

Utilization of Antenatal Services in John Taolo Gaetsewe (JTG) District: The Need for Investing in SDH for Improved Maternal and Child Health Outcomes

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*Northern Cape
Department of Health*

BACKGROUND

- Over the past decades, South Africa has set specific targets aiming to achieve improved population health outcomes, particularly for maternal and neonatal. Uptake of maternity services, including the number and timing of (early) antenatal care visits were promoted for better health outcomes among others.
- WHO & NDoH Guidelines recommended all pregnant women should attend at least 4 ANC visits as minimum throughout pregnancy, and early visit preferably < 12 weeks.
- While at national level there has been encouraging improvements towards achieving improved maternal and child health outcomes, in John Taolo Gaetsewe (JTG) district many pregnant women, particularly teenage pregnant women start ANC visit late.
- Our study provides major determinant factors that influence late ANC services utilization in the JTG district.

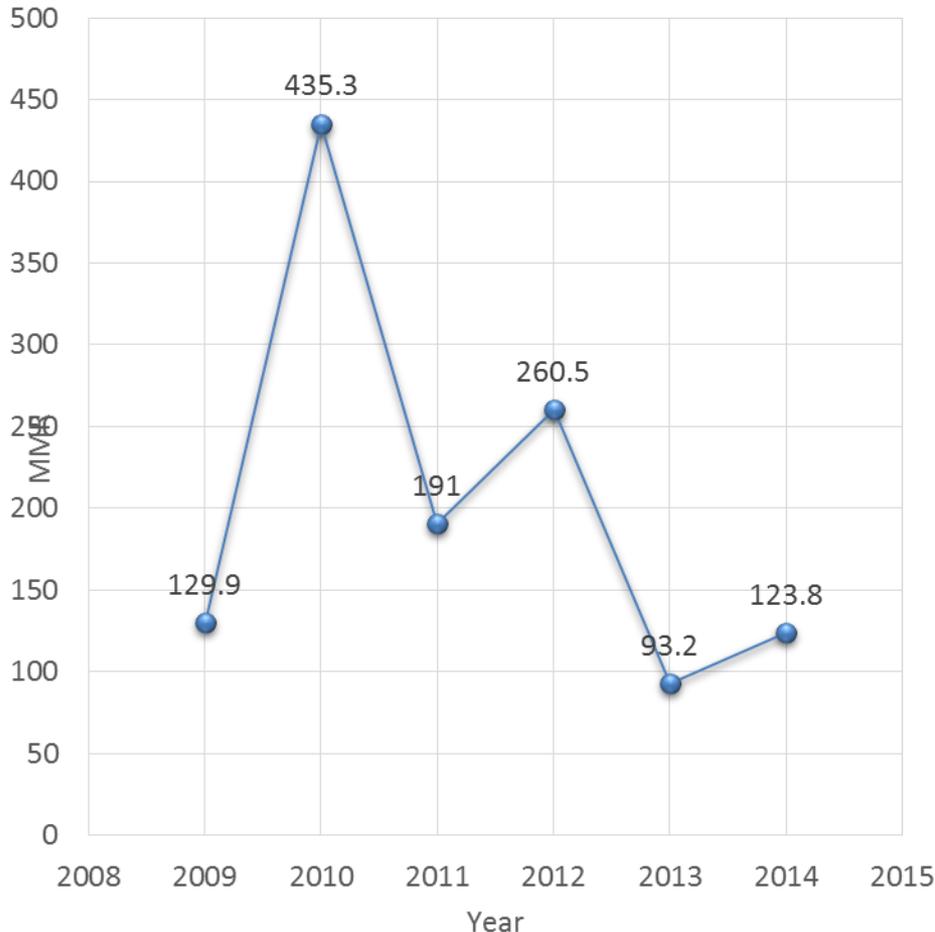
BACKGROUND OF BROADER STUDY(1)

