits

less than half 84 (23.5%) of mother were knowledgeable on number of visits for ANC with no problem ,whereas 273 (76.5%) of mother were not knowledgeable on number of visits for ANC with no problem . One hundred nineteen nine 100 (28.01%) of mother were knowledgeable on number of visits for ANC with problem ,whereas 257 (71.98%) of mother were not knowledgeable on number of visits for ANC with problem .

Regarding to Knowledge of month/weeks on starting ANC; 186 (52.1%) of mother were

Knowledge on numbers of visits for ANC without problem	**Frequency**	**Percent %**
1-2	20	5.6
3-5	183	51.3
6-7	70	19.6
>=8	84	23.5
Total	357	100
Knowledge of month/week to starting ANC	**Frequency**	**Percent %**
0-3 month(0-12weeks)	186	52.1
4-6 months (13-24weeks)	116	32.5
7-9 months (25-36 weeks)	12	3.4
Don't know	43	12.0
Total	357	100

knowledgeable and less than half of 171 (47.9%) were not knowledgeable on time at initiation

Table 3-Knowledge of mothers on danger signs and month and number of antenatal care visits Wolkite town, south Ethiopia

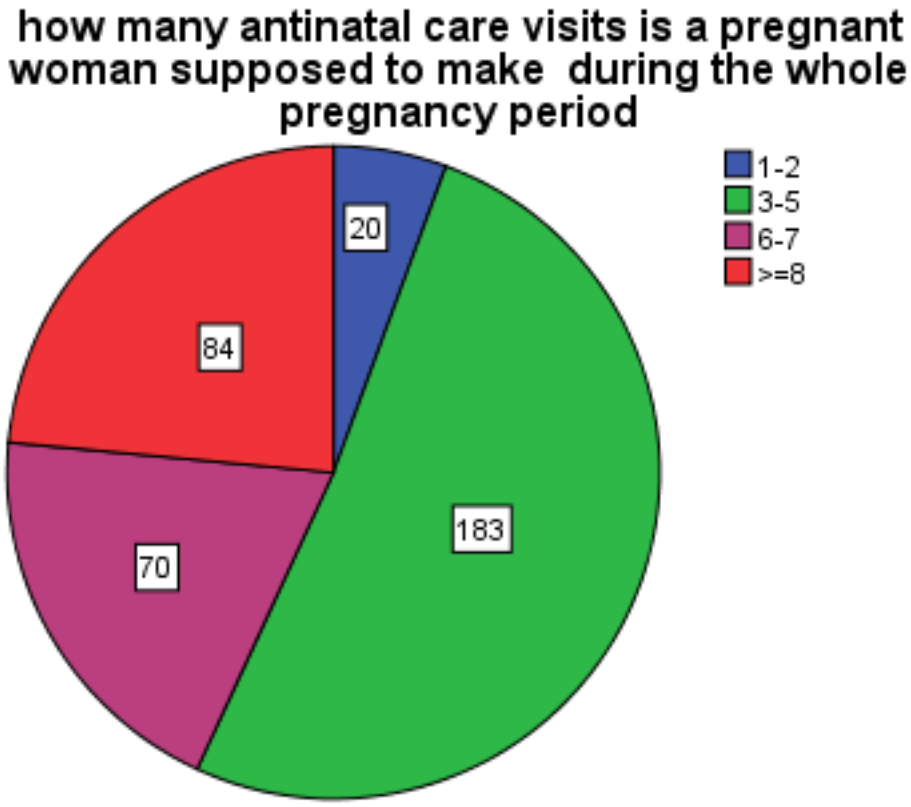


Figure 3 Antenatal care visit a pregnant women supposed to make during the whole pregnancy in Wolkite town Ethiopia 2023

5.4. Proportion of ante natal care coverage

Among 357 interviewed mothers majority 333 (93.2%) attended at list one antenatal visits, out of these 20 (5.6%), 50(14%), 80(22.2%) and 183(51.3) attended on 1-3, 4, 5-7 and >=8 times antenatal visits, but 24(6.7%) were not attend antenatal visits.

