

ABSTRACT

No. 1

Course	MPH	Name	John Hammond
Thesis Title	A cross-sectional study to evaluate access to antenatal care services in Twifo Hemang Lower Denkyira district, Ghana		
<p>Background: Antenatal care (ANC) is an essential component of reproductive, maternal, newborn, and child health continuum of care. It is positively correlated with high supervised delivery and the reduction of maternal death. However, in lower economic countries, limited access to skilled care during pregnancy increases the risk of maternal death for vulnerable groups. Socio-cultural, economic, demographic, and geographical factors have been linked to timely and continuous ANC. In Ghana, few studies have explored how ANC is influenced by the Community-based Health Planning and Services (CHPS) policy, and in the Central Region, evidence is non-existent. Hence, it is imperative to highlight factors that influence access to ANC services in a rural setting.</p> <p>Objective: The main objective is to determine factors that influence access to ANC services provided through the CHPS policy for women in the Twifo Hemang Lower Denkyira District, Ghana. Specific objectives are to examine the influence of socio-demographic and socio-economic factors on access to timely ANC services, ascertain the level of knowledge and awareness of ANC, and determine the extent to which distance and location of CHPS compound affect access to ANC.</p> <p>Methods: A cross-sectional study examined 310 postpartum women aged 15-49 years with children 12 months or younger selected from households, using a structured questionnaire. Bivariate and multivariate logistic regression analysis was conducted using STATA 17 to identify factors associated with at least one ANC attendance and time of ANC initiation, and results were reported as unadjusted and adjusted odds ratios.</p>			

* The abstract, containing background, objectives, methods, results and conclusion should not exceed 300-500 words and printed double sided on A4 paper)

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<p>Results: It revealed that skilled ANC attendance (93.9%) and early ANC initiation (69.1%) were high. In the multivariate logistic regression, home delivery (Adjusted Odds Ratio [AOR]=0.013; 95% Confidence Interval [95%CI]:0.001-0.178) and unmarried women (AOR=0.126, 95% CI 0.013-1.250) had reduced odds of attending at least one ANC during pregnancy. Pregnant women who made less than four ANC visits (AOR=6.101; 95% CI:1.961-18.988), those who received home visits (AOR=1.817; 95% CI:1.015-3.252), and those with larger family sizes (AOR=4.499; 95% CI:1.085-18.663) had higher odds of initiating first ANC visit late. Respondents' average monthly income (AOR=0.161; 95% CI:0.030-0.877) was positively associated with initiating ANC early. Knowledge about ANC and pregnancy (96.5%) and CHPS compounds as a source of ANC service (71.8%) were high, however, they were not statistically associated with ANC attendance and time of ANC initiation at the multivariate level.</p> <p>Conclusion: Making at least one skilled ANC attendance and early ANC initiation was high among the respondents. Being unmarried and delivering at home associated negatively with attending at least one ANC. Having larger family size, making less than four ANC visits, and receiving home visit from health staff posed as barriers for women to initiate ANC early. Additionally, average monthly income had a positive association with early ANC initiation. However, receiving ANC services from CHPS compound and having good knowledge about ANC and pregnancy, were not statistically associated with either ANC attendance or time of ANC initiation. The complexities in these factors requires multi-sectoral approach to strengthen community-based services to give these women a chance to survive. (496)</p>			

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