- The JTG maternal mortality in facility ratio was the highest provincially at 260.5 per 100 000 live births, and much higher than the national ratio of 132.9 per 100,000 live births.
- The still birth in facility rate was the highest in the Province at 28.4 per 1000 births.
- The inpatient early neonatal death rate increase from 5.0 per 1000 live births in 2011 /12 to 8.2 per 1000 live births in 2012/13.
- **The delivery in facilities under 18 years rate increased from 9.4% in 2011/12 to 11.5% in 2012/13.**
- The antenatal 1st visit before 20 weeks rate at 44.1% was the lowest in the province.
- Delivery by Caesarean section rate was the second lowest in the province at 12.7%.
- The inpatient bed utilisation rate was 59.5%, below the national average of 67.3%. The average length of stay was 3.6 days.
- The expenditure per patient day equivalent was R1 923, higher than the provincial average of R1 855 and the national average of R1 823.

(Source: Health System Trust, 2012/2013)

BACKGROUND OF BROADER STUDY (2)

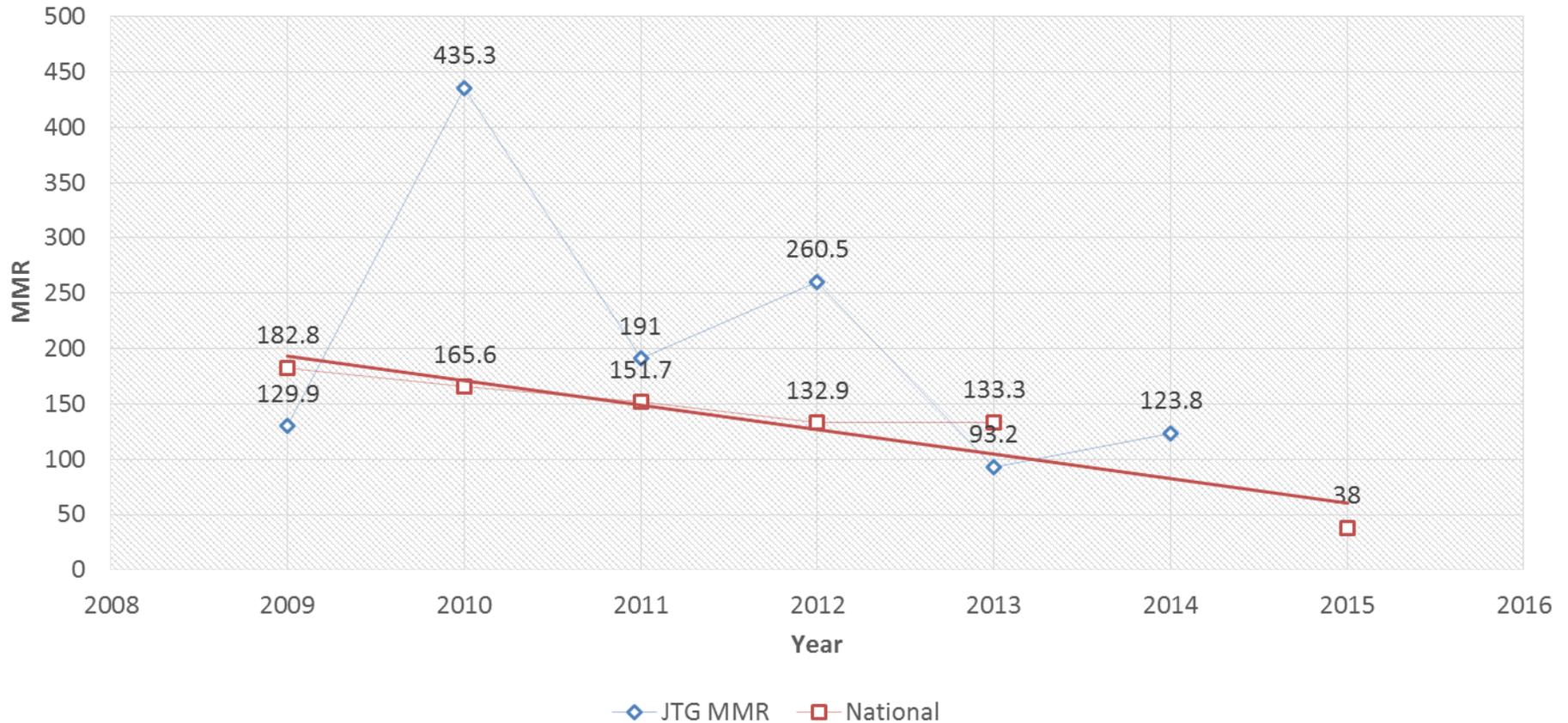
ANNUAL TRENDS: MMR IN JTG



- Annual Trends in Facility MMR per 100,000 live births in JTG district fluctuates and remained high.
- This may have been related to inadequate health care access; poor service standard provided at the facility or may be indicative of broader issues such as SE conditions to pregnant mothers in the district.

BACKGROUND OF BROADER STUDY (3)

MMR IN JTG COMPARED WITH NATIONAL AVERAGE (2009-2014)



METHOD

- Between September and November 2014, a cross-sectional facility-based, descriptive study utilising mixed methods was conducted among 272 respondent mother-infant pairs who brought their infants for six-week first DPT immunisation at all public health facilities in John Taolo Gaetsewe District.
- A structured questionnaire translated into the local languages, and focus group discussions (FGDs) tools used for data collection.
- Logistic regression analysis used for bivariate and multivariate analysis to identify factors influence late ANC booking.

RESULTS (1)

- Out of 272 mother-infant pairs interviewed at 6 weeks immunization visits, 18.68% were teenagers (<20 years).
- 94% of them are unemployed.
- 82.35% are single mothers.



