

Abstract of master's Dissertation

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Thesis Title	Women's Decision-Making Autonomy In Relation To Their Antenatal Booking And Place Of Delivery In The Builsa South District Of The Upper East Region Of Ghana		
<p>Background of the study: Safe facility delivery is a proposed solutions to the increasing number of deaths resulting from pre-delivery and post-delivery complications as a result, several strategies have been introduced to elevate early antenatal care initiation and facility delivery in the Builsa south district. Ghana still strives to achieve the fifth goal of the MGD which sought to lessen the burden of maternal mortality by 75% by the year 2015. Ghana as a country recorded 98% of its pregnant women attending ANC in 2017 with just 64% making their visit during the first trimester.</p> <p>The total institutional deliveries accounted for 74% with corresponding 20 % home delivery. Several factors account to the realization of these figures and for the hindrance of these strategies of which women autonomy is not an exclusion. Women's decision-making autonomy to a large extends implies that the ability to be able to move freely without asking permission on matter related to health and wellness of herself and family. This autonomy is not the case for about 3.4% women aged 15 to 49 who needs to ask permission before seeking health care. The study sought to explore the effect, influence of women decision-making autonomy to ANC booking and choice of place of delivery.</p> <p>Objective: To assess the relationship between women's decision-making autonomy and antenatal initiation and place of delivery in the Builsa South District, Upper East Region of Ghana and to see the extent to which it affects utilization thus improving policy to improve maternal health indicators and outcomes.</p> <p>Methods: A community-based household study was conducted with 430 mothers aged 18 to 49 with children aged between 0 to 6 months in a survey spanning May 2021. Standardized questionnaires were used during the collection of Data. The data was analyzed using Stata 16. The level of women's decision-making autonomy was analyzed by generating an index using principal component analysis and further categorized as low medium and high using descriptive statistics and presented as frequency Chi-square test was used to determine the association between women's decision-making autonomy and antenatal initiation and place of delivery.</p>			

Results: Among 426 respondents 215 (50%), 108 (25.1%), 107 (24.9%) had low, moderate, and high autonomy with ANC initiation respectively. There was no association with ANC initiation regardless the level of autonomy ($p=0.79$). ANC Initiation established statistical significance with the age of mother ($p=0.007$). Women aged 20 to 34 were more likely than older ones to visit for ANC within the first trimester. There was an association between level autonomy and place of delivery ($p =0.015$). Respondents with some forms of work were seen be associated with early initiation of antenatal with ($p=0.003$). Influence of media to choice of facility showed a positive association to decision making.

Conclusion: Women-decision autonomy didn't have an impact on ANC initiation but was association with place of delivery. The study highlight's impact of sociodemographic factors on ANC initiation and attendance which was linked to increased health care utilization of respondents.

Key words: Autonomy, ANC initiation, ANC booking.

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