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SCHOOL/DEPARTEMENT OF GRADUATE STUDIES

***TITLE: - KNOWLAGE, ATTITUD AND PRACTICE OF
PREGNANT WOMEN TOWAD ANTENATAL CARE IN
DURAME TOWN, KEMBATA ZONE, SNNPR,
ETHIOPIA.***

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Table3 of Contents

Page

Table of content-----	

i	
LIST OF Tables.....	iii
List of Appendexes.....	
.....iv	
List of Accroniums.....	
.....v	
Abstract.....	
.....vi	
CHAPTER ONE.....	2
1.....INTRODUCTION	
.....	2
1.1 BACKGROUND INFORMATION.....	2
1.2 STETMENT OF THE PROBLEM.....	3
CHAPTER TWO.....	5
2. LITRATURE REVIEW AND SIGNIFICANCE OF STUDY.....	5
2.1 Literature review.....	5
2.2 SIGNIFICANCE OF STUDY.....	6
CHAPTER THREE.....	8
3. OBJECTIVES.....	8

3.1GENERAL OBJECTIVE.....	8
3.2 SPECIFIC OBJECTIVE.....	8
CHAPTER FOUR.....	9
4. METHEDOLOGY.....	9
4.1 STUDY DESIGN.....	9
4.2 STUDY AREA AND PERIOD.....	9
4.3 POPULATION	
.....	
.....8	
4.3.1 SOURCE POPULATION.....	8
4.3.2 STUDY POPULATION.....	8
4.3.3 SAMPLE POPULATION.....	10
4.4 SAMPLING TECHNIQUE.....	10
4.5 SAMPLING SIZE DETERMINATION.....	10
4.6study	
variable.....	
.....9	
4.7 MEASURMENTS.....	110
	i
4.7.1 DATA COLLECTION INSTRUMENT.....	110
4.7.2 DATA collection.....	120
4.7.3 DATA collectors.....	120
4.7.4 Data collection and procesing	121
4.7.5 Data quality assurance.....	131
4.7.6 Operational defination	
.....	11
4.7.7 Inclusion	
criteria.....	
.....12	
4.7.8 Exlusion	
criteria.....	
.....12	
4.7.9 ethical	
concideration.....	
.....12	

4.7.10 Beneficiary and benefit of the study.....	12
4.7.11 Dissemination and utilization of the result.....	13
Chapter Five	
5. work plan.....	13
Chapter six	
6 budget proposal.....	14
6.1 personal cost.....	15
6.2 stationary budget.....	15
References.....	21
ANNEX I.....	Error! Bookmark not defined. 3
ANNEX II.....	25
QUESTIONNAIRE- ENGLISH VERSION.....	26
Declaration.....	29

List of table

Table I: Knowledge of respondents regards to number of ANC visit in durame town, kembata tembaro zone, SNNPR, 2008 E.C.
-----17

Table II: Pregnant mother with their time of starting antenatal care in durame town kembata tembaro zone, SNNPR, 2008 E.C.
-----19

Table III: Association of age and ANC practice of respondents in durame town kembata tembaro zone, SNNPR, 2008 E.C.
-----19

Table IV: Association of educational statues of respondents with ANC practice in durame town kembata tembaro zone, SNNPR, 2008 E.C.
-----20

Table V: Association of monthly income with ANC practice of respondents in durame town, kembata tembaro zone, SNNPR, 2008 E.C.
-----20

Table VI: Association of job of respondents with ANC practice in durame town, kembata tembaro zone, SNNPR, 2008 E.C.
-----21

Table VII: Association of number of children they have with ANC practice in durame town, kembata tembaro zone, SNNPR, 2008 E.C.
-----21

Table VIII: Association distance from health institution and practice of ANC in durame town, kembata tembaro zone, SNNPR, 2008 E.C.
-----22

Table IX: Association of knowledge of respondent with practice of ANC in durame town, kembata tembaro zone, SNNPR, 2008 E.C.	-----22
--	---------

Table X: Socio demographic characteristics of respondents in durame town, kembata tembaro zone, SNNPR, 2008 E.C.	-----29
--	---------

iii

LIST OF ANEXES,

APPENDIX I SOCIODEMOGRAFIC CHARACTERSTICS.....

APPENDIX II QUESTIONNAIRE.....