Table 4.Antenatal care visits in Wolkite town south Ethiopia, August 2023

ANC visit	Frequency	Percent%
No visit at all	24	6.7
1-3	20	5.6
4	50	14
5-7	80	22.2
>=8	183	51.3
Total	357	100

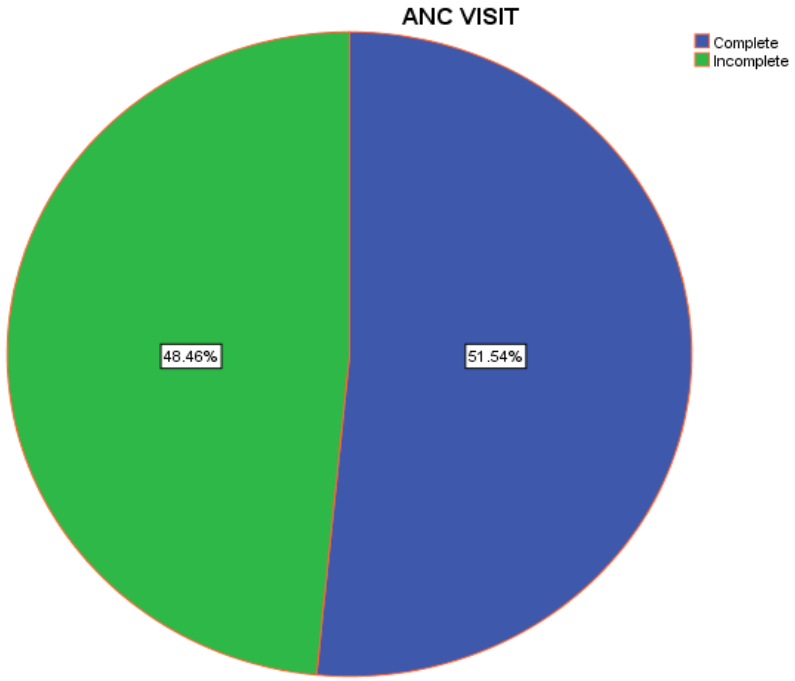


Figure 4; proportion of ANC utilization wolkite town SNNP Ethiopia 2023

5.5. Factors associated with antenatal care coverage

Bivariate and multivariate logistic regression analysis was done using inter method to analyze factors associated with ante natal care utilization.

Bivariate analysis was conducted to select candidate variable for multivariate analysis. P value 0.2 was used as cut off point and variables with P-value less than 0.2 were selected for the final model.

On the bivariate analysis variables like age of the mothers education, occupation, parity, time to reach the HI, family size, knowledge of danger sign during pregnancy, knowledge of starting month for ANC visits, intend the pregnancy, Religious, income, husband occupation, means of transport, birth space time to start antenatal care and permission or discussion were significant and selected for multivariate analysis.

Variables like marital status, husband age, reason for ANC visits, are not significant and their p value is greater than 0.2 and variables like knowledge of mothers about number ANC visits during no problem and with problem are not included in multivariate analysis because of does not fit the assumption of chi square they have cell value less than 5 count.

As shown in table below mothers educational status was found statistically significant; mothers whose educational primary, secondary and diploma and higher were 1.67,0.324 and 0.480 times more likely to follow focused ante natal care than no formal educational level of mothers [AOR=1.670(0.265-1.89), 0.324 (0.136-0.768) and 0.480(0.111-2.081)]respectively.

Similarly mothers who traveled by car or tax from their home to health center were 1.08 times more likely to follow ante natal care than those who travelled on foot to reach the nearest health institution [AOR=1.08 (0.001 -10.32),].

mother occupation was found statistically significant on following ante natal care; mothers who were government employee and know the appropriate time for initiating ANC visits of were 1.143 times more likely to follow ANC than mothers whose occupation were farmer and who didn't know appropriate time for starting ANC visits[AOR= 1.143 (0.366 -3.574)].

Monthly family income was found statistically significant for utilization ANC.according to our survey family who were gain monthly income 3000-500, 5000-7000 and >7000 monthly

income were 0.244,0.185 and 1.102 times more likely follow ANC than family who gain monthly income <3000. [AOR=0.244(0.88,0.679), 0.185(0.068,0.498)and1.102(0.83-5.336)].

Mothers age was also found statically significant on the following ANC, who were 31-35, 36-40 and >40 were 3.17,1.2 and 3.301 times more likely follow ANC visit than mothers whose age were less than 20.[AOR=3.17(5.580-9.179),1.2(4.336-11.60) and.3.301(5.29-7.37)].

