

Maternal health service utilization in the Health and Demographic surveillance sites in Ethiopia 2010-2014

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Presentation outline

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Introduction

- A women's health is critical to her own life, and to the well-being of her family, and the economy of her community and her country
- That is why world leaders gave a central place to maternal health and gender equality

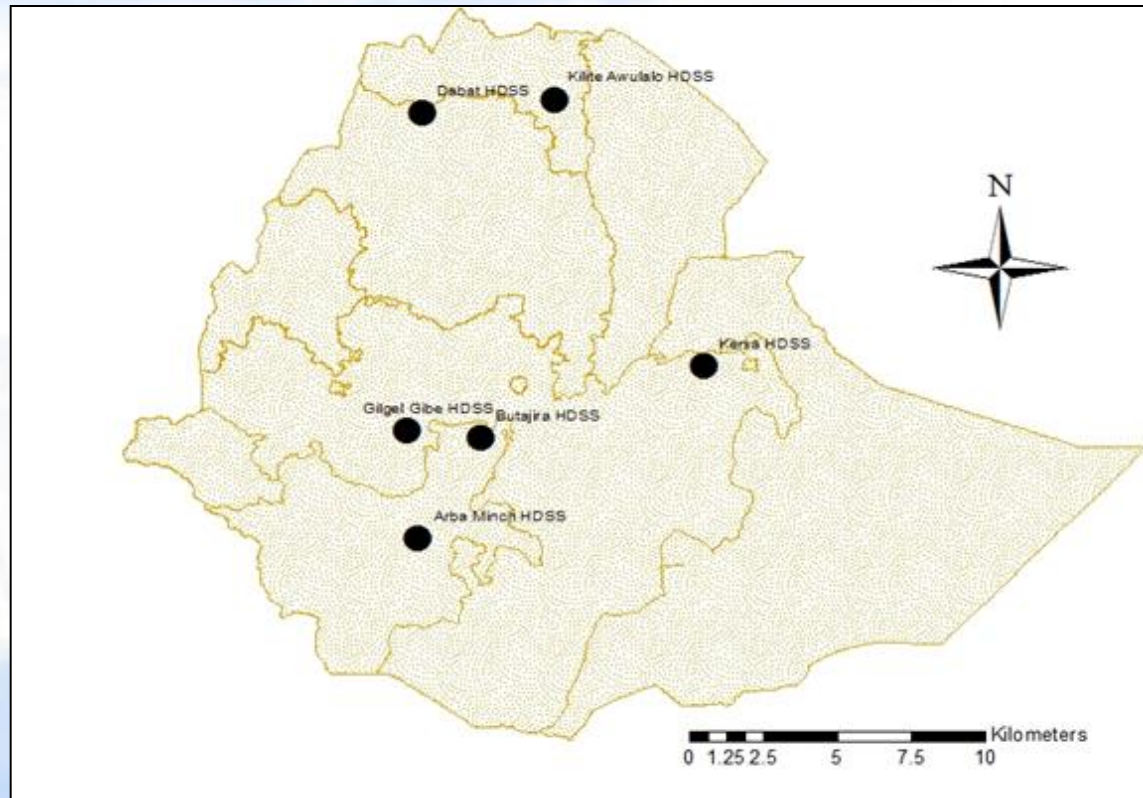
Introduction....

- The health care that a mother receives during pregnancy, at the time of delivery and soon after delivery is important for the survival and well-being of both the mother and the child