LIST OF ACRONYM

ANC	Antenatal care
BP	Blood pressure
CS	cesarean section
E.C	Ethiopian calendar
G.C	Gregorian calendar
HDP	Hypertensive disorder of pregnancy
Hgb	Hemoglobin
KAP	knowledge attitude and practice
KM	kilometer
MCH	maternal and child health
ML	milliliter
MMR	maternal mortality rate
MPH	masters in public health
MSC	Master of Science
PPH	post partum hemorrhage

RPC	retained placental cotyledon
STD's	sexually transmitted disease
UTI	urinary tract infection
WHO	world health organization

ABSTRACT

Antenatal care is a general and medical care given to pregnant women during pregnancy. The service include dietary and life style advice , examination of weight gain and blood pressure , and addressing any other problems of pregnancy. ANC can play a role in identifying danger sign or predicting complications during delivery by screening for risk factors and arranging for appropriate delivery care. ANC is potentially one of the most effective health intervention program for preventing maternal morbidity and mortality particularly in a place where the general health status of the community is poor.

The objective of this study is to assess knowledge, attitude and practice of pregnant women toward antenatal care in Durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Descriptive, cross sectional community based study will be conducted in pregnant women that are selected by stratified sampling technique in Durame town. The data will be collected systematically by finding pregnant women in each kebele by distributing structured questionnaires. . .

CHAPTER ONE

1.INTRODUCTION

1.1BACKGROUND INFORMATION

Antenatal care also known as prenatal care is a medical and general care given to pregnant women during pregnancy. It consists of routine care that should be given to pregnant women to ensure safe and healthy deliveries. The services include dietary and life style advices, examination of weight gain and blood pressure, and addressing any other problems of pregnancy. (1&2).ANC is an integral component of maternal and child health (MCH) as a part of global strategies for achieving health for all. (3).

ANC is not specific to women with prior medical problems. Women's health and behavior is affected during pregnancy. This in turn affects the condition of the baby. Poor diet, excessive work load and illness like malaria can hold back the development of the fetus. Hence, a pregnant woman requires regular health check up by trained medical service provided to regularly monitoring her condition. (4).

Major activities during ANC visit include hemoglobin (Hgb) measurement to correct anemia, BP measurement to detect hypertensive disorders of pregnancy (HDP) and venereal disease research laboratory (VDRL) for treatment of sexually transmitted disease (STD) and urine analysis for detection of urinary tract infection (UTI) and HDP, and blood film for detection of malaria and other infections and parasitic disease and immunization against tetanus. (5 & 6).

ANC can also play a role in identifying danger signs or predicting complication around delivery by screening for risk factors and arranging for appropriate delivery care when indicated. Risk assessment has proven most useful in the prediction of obstructed labor based on high and poor obstetric history (like caesarian section (CS), still birth). A

history of previous post partum hemorrhage (PPH) or retained placental cotyledon (RPC) may be indicative of a woman at a risk of PPH. All mothers encouraged to registers for ANC as soon as they know they are pregnant. ANC clinic can be held in hospital, health center, private clinic and health post. (7 & 8).

ANC care is more beneficial in preventing adverse pregnancy outcomes when received early in the pregnancy and continued throughout delivery. Early detection of problems in pregnancy helps to make timely referral for women in high risk categories or with complications, this is particularly true in Ethiopia, where three quarters of population live in rural areas and where physical barriers pose challenge to providing health care. ANC is essential for assessing the quality of ANC services. Pregnancy complications are the primary source of maternal and child mortality. Therefore, pregnant women should routinely receive information on the signs of complication and tested for them at all ANC visit. To help assess the quality of ANC services respondents were asked whether they had been advised of complication or receives certain screening test during at least one of their ANC visits. (9, 10 & 11).

There is very huge risk difference among pregnant women in developing and industrialized or developed countries. ANC is potentially one of the most effective health intervention program for preventing maternal morbidity and mortality particularly in place where the general health status of the women is poor. (12).

The world health organization (WHO) currently recommends antenatal visit which are more target oriented. The pregnant woman is expected to have at least four visits. The first visit by the end of the fourth month, the second visit is between 24 to 28 weeks. The third visit at 36 week and the fourth visit at 36 weeks. But, frequent visits are required for mothers having pregnancy risks. (7).

1.2 STATEMENT OF THE PROBLEM

Globally one woman dies each minute as a result of pregnancy related complications. Every year more than 200 million women become

pregnant. For an estimated 585,000 women each year, the complications of pregnancy are fatal. (13 & 14).

