Correlates of late initiation and underutilisation of the recommended eight or more antenatal care visits among women of reproductive age: insights from the 2019 Ghana Malaria Indicator Survey

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This study assessed the correlates of late initiation and underutilisation of the WHO’s recommended eight or more antenatal care visits among women in Ghana. We analysed secondary data from 2163 women in the 2019 Ghana Malaria Indicator Survey, which collected data on malaria and antenatal care indicators among women of reproductive age across the previous 10 regions of Ghana. The main outcome measures were late initiation and underutilisation of the recommended eight or more antenatal care visits among women of reproductive age. About half (49%) of the participants were between the ages of 25 and 34 years; mean (±SD)=30 (±7.10). The majority (57%) of the participants obtained less than eight antenatal care visits, while 32% initiated antenatal care visits after the first trimester. Women living in the other regions had higher odds of underutilizing the recommended ANC visits compared with those in the Upper East region. For example, women in Greater Accra (adjusted OR (AOR)=2.61, 95%CI: 1.32 to 5.18) and the Volta region (AOR=8.58 95%CI: 4.03 to 18.24) were over two and eight times more likely to underuse ANC services respectively compared with those in the Upper East region. In addition, compared with women aged 35–49 years, those aged 15–24 (AOR=2.67, 95%CI: 1.68 to 4.23) and 25–34 years (AOR=1.48, 95%CI: 1.09 to 2.01) had higher odds of underusing ANC services. Women who were in the poorest wealth quintile (AOR=2.22, 95% CI: 1.22 to 4.02) had higher odds of underusing ANC services compared with those in the richest wealth quintile. Women living in rural areas (AOR=1.44, 95%CI: 1.01 to 2.06) had higher odds of underusing ANC services compared with those in urban areas. We also found that women who had given birth to six or more children (AOR=2.74, 95%CI: 1.61 to 4.66) had higher odds of underusing ANC services compared with those who had given birth to one child. Going forward, maternal health interventions should prioritise young, multiparous and women of poor socioeconomic backgrounds to help increase ANC coverage in Ghana.