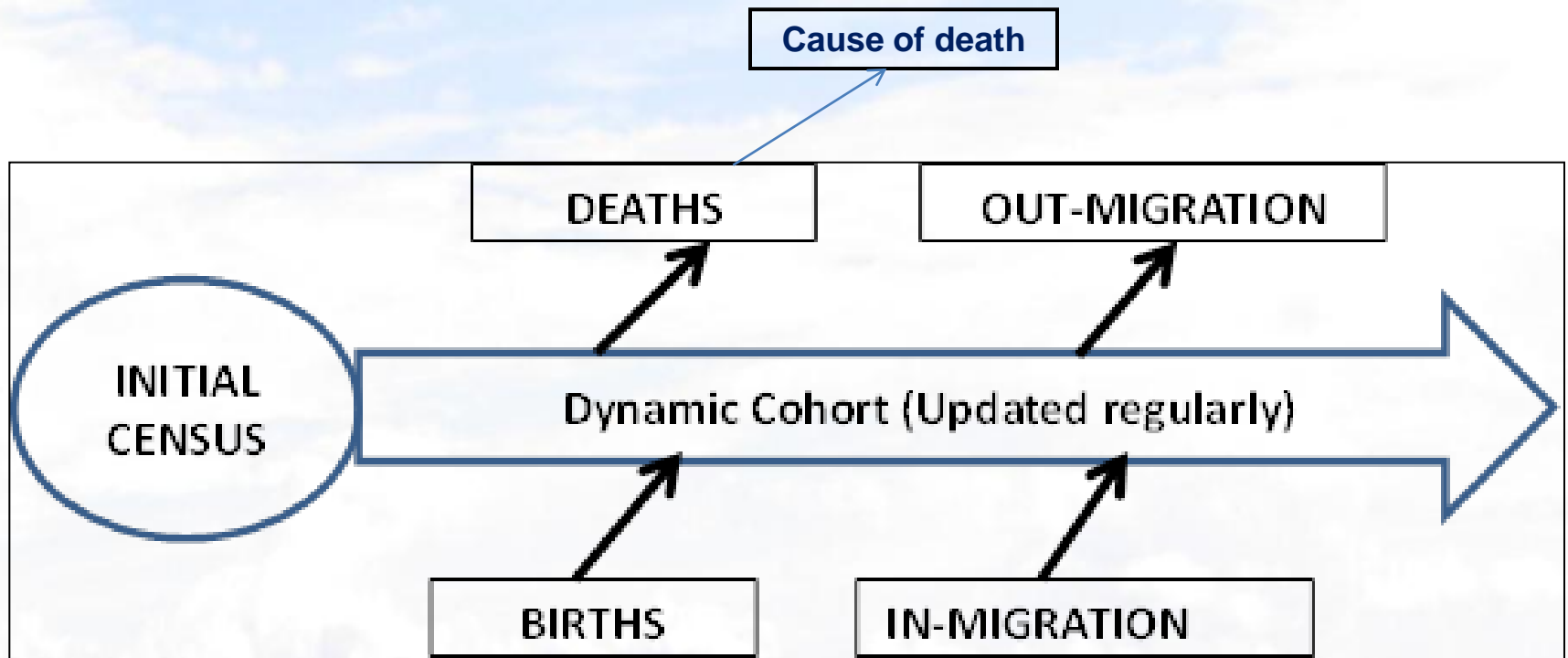
Objectives

- Assess the magnitude of antenatal care use and place of delivery among women of childbearing age of HDSS sites in Ethiopia
- To determine the level and pattern of fertility among residents of HDSS sites in Ethiopia

Location of HDSS sites



The surveillance model



– registration of marital status change among women

Methods

- The research centres follow an open dynamic cohort
- update the population every 3 to 6 months
- This analysis done using the pregnancy observation women of childbearing ages and pregnancy outcome registration collected from women who gave birth in the HDSS sites

Key findings

- a total 28,839 pregnant mothers were recorded over six years in five HDSS sites over the five years
 - Of these 12,140(42.1%) attended at least one ANC visit and only 11.6% completed the recommended 4 visits
- A total of 42,960 women were registered in pregnancy outcome surveillance record in the six year period
 - Of these 98.5% had Live birth, 26.2% of the deliveries were conducted in health institutions (Hsp, HC, HPs & Private clinics)