WHO, estimates that about 300 million women in the developing countries suffer from short and long term illness due to complications related to pregnancy and child birth. About 529,000 mothers die each year from maternal causes out of which 99% of death from the developing world. About 75% of maternal deaths are due to delivery obstetric complication such as hemorrhage, sepsis, HDP, obstructed labour and prolonged labour and unsafe abortion. (15)

In Ethiopia the level of maternal mortality and morbidity are among the highest in the world and the current estimate of maternal mortality rate(MMR) is 676 per 100,000 live birth and it is reported that maternal death account for 29.6% of all death.(11)

There is regional variation in ANC utilization rate. Basically, it is due to difference in availability of health care facility among the region. During 2000-2010 G.C ANC coverage rates for one visit and four visits for the whole of Africa was 74% and 44% respectively. But it is 97% for both visits in developed countries. (16 &17)

ANC coverage of Ethiopia is 33.9%. Who received from skilled providers, that is from doctors, nurses and mid wife. In SNNPR, pregnant women's who received ANC from skilled provider is 27.3% from which 45.5% of pregnant mothers who received ANC are from urban area and 14.4% are from rural area.(15 &19).

There are five major cause of maternal mortality in our country. From this four of them are due to pregnancy and pregnancy related complications (5). This complication can be due to lack of ANC follow up. There are multiple factors that hinder the mother not to start ANC follow up. So, **the main aim of our research is to identify this factor and to recommend responsible persons or stake holders.**

CHAPTER TWO

2. LITRATURE REVIEW AND SIGNIFICANCE OF STUDY

2.1 Literature review

Safe motherhood is universally accepted as imperative by all governments and it should ensure that all women receive the care they need to be safe and healthy throughout pregnancy and child birth. It is generally assumed that safe motherhood ends with healthy mother and baby. (20).

Accessibility of health service has been shown to be an important determinant of utilization of health service in developing countries. In most rural areas in Africa, one in three women lives more than five kilometers from the nearest health facility. (21).

There is large difference in the use of ANC in urban and rural women. It is 76% in urban area while, 26.4% in rural. Regional difference in the use of ANC is quite significant. 93.6% of mothers in Addis Ababa are receiving the service from skilled providers as compared with 21.5% of mothers in Somalia region. (15). This large difference in urban and rural area may be due to lack or shortage of health institutions and skilled providers, in accessibility of health institutions nearby to the society, shortage of transport facility, difference in awareness of mothers in urban and rural area and economic statues of the society.

A research conducted in Jimma town indicates that, a total of 307 women who were pregnant for 6 month and above founding during the study period were all enrolled giving a response rate of 100%. The mean age study subject was 25.9 years with the maximum and minimum age being 40 and 15 years respectively. ANC utilization in this study is 90.6%. (22).

The use of ANC also strongly related with the mothers level of education. 90.9% of mothers received ANC who have educated more than secondary

school, 85.5% of mothers who educated secondary school, and 45.5% of mothers who educated primary school and 25.1% are illiterate. (15). So this shows that as the mother educated the usage of ANC service increase.

A research conducted in metekel zone, North West Ethiopia indicated that, of 1060 sampled mothers, data were collected from 1038 mothers giving respondent rate of 97.9%. Five hundred seventeen (49.8) of the respondent has at least one visit during the pregnancy of their last deliveries. Five hundredtwenty one (50.2%) are non users, of them lack of awareness accounting 51.4% and absence of health problem during pregnancy accounting 49.9% (23). This research showed that the main factors that hinder ANC utilizations are lack of awareness and lack of medical complication during pregnancy.

Data were collected from 1038 mothers showed that 681(65.6) of mothers have knowledge on ANC. Of them 73.4% receive ANC and 26.6% who didn't receive ANC. 357(34.4%) of mother have no knowledge about ANC. But, 4.8% of them receive ANC and 95.2% who didn't receive ANC. (23). This shows that knowledge on affects mother's utilization of the care.

A research conducted in yam specialwereda, south eastern Ethiopia shows that, data on ANC were collected from 627 mothers making response rate of 93.6%. One hundred seventy nine (28.5%) were reported to have received ANC at least once during their last pregnancy.

A study in India shows that only 27.6% women without antenatal care follow up prefer institutional delivery compared to higher percentage (51.7%) women who had antenatal care follow up (24).