Table 5. Logistic regression of factors associated with antenatal care coverage in Wolkite town south Ethiopia, August 2023

Variables					
Age of mother (n=357)	Yes	No	COR (95%)	AOR (95%)	P Values
15-20	11	6			
21-25	14	13	1.702(0.488,5.934)	0.075(0.005-113.86)	0.489
26-30	34	25	1.348(0.44,4.135)	0.024(0.0-1.316)	0.068
31-35	88	101	2.104(0.747,5.923)	3.17(5.580-9.179)	**0.005**
36-40	30	22	1.344(0.431,4.19)	1.2(4.336-11.60)	**0.003**
>40	7	6	1.571(0.359,6.875)	3.301(5.29-7.37)	**0.008**
Total	184	173			
Educational status Mother					
No formal	30	65			
Primary	38	21	7.292(2.677,19.863)	1.670(0.265,1.89)	**0.00**
Secondary	65	54	3.621(1.186,11.057)	0.324(0.136,0.768)	**0.024**
Dip. And above	51	33	1.772(0.600,5.234)	0.480(0.111,2.081)	0.301
Total	184	173			
Mother occupation					
Farmer	14	10			
Gov't	54	36	1.742(0.488,6.215)	1.723(0.608,4.887)	0.397
House wife	67	66	0.955(0.246,3.705)	1.143(0.366,3.574)	**0.011**
Daily laborer	10	3	0.360(0.098,1.322)	0.235(0.062,0.894)	0.327
Merchant	57	40	0.132(0.01,1.34)		
Total	202	155			
Means of transportation					

Foot	84	85			
Animal	2	2	0.258(0.044-1.529)	9.699(1.132,83.09)	0.05
Car	14	6	1.050(0.144,7.633)	276.12(0.898-,84962.6)	0.381
Tax	84	80	0.450(0.165,1.228)	1.08(0.001-2.5696)	**0.045**
Total	184	173			
Monthly estimated income					
<3000	10	17			
3000-5000	49	50	0.001(0.005-0.065)	0.244(0.88,0.679)	**0.001**
5000-7000	81	59	0.011(0.001-0.114)	0.185(0.068,0.498)	**0.002**
>7000	57	34	0.052(0.005-0.578)	1.102(0.83-5.336)	**0.003**
Total	197				

CHAPTER SIX DISCUSSION

6.1. Proportion of Antenatal Care Coverage

This community based cross-sectional study tried to assess antenatal care coverage among child bearing mothers in Gurage zone, Wolkite town .Among 357 interviewed mothers 333 (93.2%) followed at least one antenatal care for their last pregnancy, from these 313(87.5%) of the mothers flowed four and above times or 4-7(36.2%),>=8(51%) during their last pregnancy and 24 (6.7%) mothers did not follow ante natal care at all. This result was higher than Ethiopia demographic and health survey conducted in 2016 about 70% of mothers who have had a live birth in the one years received four and more prenatal care from health professionals this difference might be due to time difference and EDHS encompasses remote areas of the region [13].

Similarly this study also higher than study conducted in 2009 in Yem special Woreda, southwestern Ethiopia only 28.5% of women had effective antenatal care services during their last pregnancy[16], this might be due to time difference, since 2009 a lot of health reform, construction of health infrastructure, and health promotion probably done.

And also this study higher than in a study conducted in 2014 in Ayder Kebele Mekelle city around 84.8% had four and above antenatal care contacts [21] and also higher than a study conducted in rural West Sumatra, Indonesia in 2010 which is 80% of respondents received ANC more than four times; this discrepancy might be due to this study is conducted in town area but this two were in urban setting there is difference between in educational status between urban and rural people and access and means of transportation to heath facility also affect antenatal coverage.

6.2. Factors Affecting Antenatal Care coverage

Mother's educational status was found statistically significant with antenatal care utilization. Mothers whose educational primary, secondary and diploma and higher were more likely to follow ante natal care than no formal educational level of mothers. Similarly a study conducted in Ibadan, Nigeria on 2010. Educational status also showed a significant association with respondents having an education of secondary school and above attending ANC clinic more compared to women who had an education of primary school and below [23]. Also in EDHS,

2011 report there is a direct relationship between a woman's education level and whether she is likely to receive ANC from a skilled provider. For example, 91% of women with more than secondary education received ANC from a skilled provider compared with 25% of women with no education [7]. Another study in Kham district levels of education were the most important predictors of ANC coverage educated women were more likely to receive ANC services than those who had no education [18]. Similarly a Study conducted in rural West Sumatra, Indonesia Women who finished basic education tended to receive fewer than four ANC visits compared to women who finished secondary education [26]. This might be due to education is likely to enhance females' autonomy so that women develop greater confidence and capability to make decisions about their own health and educated mothers more likely to understand education given about health and danger signs and educated mothers are more likely to seek heath care than less educated.