RESULTS (2)

- Late antenatal care booking (greater than 12 weeks into pregnancy) was most common among teenagers (64.71%).
- The logistic regression analysis shows that mother's age (OR=2.11; PV=0.038); distance to access health facility (OR=3.38; PV=0.005); and client service satisfaction (OR=2.11; PV=0.038) are significantly associated with late access to ANC utilization at 5% level of significance, and 95% of confidence intervals.

Estimates obtained from binary logistic regression analysis

Dependent Variable : Status of ANC visits (1, 0)

Variables	Odds Ratio	P-value	95% Confidence interval
Mother age	2.11	0.038	1.04 - 4.27
Marital status	0.57	0.097	0.29 - 1.10
Distance to health facility	3.38	0.005	1.45 - 7.87
Relationship	0.59	0.569	0.23 - 1.49
Waiting time	0.85	0.710	0.85 - 1.92
Service satisfaction	8.58	0.003	2.10 - 34.95
Fear of HIV test	1.36	0.549	0.49 - 3.74
Fist ANC booking time	0.95	0.876	0.52 - 1.72
Employment status	1.44	0.418	0.59 - 3.55
Education level	0.81	0.693	0.28 - 2.28
FANCV	0.76	0.397	0.39 - 1.46
Number of observations	261		
Pseudo R-Square	0.0938		
Prob > chi2	0.0020		
LR chi2(11)	29.38		

DETERMINANT FACTORS

- Early pregnancy and ANC visits among teenage pregnant women are influenced by multilevel-level factors.
- Individual level awareness/knowledge to make informed choices to engage in specific behaviours.
- Socio-demographic and economic circumstances including culture.
- Health systems constraints to provide client friendly services that are tailored to their needs.
- Distance to health facility and cost of transportation.

RECOMMENDATIONS

- Health systems improvements to provide youth friendly good quality reproductive health services.
- Inform and empower girls to influence their knowledge, understanding & attitude, as well as educating community for preventing early pregnancy.
- Integrated actions by different sectors beyond services within health sector to address the social determinants of health(distance, employment, education, income, housing, culture, etc).

QUOTE

“Educated and empowered women and girls can make informed decisions about their own health.”

DR. MARGARET CHAN
DIRECTOR-GENERAL
WHO

Thank you

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