2.2 SIGNIFICANCE OF STUDY

Provision of ANC service for pregnant mother is important to prevent early and late pregnancy complications, to provide vaccination and other medical services for the mother and to prevent maternal and child

mortality. Even though, Ethiopian government has made the service free of charge but its utilization is very low.

This study is conducted to assess knowledge, attitude and practice of pregnant mother toward ANC; and the gap between the knowledge they have and the practice they act on ANC. If the mother have good knowledge and attitude, **we simply prevent and decries maternal and child morbidity and mortality.**

This research will be conducted to provide a base line data for further reference, source of information for health survey and base line data for health institution in ANC.

CHAPTER THREE

3. OBJECTIVES

3.1 GENERAL OBJECTIVE

- ❖ To assess knowledge, attitude and practice of pregnant women toward antenatal care in durame town, kembata tembaro zone, Ethiopia, 2005 E.C.

3.2 SPECIFIC OBJECTIVE

- ✚ To assess knowledge of pregnant mother's toward antenatal care in durame town.
- ✚ To assess attitude towards ANC of pregnant mother's toward antenatal care in durame town.
- ✚ To assess practice of pregnant mother's on antenatal care in durametown.

CHAPTER FOUR

4. METHEDODOLOGY

4.1 STUDY DESIGN

Quantitative, descriptive, cross-sectional community based study will be conducted in durame town. The data will be systematically collected from selected pregnant women in each kebele to assess knowledge, attitude and practice of pregnant women's toward ANC from February 15 to March 23, 2008E.C. Oral consent will be taken from respondents before distributing questionnaires. The data will be analyzed using SPSS v 16.0 soft ware, scientific calculators and will be presented by tables and graphs.

4.2 STUDY AREA AND PERIOD

Study will be conducted in the durame town, which is the center of administration of Kembata Tembaro zone. Durame town is found in SNNPR, Ethiopia. It is located at 350 kilo meter south of A.A and 125 kilo meter south west of Hawassa city. Its boundaries are Halaba special woreda in the east, Angacha woreda in the west, Denboya woreda in the south and Kachabira woreda in the north. It has an area of 1600 hectare from this 22%is mountainous , 28% is gorges and hills, 20% plain field and 30% is mixed topography. It has an altitude of 2000-2200meter above sea level with Dega climatic condition. .In the town there are 10 governmental and 9 nongovernmental schools. There are 2 government health center, one missionary health center and one general hospital. The study will be conducted from February 15_March23 2016 G.C in durame town to assess the KAP of pregnant mother toward ANC.

4.3 POPULATION

4.3.1 SOURCE POPULATION

All women who are in reproductive age group (15-49) years in durame town.

4.3.2 STUDY POPULATION

All pregnant women in each kebele of durame town which will be included in the study.

4.3.3 SAMPLE POPULATION

Selected pregnant women live in all kebele of durame town during study period will be included.

4.4 SAMPLING TECHNIQUE

Stratified sampling technique will be used to assess KAP pregnant women's toward ANC in all kebele of durame town. The sample will be proportionally divided to each kebele and equally distributed to each village. The data will be collected systematically by finding pregnant women in each village.

4.5 SAMPLING SIZE DETERMINATION.

Accordingly sample size will be calculated as:

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$

Where, n= sample size

p= ANC coverage in SNNPR=27.3%

z= confidence interval at 95%

d=margin of error (5%)

4.6 study variables

DEPENDENT VARIABLE

- ✚ Knowledge
- ✚ Attitude
- ✚ Practice

INDEPENDENT VARIABLES

- ♣ Age
- ♣ Educational status
- ♣ Religion
- ♣ Family size
- ♣ Monthly income
- ♣ Distance from health institution

4.7 MEASUREMENTS

4.7.1 DATA COLLECTION INSTRUMENT

Structured questionnaires will be used to collect quantitative data from reproductive group women who are currently pregnant. The questionnaire will be developed after reviewing relevant literatures to the subject to include all the possible variables that address the objective of the study. The questionnaire will be first prepared in English and then will be translated to Amharic and back to English to maintain the consistency of the contents of the instrument.

4.7.2 DATA COLLECTION

Data will be collected by distributing structured questioner to pregnant mothers in all kebele of durame town.

4.7.3 DATA COLLECTORS

Data will be collected in durame town by our group member of fourth year midwifery students in Wolaita University College of medicine and health science.