Means of transportation to reach health facility significantly determine ANC follow up. mothers who traveled by tax from their home to health center were 1.08 times more likely to follow ante natal care than those who travelled on foot to reach the health institution. These findings are consistent with other study in Kham district Women who lived nearby were 2.9 times more likely to frequent visit ANC than those who lived far away [18]. Longer time and lack of transportations to reach the nearest health facility discourages mothers to follow ANC visit because of when reach 3 and 4 trimester they are weak to travel long distance in the case of rural area where no transport access in contrary physical proximity of health Institution was determining factor, in case of this study most of study participants 47.3% was travel on foot. Mothers living in closer proximity to modern health services were more likely to receive services from health personnel for the treatment of life-threatening and high-risk conditions and frequent ANC visit during the pregnancy period.

In this study mothers who 31-35,36-40 and >40 age were 3.17,1.2 and 3.301 times more likely to follow ante natal care than those mothers who were less than 20 age. This Study is consistent with study conducted in Yem special Woreda, southwestern Ethiopia [16] and Debre Berhan In 2012 [20], planned pregnancy were factors that showed a statistically significant association with antenatal care coverage. The possible explanation could be those mothers who had greater than 21 age might be more educated and it is believed that, wanted pregnancies are more cared and

worry to healthy child this leads mothers to follow recommended ANC visit than women who was less than 20 age .

Another predictor of antenatal care coverage was mother's occupation. Mother occupation were government employee 1.143 more likely to follow ANC than mothers who were farmer.

Monthly family income was found to be significantly associated with Antenatal Care coverage. The family who were gain >7000 were 1.102 times more likely follow ANC than family who gain monthly income less than 3000.

6.3. Limitation of this study

This study does not show cause and effect relationship.

6.4. Strength of this study

To minimize the possible recall bias women's who gave birth in last one years prior to study was selected.

CHAPTER SEVEN: CONCLUSION

There was relatively high antenatal care visits among the study participants and this study confirmed that antenatal care coverage was relatively high in the study area. This study also confirmed that among 357 interviewed mothers 333 (93.2%) mothers followed at least one ante

natal care. From 357 mothers 313(87 %) Followed antenatal care four and above times during their last pregnancy and 183 (51.3%) mothers follow greater than eight ante natal care. More than half of participant attend greater than four visit.

This study also identified that mothers educational level, monthly family income , occupational status of the mother, means of transportation to reach to health facility, age of the of mothers were the main factor influencing women who received less than four or not follow ANC during their last pregnancy.

CHAPTER EIGHT: RECOMMENDATION

Based on the above findings of the study the following recommendations were suggested:

To Health Sector, Regional Health Bureau and Educational Sector

 Women's education status is an important factor for of ANC utilization in the study area suggesting that educating girls will have a great impact on improving future utilization of ANC in the area.

 Ministry of health and regional health bureau have to accessing health infrastructure to the community nearby this will reduce time to reach health institution and encourage pregnant women to fully follow ANC services.

 Educational sector has to plan adult learning program; for those who do not attend formal education. To Wereda Health Office, Health Center and Health Post

 Have to increase awareness of mothers on the appropriate age of marriage, time to initiate ANC visit

 Have to advise mother to have planned pregnancy and hence, key action should be taken in availing, advising mothers to take contraceptive that enable mothers to find a suitable & more effective method to reduce unplanned pregnancy and to increase awareness income to family size consideration.

To Researchers

 Researchers have to continue conducting research on knowledge, attitude and quality of service provision of health professional towards Antenatal Care coverage.

