

**UTILISATION OF ANTENATAL CARE SERVICES IN
POST CONFLICT AREAS: THE CASE OF ERUTE
SOUTH AND OTUKE HEALTH SUB DISTRICTS
IN UGANDA**

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ABSTRACT

Antenatal care (ANC) plays a critical role in the improvement of women's health and their babies. Socio-demographic, quality and access factors have been found to influence use of ANC services in normal settings but little was known about the same in post conflict areas. The influence of; distance to health facilities, quality of ANC services, and socio-demographic factors, on use of ANC services in Otuke and Erute South health sub districts were assessed.

A community-based cross-sectional survey design was applied involving 188 Otuke women and 198 Erute South women. Data were collected using structured questionnaires and analysed at univariate using frequencies and percentages / proportions, bivariate using Pearson's Chi-square tests and at multivariate level using logistic regression, all in STATA V.9. Socio-demographic characteristics, access to health facilities, ANC quality, and women's attitudes regarding services offered in Otuke and Erute South, were compared on the basis of having used ANC services or not. Odds ratios with their 95% CI for antenatal care were calculated.

Spousal support by providing of information on signs of pregnancy complications and accompanying women during ANC visits was significantly associated with ANC use in Otuke. Parity, quality of ANC services and spousal support by providing of information on signs of pregnancy complications were significantly associated with use of ANC in Erute South. Women in Otuke who did not receive information on signs of pregnancy complications from their spouses were less likely to use ANC services than those who received it (OR=0.3, 95%CI: 0.1 - 1.0); while those who were accompanied on a few ANC visits were also less likely to use ANC services than those who strongly agreed to have been accompanied often (OR=0.5, 95%CI: 0.2 - 1.0).

In Erute South, women with 5 or more births were 3 times more likely to use ANC services compared with those who had 1 birth or 2 (OR=3.0, 95%CI: 0.1 - 0.9). Women who perceived quality of ANC services to be good were 3 times more likely to use ANC services compared to those who perceived the services as poor (OR=3.0, 95%CI: 1.5 - 5.3). Likewise, women who received little or no information on signs of pregnancy complications from their spouses were less likely to use ANC services than those who received it (OR=0.4, 95%CI: 0.2 - 1.0)

Policy makers and other stakeholders should focus on: improving quality of ANC services and raising community awareness with spousal involvement and parity specific messages. More research should be carried out to determine other factors including psychological trauma influence use of ANC services in post conflict areas where people were displaced and just returned.