4.7.4 DATA ANALYSIS AND PROCESSING

The collected data will be compiled, analyzed and processed by SPSS version 16.0 software and scientific calculator. Chi-square(χ^2) will be calculated to analyze association between variables; and Odds ratio will be calculated to analyze their strength.

4.7.5 DATA QUALITY ASSURANCE

Pretest on five percent of the sample size was conducted in the near kebele. Vague terms, phrases and questions identified during the pretest was modified and changed. Missing responses like "No response" and "Others" were added and skipping patterns were also corrected. We all group members discussed in detail about how we ask respondents and take the common understandings on the questioners.

4.7.6 OPERATIONAL DEFINITION

ANEMIA: - it is reduction in the number of circulating red blood cell which results in decreasing oxygen carrying capacity of the blood. This means hemoglobin level of less than 11g/dl or hematocrite of less than 33%.

ANTENATAL CARE: - is a medical and general care given to pregnant women during pregnancy.

CHILD MORTALITY: - death of children before the reach of five years old.

HYPERTENSIVE DISORDER OF PREGNANCY: - is a disorder that occurs during pregnancy when systolic blood pressure ≥ 140 mmhg measured on two occasion at least 6hours apart or single blood pressure of ≥ 110 mmhg.

MATERNAL MORTALITY: - death of women while they are pregnant or within 42days of termination of pregnancy irrespective of the site and duration of pregnancy, from any condition related to or aggravated by the pregnancy or its management but not from accident or incidental cause.

OBSTRUCTED LABOR: - failure of descent of the fetus in spite of good uterine contraction.

SEXUALLY TRASMITED DISEASE: - are diverse group of infection caused by different types of microbial agents that are frequently transmitted by sexual contact.

URINARY TRACT INFECTION: - is an acute infection of urinary tract

GOOD KNOWLEDGE ON ANC: - mothers who have awareness on ANC and score $\geq 50\%$ of knowledge related questions.

POOR KNOWLEDGE: - mothers who score less than 50% of knowledge related questions.

POSITIVE ATTITUDE ON ANC: - mothers who score more than or equal to 50% of attitude related questions.

NEGATIVE ATTITUDE:-mothers who score less than 50% of attitude related questions.

GOOD PRACTICE:-mothers who start ANC follow up currently.

BAD PRACTICE: - mothers who have no any ANC follow.

4.7.7 INCLUSION CRITERIA

Women who are pregnant currently and voluntary to participate on study.

4.7.8 EXCLUSION CRITERIA

Woman who didn't fulfill inclusion criteria and seriously ill.

4.7.9 ETHICAL CONSIDERATION

Approval to conduct this study will be obtained from the School of Nursing and Midwifery at Wolaita University.

The purpose of the study will be clearly explained to each of study participants before distributing the questioner. Permission will be taken from Durame town and selected kebele administrators with formally written letter from durame health office. Oral consent will be taken from respondents before distributing questionnaires.

4.7.10 BENEFICIARY AND BENEFIT OF THE STUDY

Durame health bureau, health center health extension workers will benefit from this study knowing the reason why pregnant women non attendant ANC.

At last but not least, the community benefit with strategy of the health bureau to increase ANC follows up.

It may serve as a reference for other student who preparing for a research and as a base line data for other research's in the different parts of the country.

4.7.11 DISSEMINATION AND UTILIZATION OF THE RESULT

Study will be submitted to CBE office and school of Nursing and Midwifery, Wolaita Sodo University College of Medicine and health Sciences and concerned body

CHAPTER 5

5.1 Work Plan

Gant chart for assessment of KAP on pregnant women toward ANC in Durame town kembata zone SNNPR Ethiopia.

S. N o.	Task to be performed	Respo nsible person	Januar y (15/01 /2016	Febru ary 20/ 2/201 6	28/02/ 2016	3/03/ 2016	5/03 /201 6	10/0 3/20 16	20/0 3/20 16	31/0 3/20 16
1	Topic selection	Group								
2	Prepare proposal& submit to advisor	Group								
3	Preparation of study stool	Group								
4	Getting permission from concerned body	Group								
5	Prepare for field work	Group								
6	Selection of data collection	Group								
7	Pre test	Group								

8	Data collection	Group								
9	Preliminary work & data checking	Group								
10	Data handling	Group								
11	Data processing &analysis	Group								
12	Formatting & compilation	Group								
13	Monitoring	Group								
14	Discussion &recommend ation	Group								

Chapter 6

6. BUDGET PROPOSAL

Budget proposal to conduct research on assessment of KAP on pregnant women toward ANC in Durame town Kembata zone SNNPR Ethiopia.