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Annex I

English Version Information Sheet for Study We temporarily represent Wolkite University College of Health Science and Department of Medicine Public Health Students. This study will be conducted to determine antenatal care coverage and factor affecting utilization of antenatal care among women who gave birth 1 year preceding the study in Wolkite town SNNPR Ethiopia. The study is directly related to women who gave birth, you are one of the women who have been selected systematically to participate in this study. Therefore, you are kindly requested to participate in this study and provide the information required from you. The interview will last approximately _20__ minutes. Your responses will be kept confidential and there will be no way of linking your individual identifier responses to the final results of the study findings.

Objective: To determine antenatal care status and associated factors among mothers who gave birth within 3 month preceding the study in Gubre Sub-city SNNPR Ethiopia. Duration: The study will be conducted in Gubre and adis birhn Sub-cities from Jully-Augest 2023.

Benefits: I would like to inform you that the responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study, but also for

producing relevant information which will be helpful in the planning and implementation of

intervention activities to prevent delays and improve maternal and neonatal survival.

Consent: You may end the interview at any time and also refuse to participate in the study

entirely. Your refusal will not restrict you from obtaining the required medical care when

you need. Are you voluntary to respond to the questions?

Yes; ----------

No; ----------

Name of principal investigator -

Address –

Date ---------- Signature ----------

English version questioner for interview

Wolkite University Collage of Health Science and Medicine Department of Public Health.

Questioner on Assessment of Factor Affecting Utilization Of Ante Natal Care in Gubre Sub-city SNNPR Ethiopia

Questioner on Assessment of Antenatal care coverage and Factor Affecting Utilization of Ante Natal Care In Wolkite town, South Ethiopia, June 2023

Identification Information

001. Code No._____

002. Kebele_____

003. Got _____

Instruction for interviewer: For each of the following questions, please circle the number

of the alternative or fill the blank space that fit the response of the respondent.

Section--1: Socio-demographic Information of mothers

1.01. What is your age in completed years?

01. 15-20	03. 26-30	05. 36-40
02. 21-25	04. 31-35	06. >40

1.02. What is your marital status?

01. Single	03. Widowed
02. Married	04. Divorced

1.03. What is your religion?

01. Orthodox	03. Protestant
02. Catholic	04. Muslim

1.04. What is your ethnicity?

01. Gurage	03. Kembata	05. Kebena
02. Oromo	04. Wolayta	06. Amhara

1.05 What is your occupation?

01. Housewife	03. Farmer	05. Merchant
02. Govt. employee	04. Daily laborer	

1.06 What is your educational status?

01. Illiterate	03. Secondary
02. primary	04. Diploma & above

1.07. What is your husband ‘s age in completed years?

01. 20-30	03. 41-50
02. 31-40	04. >50

1.08. What is your husband’s educational status?

01. Illiterate	03. Secondary
02. Primary	04. Diploma and above,

1.09 What is your husband’s occupation?

01. Farmer	03. Govt. employee
02. Daily laborer	04. Merchant

1.10 what is your families estimated amount of monthly incomes?

01. <3000 EBR
02. 3000-5000 EBR
03. 5000-7000 EBR
04. >7000 EBR

1.11 What is your family size? (In number) _____

1.12. How many hours did the health institution far to reach? (In hours)

01. 5-15m
02. 16-30m
03. 31m-1h

1.13. What are the means to reach health institution or transportation?

01. Feet
02. Animal
03. Car
04. Bicycle or motor bicycle
05. Bajaj

Section-2: Reproductive history of women

2.01. How many times in total you became pregnant? (In numbers) _____

2.02. Did you follow antenatal care for your last pregnancy?

01. Yes 02. No

2.03. How many times did you visit ANC for the last pregnancy?

01. 1-2
02. 3-5
03. 6-7
04. ≥8

2.04. How many antenatal care visits is a pregnant woman supposed to make during the whole pregnancy period?

01. 1-3 03. 5-7

02. 4 04. ≥8

2.05. If you did not use antenatal care, what was your reason?

01. Because the service provider is far away

02. Because I don't know about antenatal services

03. Negligence

04. Because I am not satisfied with the service

2.06. At which month of the pregnancy did you start antenatal care?

01. 0 – 3 months (0-12 Weeks) 03. 7 – 9 months (25-36weeks)

02. 4 – 6 months (13-24 Weeks) 04. Don't Know

2.07. From whom did you ask for permission or discuss to attend antenatal care clinics?

01. Mine only 0.3. My husband only

0.2. Mine & my husband 04. Relatives

2.08. Did you intend the last pregnancy?

01. Yes 02. No

2.09. What was the birth space between previous and last child? (In year)_____

This is the end of the interview. THANK YOU!