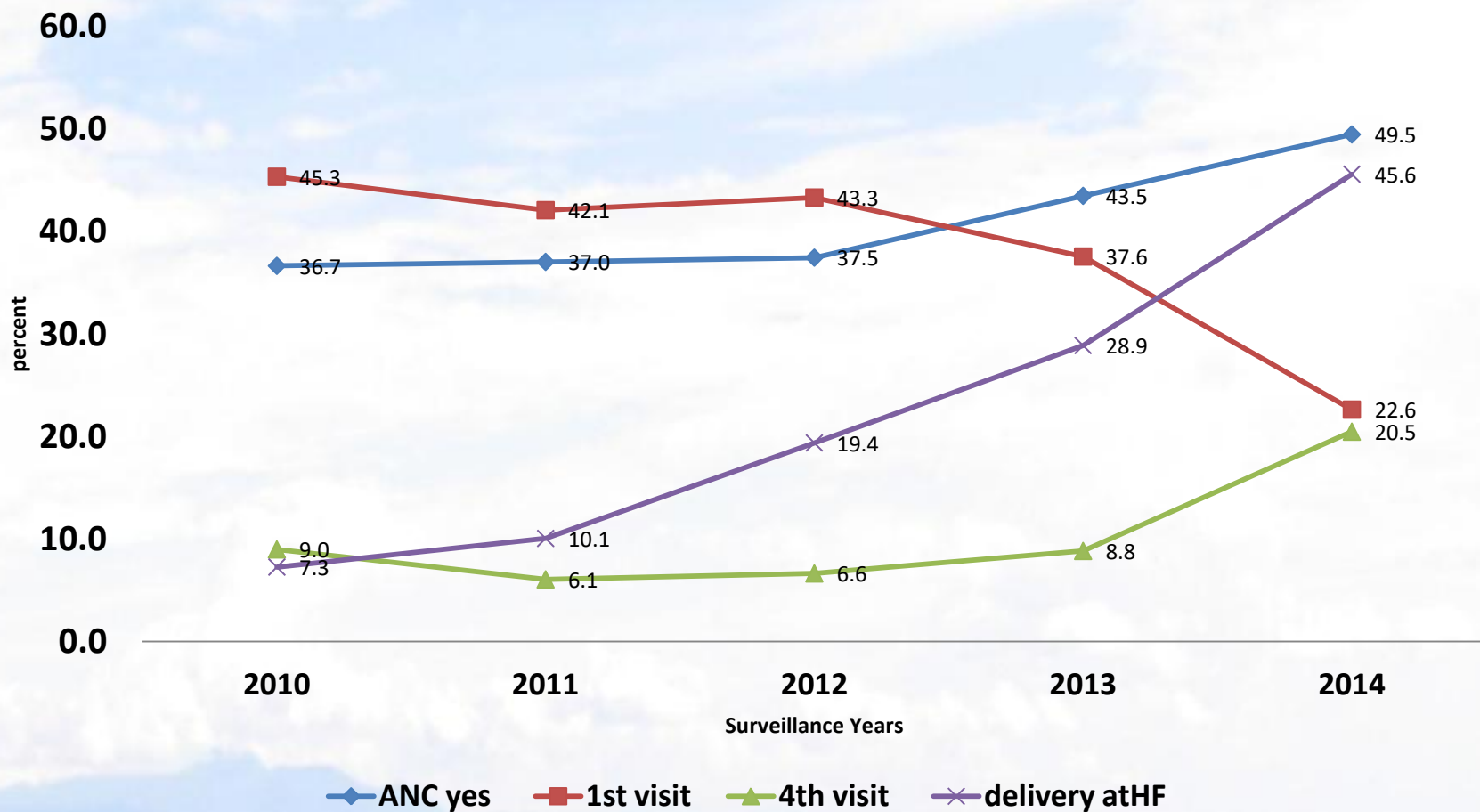


Fig 1. Trends in ANC & HF delivery use In five HDSS in Ethiopia 2010-2014



Fig 3 proportion of women who did not attend ANC by GA 2010=2014

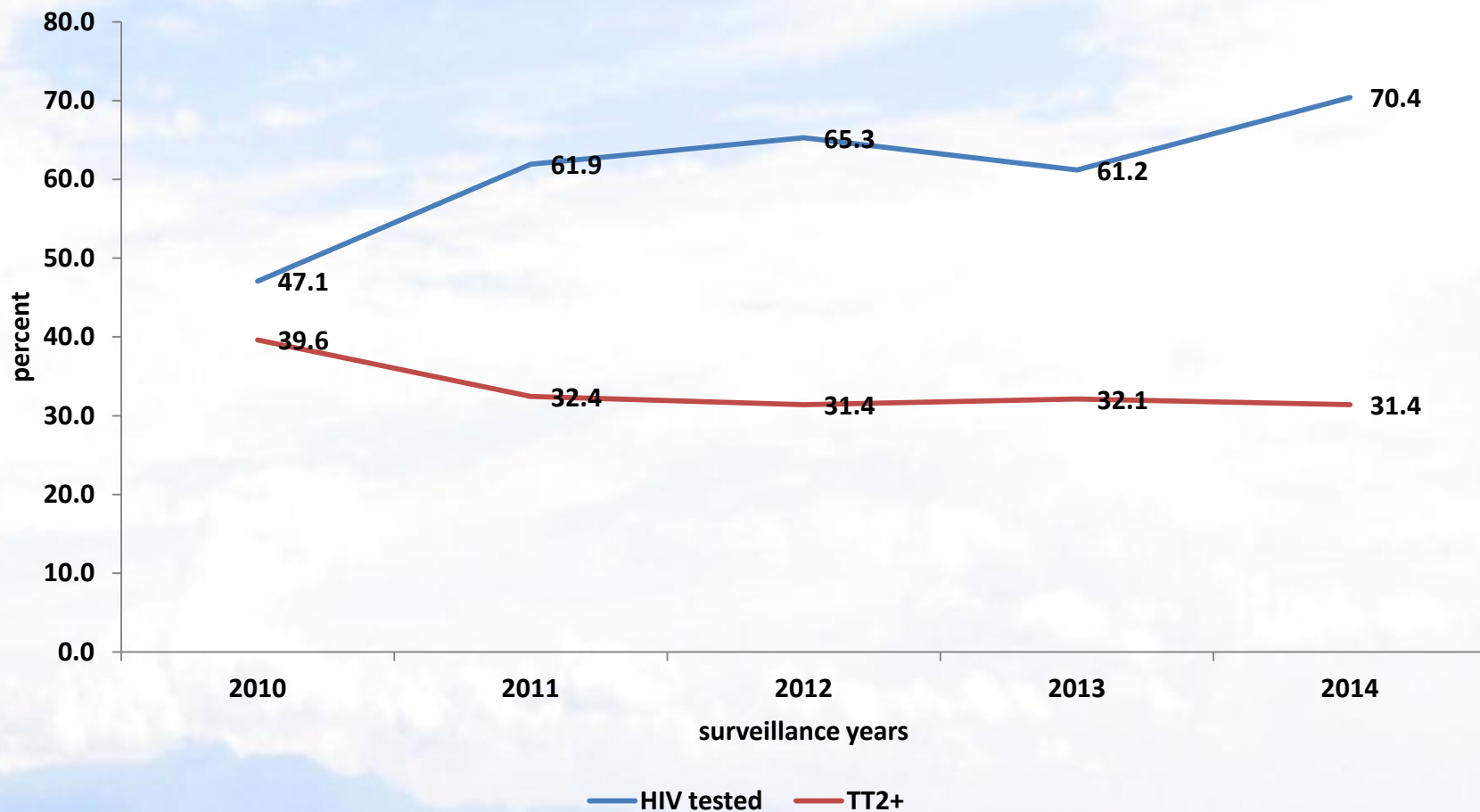


Fig 4 proportion of women with HIV test status and TT2+ vaccination

Conclusion

- Adverse pregnancy outcomes can be avoided if a mother received care early in the pregnancy and continued through delivery.
- However 57.2% women in the HDSSs are not using ANC services.
- ANC service is an entry point to provide curative and preventive services for the mother, but only 31.8% of pregnant women tested for HIV and 25% took TT2+ vaccination.
- Still 73% mothers deliver at home without skilled attendant