6.1 Personal cost

Showing the distribution of Personal cost

S.No.	Items	Unit price(birr)	Quantity	Total

1	Data collector	80	5	400
2	Transport	30	4	120
3	Secretary	4	30 (page)	120
4	Contingency			200
	TOTAL			840

6.2 Stationary budget

Showing the distribution of Stationary budget

S.No.	Item	Unit Price(birr)	Quantity	Total(birr)
1	Paper for duplication	120	1 pack	120
2	For printing	3	30 page	90
3	Pen	5(lexi5)	8 pens	40
4	Pencil	2	5 pencil	10
5	Eraser	5	4	20
6	Sharpener	5	2	10
7	Photo copy	0.5	30	15
8	Binding	10	5	50
9	Marker	5(different)	10	50
	Total			285

Showing the distribution of grand total cost.

grand total	Cost(birr)
Personal costs	520
Stationary costs	282
Transportation	120
Total	922

Contingency	200
Grand total with contingency	1122

Table I Knowledge of respondents regards to number of ANC visit in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Number of visit	Frequency(N)	Percent (%)
Did not visit		
Once		
Twice		
Three times		
Four and above		
Total		

Table II Shows pregnant mothers with their time of starting antenatal care in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Time of the first visit	Frequency(N)	Percent (%)
Within the first 4 month		
5-8 month		
At 8 th month		
At 9 th month		
Total		

Table III Association of age and ANC practice of respondents in durame, kembata tembaro zone, SNNPR, 2008 E.C.

Age	ANC utilization			Calculated value X ²	Odds ratio	P-value
	Yes	No	Total			
15-34						
35-49						
Total						

There is statistically significant association between age of respondent and ANC utilization (df=1)

Table IV Association of educational status of respondents with ANC practice in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Education status	ANC utilization			Calculated value X ²	P-value
	Yes	no	total		
Less than 8					
Secondary (9-12)					
College and university					
Total					

Table V Association of monthly income with ANC practice of respondents in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Monthly income	ANC utilization			Calculated value X ²	Odds ratio	p-value
	Yes	No	Total			

Below 1000						
1000 and						
above						
Total						

Table VI Association of job of respondent with ANC practice in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Job	ANC utilization			Calculated value X ²	P-value
	Yes	No	total		
House wife					
Student					
Farmer					
Merchant					
Government employer					
Total					

Table VII Association of number of children they have and ANC utilization in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Number of children	ANC utilization			Calculated value X^2	Odds ratio	P-value
	Yes	No	Total			
Less than four						
Four and above						
Total						

Table VIII Association of distance from health institution and ANC practice of respondents in durame town, kembata tembaro zone, SNNPR, 2008 E.C.

Distance from HI	ANC utilization			Calculated value X^2	Odds ratio	P-value
	Yes	No	Total			
Less than 4km						
4km and above						
Total						

TableIX Association of knowledge on ANC of respondents to practice of ANC in durame, kembata tembaro zone, SNNPR, 2008 E.C.

Variable	ANC utilization			Calculated value X^2	Odds ratio	P-value
	Yes	No	Total			
Knowledge on ANC						

Yes						
No						
Total						

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APPENDIX I

SOCIO DEMOGRPHIC CHARECTERISTIC

Table X Socio demographic characteristics of respondents in durame town, kembata tembaro zone, SNNPR, 2005 E.C

Variables	Frequency(N)	Percentage (%)
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Age 15-19 20-24 25-29 30-34 35-39 40-44		
Marital status Married Single		
Educational status Illiterate Read and write 1-8 9-12 College or university		
Monthly income Less than 500 birr 500-1000 birr Greater than 1000 birr		
Distance from health institution Less than 2 3-4km		

Greater than 4km		
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APPENDIX II

QUESTIONNAIRE- ENGLISH VERSION

WOLAITA SODO UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

QUESTIONNAIRE PREPARED TO ASSESS KNOWLEDGE, ATTITUDE AND PRACTICE OF PREGNANT MOTHERS TOWARD ANTENATAL CARE IN DURAME TOWN, 2016 G.C.