Date of data collection _____

Name of data collector _____

Signature _____

Name of supervisor _____

Signature_____

Annex II

Amharic Version Information Sheet For Study

በወልቂጤ ዩኒቨርስቲ የጤና ሳይንስ ኮልኝ የጤና መኮንን ትምህርት ክፍል የዲግሪ ተማሪ በሚሰራው ጥናት ላይ መረጃ ሰብሳቢ ቡድን አባላት ነን:: ጥናቱ የሚያተኩረው በእናቶች የቅዱመ ወሊድ ዝግጅት ሁኔታና ክብካቤ ላይ ነው:: እርስዎን የተወሰኑ ጥያቄዎች መጠየቅ እንፈልጋለን, መጠይቁ ከ--20-----ደቂቃ በሊይ አይወስዱም እርሶ የሚሰጡኝ መልስ ሚስጢራዊነቱ የተጠበቀ ስለሆነ ከጥናት ግልጋሎት በቀር በእርሶ ላይ ምንም አይነት ጉዳት አያደርስም ስለዚህም ስሞትን አንይዝም

ጥቅም (Benefits):- **የሚሰጡት ምላሽ በ ዚህ ጥናት ከፍተኛ ጥቅም ከመስጠቱም ባሻገር በችግሩ ዙሪያ የሚሰሩ መንግስታዊ እና መንግሰታዊ ላልሆኑ ድርጅቶች አንደ አንድ ግብዓት ያገለግላል:: ከዚህም ባሻገር እቅድ ትግበራ; የእናቶችና የህፃናትን ሞት ከመከላከል አንፃር ከፍተኛ ሚናይጫወታል::**

የጥናቱ ጊዜ:-ጥናቱ የሚካሄድበት ጊዜ በጉብሪና ክፍለ ከትማ ቀበላዎች ከሰኔ እስከ ሀምሌ/2015 **ዓ.ም ይሆናሌ**

ፍቃዴ(Concent) **:- በሚጠየቁ ወቅት መመለስ የማይፈልጉት ጥያቄ ካለ አለመመለስ እንዲሁም መጠይቁ ከተጀመረ በኃሊም መቋረጥ ይችሊለ:: ስለዚህ እርሰዎ በዚህ ጥናት ውስጥ የተጠየቁት መጠይቆች መልስ እንዲሰጡን በትህትና እጠይቃለሁ:: በጥናቱ ላይ ለመሳተፍ ተስማምተዋሌ?**

አዎ …… **አይ**……..

የጥናቱ ባለቤት :-

አዴራሻ:-

ቀን ---------- **ፊርማ** ----------

Annex II

Amharic Version Questionnaires for Interview

ወልቂጠ ዩኒቨርስቲ የጤና ሳይንስ ኮልጅ የጠና መኮንን ትምህርት ክፍል በጉብሬና ክፍለ ከተማ ከ1 በታች የሆኑት እናቶች ሊይ የሚሰራ ጥናት የተዘጋጀ መጠይክ

የመለያ መረጃ

001. **የመጠይቁ መለያ ቁጥር**

002. **ቀበል**

003. **ጎጥ**

መመሪያ ጠያቂው፡- እባክዎን የያንዲንዱ ጥያቄ የተጠያቂውን ምሊሽ ከአማራጮቹ ውስጥ ያክብቡ ወይም በባድውቦታ ምላሹን ይፃፉ፡፡

ክፍሌ -1 ፡ስነ ህዝብና ማህበራዊ ጉዲዮች

1.01 **እዴሜዎት ስንት ነው?**

01. 15-20 03. 26-30 05. 36-40

02. 21-25 04. 31-35 06. >40

1.02 **የጋብቻዎት ሁኔታ እንዳት ነው?**

01. **ያላገቡ** 03.**ባል የሞተባቸው**

02. **ያገቡ** 04.**የፈ**

1.03 **የሚከተሉት ሐይማኖትዎት ምንድ ነው?**

01. ኦርቶድክስ

03.ፕሮስቴስታንት

02. ካቶሊክ 04.ሙስሉም

1.04 ብሄርዎት ምንድነው?