Policy recommendations

- To reduce health risks to mothers and newborns
 - Proportion mothers receiving care and babies that are delivered in health facilities should be increased
- Therefore, the existing strategies in awareness creation on mothers and community on the associated negative risks of home delivery
- strategies to reduce missed opportunity for the utilization of existing services
- HDSSs platform can be used for possible future studies using the qualitative approach to study issues associated with the low utilization of maternal health services

A scenic landscape featuring a wide river flowing through a valley. The river is surrounded by lush green hills and vegetation. In the background, there are more hills and a clear blue sky with scattered white clouds. The overall scene is bright and open.

Fertility levels and trends in the Health and
Demographic surveillance sites, Ethiopia 2010-2014

Introduction

- Fertility is one of the three principal components of population dynamics
- Ethiopia, like most countries in sub-Saharan Africa, is characterized by rapid population growth, which is influenced by a high level of fertility

Introduction

- High fertility can increase maternal and child mortality
 - Continuous child-bearing can have a negative impact on maternal health
 - Nutritional status depletion
 - Closely-spaced births (<18 months apart) & low birth weight babies (<2,500g) at higher risk

Introduction....

- Fertility patterns in the world have changed dramatically over the last few decades
- Global fertility has reached low levels **2.5 children** per woman(UN 2015)
- In many sub-Saharan African countries remain high
- The total rate for the region is estimated to **be 5.1 births** per woman
- High rates of fertility in these countries are likely to contribute to continued rapid population growth

Introduction....

- Knowing fertility patterns are directly relevant for the implementation of the 2030 Agenda for Sustainable Development and policymaking and program planning

Key findings

Table 1: population under surveillance 2010 -2014

Surveillance years	Urban	Rural	Total
2010	77118	273563	350681
2011	79085	280574	359659
2012	80891	283216	364107
2013	84187	286229	370416
2014	88763	291993	380756

Key Findings.....

- A total of 47,567 live Births registered in the surveillance years in the six HDSS site
- crude birth rate of the population range from 25.2 to 28.2 per 1000 population over the five years period
- General fertility rate range from 103.9 to 120.0 per 1000 women over the five years period
- ASFR was highest among the age group 25–29 years in all the surveillance years (183.3 per 1000 women in 2010 and 169.1 per 1000 women in 2013)

Table 2: fertility indicators 2010 -2014

surveillance year	CBR	TFR	GFR	GRR
2010	28.2	3.7	120.0	1.80
2011	25.4	3.3	105.8	1.64
2012	25.2	3.2	103.9	1.58
2013	26.9	3.5	109.4	1.69
2014	25.9	3.3	104.2	1.61