CONSENT

Good morning/afternoon! How are you? My name is _____.

I am a student of Wolaita Sodo University College of medicine and health sciences. Now I and my colleagues are conducting a study on KNOWLEDGE ATTITUDE AND PRACTICE OF PREGNANT MOTHERS TOWARD ANTENATAL CARE IN DURAME TOWN. I assure you that the information that you are going to give will be kept in secret. We will not take your name. Therefore, you are free to respond or not to respond the questions. Your support and willingness in responding the questions will be very important for the success of this study. Do you agree to participate in this study? Yes _____ No _____

If no, go to the next house.

THANK YOU FOR YOUR COOPERATION.

INSTRUCTION:-ANSWER THE FOLLOWING QUESTIONS ACCORDINGLY.

SECTION ONE:-Socio demographic characteristics

- 1.1 Age in year _____
- 1.2 religion _____
- 1.3 marital statuses _____
- 1.4 ethnicity _____
- 1.5 Educational status _____
- 1.6 Do you have children? A yes B no
- 1.7 If "YES" how many children you have? _____
- 1.8 Your job _____
- 1.9 Your monthly income in birr _____
- 1.10 How far is your house from health institution _____

Part II: SECTION TWO KNOWLEDGE ABOUT ANC

- 2.1 Do you know about Antenatal care? A yes B no C no response
- 2.2 If your answer for question number 2.1 is "YES", what is your source of information?
- A. radio and TV D. books
- B. health institution E. news paper and magazine
- C. health extension workers F. Others specify _____
- 2.3 What is the importance of ANC? (More than one answer is possible).
- A for child spacing D for preventing maternal and child mortality
- B for prevention of STD's E for immunization
- C for treating complication of pregnancy early F others specify _____
- 2.4 How many time a pregnant mother at least visit ANC?
- A once B Two C Three D Four E more than four
- F never use

2.5 When does the first visit took place?

- A at first missed period D during labour
B within the first 4 months E during illness
C at 9 month F others specify _____

2.6 Where do you think that safe place to delivery?

- A home B health institution C others specify _____

2.7 If 'home' by whom do you want to give birth?

- A Trained traditional birth attendant D Relatives
B Traditional birth attendant E Others _____
C health extension workers

SECTION III: ATTITUDE TOWARD ANC

3.1 If your answer for question number 2.1 is "NO" do you want to know about ANC know? A yes B no C no response

3.11 If your answer is "NO" what is your reason _____

3.2 Do you think all pregnant women should use ANC service?

- A yes B no C no response

3.3 Do you oppose those women's who use ANC service?

- A yes B no

3.3.1 If your answer is "YES" what is your reason _____

3.3.2 If your answer is "NO" what is your reason _____

3.4 Do you discussed about ANC with your husbands' or friends?

- A yes B no C no response

3.4.1 If your answer is "NO" what is your reason _____

SECTION IV; PRACTICE OF ANC

4.1 Are you attending ANC before?

- A yes B no

4.2 Are you practicing it now?

- A yes B n

4.3 If "YES" when do you start _____

4.4 If "NO" for the above Q what is your reason? _____

4.5 If "NO" for Q4.2 Do you have any plan to use antenatal care service in the future?

A yes B no C no response

4.6 If "NO" for Q4.5 what is your reason_____

4.7 What services do you received during antenatal care? (More than one answer is possible)

A. Blood pressure measurement

D. Immunization

B. Health education

E. Urine analysis

C. Blood group

F. others

specify-----

4.8 From whom you receive the service?

A from doctors B nurses C midwives

D health extension workers E other specify_____

THANK YOU!!!

Data collectors

Advisors

/Supervisors

Name _____

Name_____

Date _____

Date_____

Signature _____

Signature_____

DECLARATION

This study will be carried out by five member students of Wolaita Sodo University College of medicine and health science, department of midwifery 2008 E.C graduate. The study concerns about KAP of pregnant women towards ANC. is our own work and that all sources that we will be used and will be acknowledged by means of complete references.

Name of principal investigator

signature

date

1. Jemal Heiru	-----	
HSC/R/077/2005		
2. Demeke Bafa	-----	
24/06/2013		
3. Ayelech Metebo	-----	
24/06/2013		
4. Zebuwa Samuel	-----	24/06/2013
5. Meskerem Alemayhu	-----	24/06/2013