01. ጉራጌ 03. ከምባታ 05. ቀበና

02. ኦሮሞ 04. ወላይታ 06. አማራ

1.05 የስራዎት አይነት ምንድነው?

01. የቤት እመቤት 03.ግብርና

05. .የንግድ ሥራ

02. የመንግስት ሰራተኛ 04.የቀን ሰራተኛ

1.06 የትምህርት ደረጃዎት ስንት ነው?

01. ያልተማሩ 03. ሁለተኛ ደረጃ

02. አንደኛ ደረጃ 04. ዲፕልማና ከዚያ በሊይ

1.07 የባልቤትዎ እዴሜ ስንት ነው?

01. 20-30

03. 41-50

02. 31-40 04. >50

1.08 የባለቤቶት የትምህርት ሁኔታ እንድት ነው?

01. ያልተማሩ 02. ሁለተኛደረጃ

03. አንደኛ ደረጃ 04. ዱፕልማና ከዚያ በሊይ

1.09. የባለቤትዎ ስራ ምንዴን ነው?

01. ገበሬ

03.የመንግስት ሰራተኛ

02. የቀን ሰራተኛ

04.ነጋዳ

1.10. የብተሰቦ የ ወር ገቢ በግምት ስንት ነው?

01. <3000 ETB 03. 5000-7000 ETB

02. 3000-5000 ETB 04. >7000 ETB

1.11. የቤተሰቦት ብዛት ስንት ነው? (በቁጥር)_____

1.12. ወደ ጤና ተቋሙ ለመድረስ ምን ያህል ሰዓት ይወስዴቦታሌ?

01. 5-15m 03. 31m-1h

02. 16-30m

1.13. ወደ ጤና ተቋሙ ለመድረስ በምን አይነት የማጓጓዣ ዘደ ይጠቀማለ?

01. በእግር 03. በመኪና 05. በባጃጅ

02. በጋማ እንሰሳ

04. በባይስክሌ

ክፍሌ - 2፡የእርግዝና እና የወሊድ ሁኔታ

2.01. በአጠቃሊይ ምን ያህል ጊዜ እርጉዝ ሆነው ያውቃሉ?

(በቁጥር)_____

2.02. የመጨረሻው ልጆት እርግዝና ጊዜ የቅድመ ወሊድ ክብካቤ አድርገው ነበር?

01. አዎ 02. አይ

2.03. ምን ያህሌ ጊዜ ነው የቅዴመ ወሊድ ክብካቤ ያደረጉት?

01. 1-3 03. 5-7

02. 4 04. ≥8

2.04 አንዲት ነፈሰ ጡር እናት በሙሉ እርግዝና ጊዜዋ ምን ያህል ጊዜ የእርግዝና ክትትል ታደርጋለች?

01. 1-2 03. 6-7

02. 3-5 04. ≥8

2.05. የቅድመ ወሊድ አገልግሎት ያልተጠቀሙ ከሆነ ምክንትዎ ምን ነበር?

1. አገልግሎት መስጫው ስለሚርቅ
2. ስለቅድመ ወሊድ አገልግሎት ስለማላውቅ
3. ቸልተኝነት
4. በአገልግሎት አሰጣጡ ስላልተደሰኩ (ስላረካሁ)

2.06. በየትኛው ወር የእርግዝና ክትትሌ መጀመር አለበት?

01. 0 – 3 ወር (0-12 ሳምንት)

03. 7 — 9 ወር (25-36 ሳምንት)

02. 4 — 6 ወር (13-24 ሳምንት)

04. አላውቅም

2.07. የእርግዝና ክትትል ለማድረግ ከማን ጋር ተማከርሽ/ወሰንሽ

01. በራሴ 03. ባለቤቴ ብቻ

02. እኔና ባለቤቴ 04. ከዘመድ

2.08. የመጨረሻውን ልጆትን አቅደው ነው ያረገዙት?

01. አዎ 02.
አይ ይደለም

2.09. የአሁኑና የቀድሞ ልጆት ያለው የግዜ ርቀት ምን ያህል ነው?
(በቁጥር)_____

ቃለ መጠይቁ ተጠናቋል እጅግ በጣም እናመሰግናለን ! !

የቃለ መጠይቁ ቀን ----------

የጠያቂው ስም----------

ፊርማ----------

የተቆጣጣሪው ስም----------

ፊርማ----------