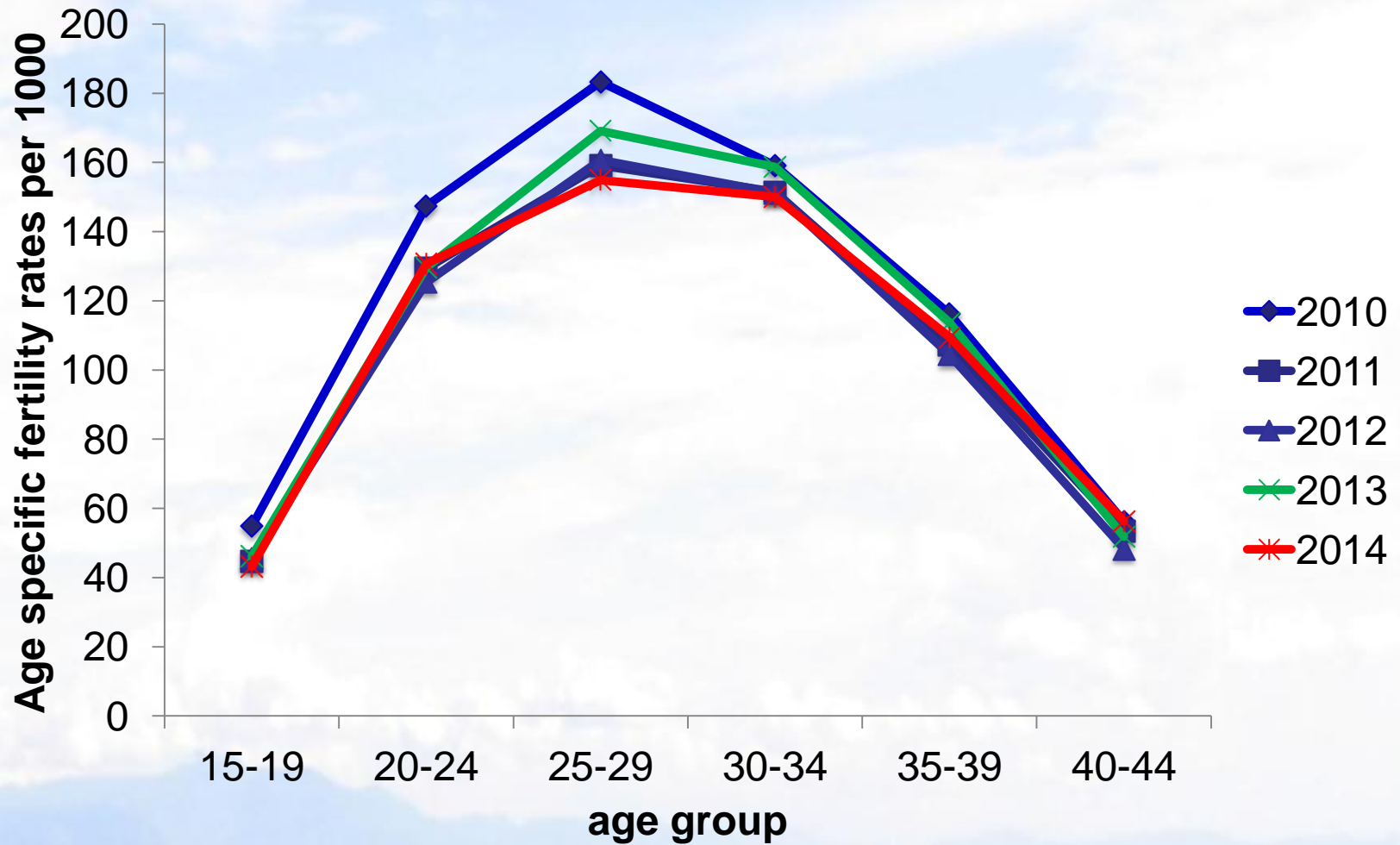


Fig. 1: Age specific Fertility Rates by surveillance year

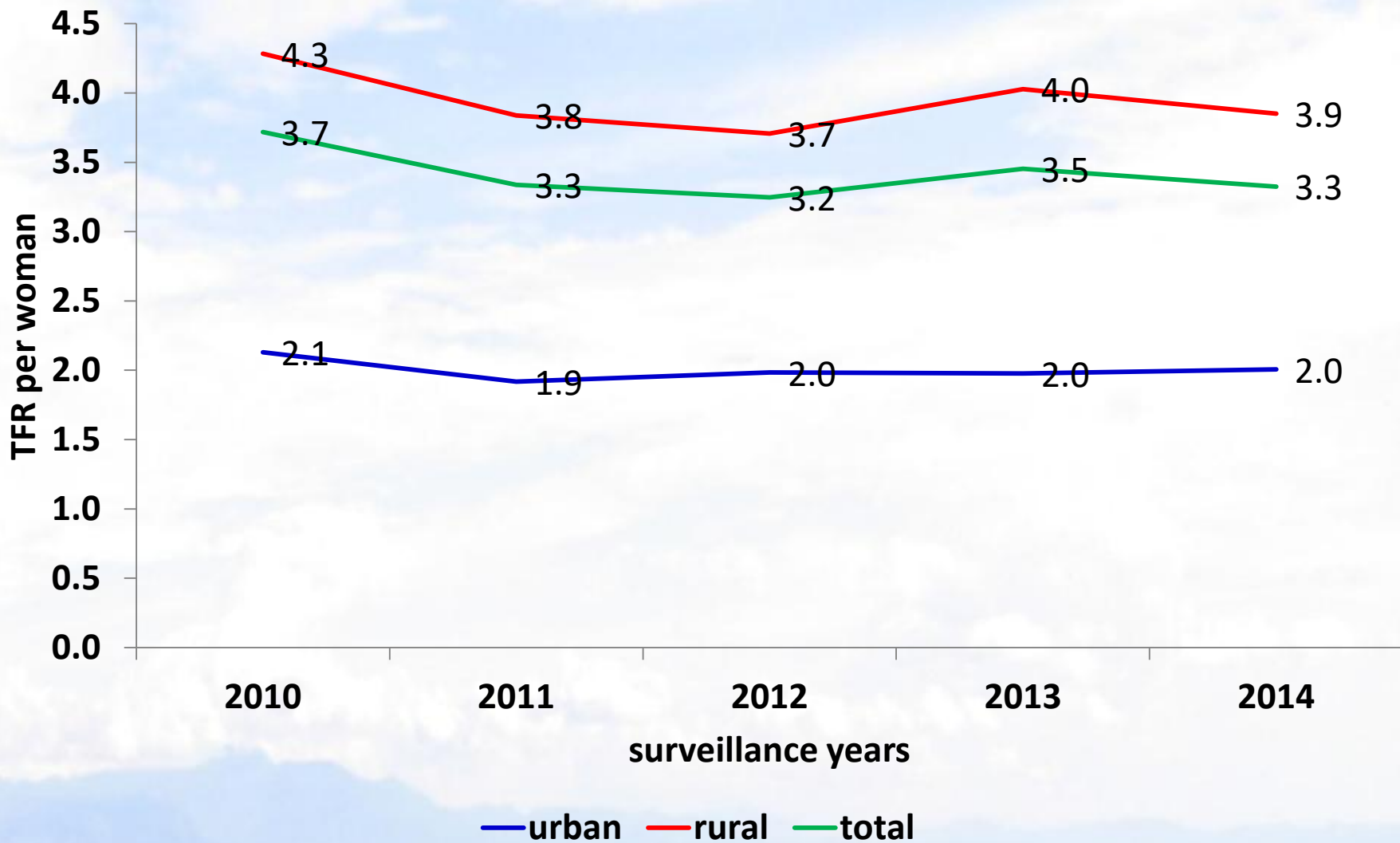


Fig 2: trends in TFR by year and residence

Conclusion

- Fertility is a **major contributor** to population growth in many countries with projected fast population growth
- In line with increased contraceptive use fertility indicators are lower in the HDSS site as compared to the national figure
- However, most fertility indicators did not show any significant decline during the surveillance years
- The urban rural difference in **CBR and TFR** is quite significant

Policy recommendations

- The country's plan for the year 2020 is to reach a TFR of 3,
- Therefore, strengthening the health system in terms human resource and infrastructure for better provision of maternal health services including family planning services should be a priority

Recommendations.....

- Increasing human capital investment in health and girls schooling to reduce the risk of exposure to early pregnancy and child bearing
- Providing alternative income generation schemes for rural women
- Empowering community through social mobilization to **ensure community ownership** for health and development

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Acknowledgment

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- INDEPTH Network

Thank you!!!