Abstract

Back ground: Ethiopia still suffers high levels of neonatal and maternal mortality so maternity continuum of care is a continuous framework for the delivery of maternal care from pregnancy to postnatal period. Skilled care during pregnancy, childbirth and the postpartum period are important interventions in reducing maternal and neonatal morbidity and mortality.

Objective:

e World Health Organization recommends a minimum of four antenatal care visits [9]. However, global estimates indicate that only half of all pregnant women receive this recommended amount of care. In Ethiopia, Only 32% of Ethiopian women with live birth received at least four visits during the length of their pregnancy [7], which is below the global average (54%). e predominant underlying factors for the low coverage of antenatal care services include: socio-cultural and economic barriers, poor access to health services and poor quality of antenatal care services [10]. Many mothers who attend the recommended number of antenatal care visits fail to use facility delivery and postnatal care services. e most common service women received is at least one ANC visit which is 43%. Utilizations

Out of the total 651 study participants, 621 of them were included in the nal analysis giving a response rate of 95.4%. e mean age of women was 30.85 (SD±6.56) years. Majority 352(56.7%) of the respondents were between 25-35 years old, followed by age group >35, 159(25.6%). Two hundred twenty seven (36.6%) were housewife, and 225(36.2%) were farmers.

e largest portion of the participants were Orthodox in religion 473 (76.2%), 513(82.6) were currently married and 455(73.3%) were rural residents constitutes (Table 1).

e ndings highlight that around 46.1% of women had access to mass media, (77.1%) had autonomy in health-care decision-making and 79.4% of women their pregnancy was wanted. Concerning women husband educational status majority 27.7% had no formal education but they can read and write and regarding women husband occupation majority were farmer 56.8% (Table 2).

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Among women who received antenatal care 61.1% started care in the first Trimester, and 22.8% in the second trimester. Among women who received antenatal care, 98.5% were got advice about danger sign during pregnancy. 96.3% of women were there blood pressure measured during their antenatal care visit. From a total of women under the study, 15% were delivered by caesarean section. Among women who received postnatal care, 99.1, 97romrom a

In this study around 56.5% of women gave birth in the health institution and 43.5% of the study participant gave birth at home (Figure 1).

Around 85% of women in this study delivered virginally and een% delivered with caesarean section (Figure 2).

Around 61% of women received antenatal care, 13.7% did not continue on the pathway to receive skilled birth attendance. Only 47.2% who received Antenatal care were attended by a skilled health provider at delivery. A er delivery, 2.2% women did not go on to receive postnatal care (Figure 3).

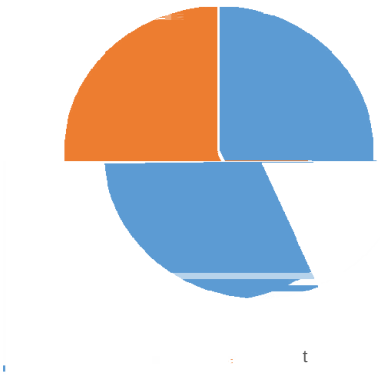

Figure 1: Place of delivery among women who gave birth in the last one year in Enemay district, northwest, Ethiopia, 2019.

Variable					

In this study, the proportion of educated women is (44.6%) which is lower than Cambodia (82.5%) and Egypt (52.8%). Since education is one of a strong predictor for completion of the continuum of care. But it was higher than study done in Pakistan (27%), Cambodia Pakistani (5%), South Asia and sub Saharan Africa (16.9%) Nigeria (29%) [11,13,16,17] . is discrepancy might be due to di erence in measurement, variations of the study period and due to di erence in the accessibility of services.

is study had identi ed a number of important factors that were associated with the completion of the continuum of care for maternal health among women in Enemay district. e multivariate regression analysis shows that education, occupation, autonomy to health care decision making, wontedness of pregnancy, exposure to mass media and husband occupation are the most signi cant predictive factors for the completion of continuum of care.

Women with secondary education were more likely to complete the continuum of care compared to those women who cannot read and write. is nding is in line with a study conducted in Pakistan, Nepal and Cambodia (13-15). e possible reason might be educated women may have better health knowledge about the importance of receiving maternity care during pregnancy, delivery and postnatal period. e other possible reason might be education is likely to enhance female autonomy and help women to develop greater con dence and capability to make decisions about their own health and educated women may have a good chance to approach the written information about maternal health service.

Having autonomy to health care decision making was statically and positively associated with completion of maternity continuum of care. is study is in line with study done in Pakistan and South Asia and sub-Saharan Africa [13, 11]. is might be due to that women who had autonomy to health care decision making might have freedom of movement, might not have nancial problems and can go and received the care by their own self. Additionally, Autonomy may also be associated with other variables like education of women and urban residence, both of which are factors that increase the likelihood of the use of maternal health services.

Completion of maternity continuum of care was better observed on those women with wanted pregnancy which is similar with study done in Ghana [18]. e possible reason might be women with wanted pregnancy are careful to their pregnancy, likely hood of developing better motivation and prepared emotionally and nancially for the demand of pregnancy and childbearing compared to women with unwanted pregnancy.

Para ve and above women were higher odds of completing the continuum of care compared to para1-2 women. is study is in contrary to study done in Pakistan [13]. e possible reason for this discrepancy might be women with higher parity might have better information about the advantage of receiving maternal health service and also women with higher parity may face di erent complication before and have better awareness about the importance of utilizing all the maternal health service. Another possible reason might be women with higher parity might have frequent contact with health providers in their previous pregnancy and might got educational messages and counselling from health workers before.

Exposure to media was also associated with completion of maternity continuum of care. is study is in agreement with study conducted in Nepal, Egypt and Pakistan [3, 13, 15]. is might be that media is as one of the means of access to resources for awareness and knowledge so women who had exposure to media might have got information about the importance of receiving maternal health services and also they might get di erent educational message regarding maternal health service.

Women whose occupation was farming were less likely to complete the continuum of care compared to that of housewives. is might be due to that farmers might have lack of time to go to health institution and most of farmers live in rural area they might face problem of accessing health service. The other possible reason might be farmers might have less information about the advantage of utilizing maternal health service. Husband employment status was also significantly associated with completion of maternity continuum of care. This study is in line with study done in Egypt [15]. The possible reason might be women with employed husband might not have any financial problems and employed husband might have better information about maternal health service and they might encourage their wife to use the service.

Inferring casual association is di cult due to the cross sectional nature of the study. It is also di cult to measure the quality of service that women got during their antenatal, delivery and postnatal period. In addition information in the survey is based on self-reports there may be social desirable bias and recall bias

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Less than half of the study participant's complete maternity continuum of care. Mother's educational level and mother's occupation, autonomy to health care decision making, wontedness of pregnancy, and exposure to media, parity/number of children and husband occupation were signi cantly associated with completion of maternity continuum of care.

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E C : Ethical clearance was got from Haramaya University Institutional Health Research Ethics Review Committee (IHRERC). Participation was voluntary and information was collected anonymously after obtaining voluntary, written, signed informed consent from each respondent by assuring confidentiality throughout data collection period. Participants were told the objective of the study and their right to refuse or answer the questionnaires and were given the right to stop or withdraw at any time of data collection. Confidentiality was maintained by omitting their name and personal identification.

A : Full data for this research is available through the corresponding author up on request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

All authors (AS, NA, MD and TD) contributed to the design of the study and the interpretation of data.

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