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Pregnancy intention status and material health care services utilization in Zimbabwe

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ABSTRACT

Background

Maternal mortality is alarming in Zimbabwe with a maternal mortality ratio of 960 deaths per 100,000 live births. Similarly, unintended pregnancies which are a public health concern in Zimbabwe are stigmatized and thus receive less support from families. Hence, I hypothesized that women having unwanted pregnancies are likely to have low utilization of maternal health care services, due to stigma and lack of supports exhibited towards unwanted pregnancies in Zimbabwe. Little is known about the association between pregnancy intention and maternal health care utilization in Zimbabwe. Hence the purpose of this study was to examine the extent to which pregnancy intention status influences maternal health care utilization in Zimbabwe.

Methodology

The study obtained data from the Zimbabwean Demographic and Health Survey (ZDHS, 2010-2011) that uses a national cross sectional study design. This study was based on 4397 women aged 15-49 who had at least a live birth five years before the survey. There were 2 dependent variables which were timing of first antenatal care visit categorised into early or late and number of antenatal care (ANC) visits a woman attended categorised into less than 4 visits and 4 or more visits. This study made use of descriptive statistics, chi-square tests and binary logistic regression.

Results

Results showed that 66% of women attended 4 or more ANC visits and 21% initiated ANC visits early. Pregnancy intention status is not a significant predictor of timing of first ANC visit but it is a significant predictor of number of ANC visits in Zimbabwe. Women who had mistimed and never wanted births were 0.33 and 0.36 times respectively less likely to attend 4 visits or more in relation to women who had wanted births. Demographic and socio-economic factors - specifically age, education, parity, wealth status and region were significantly associated with the timing of the first ANC visits. Other significant predictors of number of ANC visits were age, region, education and getting money for medical help.

Conclusion

Findings from this study show that even though the number of women who attend 4 visits or more is relatively high, the number of women who initiate ANC visits is still very low. This makes it difficult for health workers to detect complications early and deal with them on time. Hence one could argue that it is one of the reasons why maternal mortality is high in Zimbabwe. Pregnancy intention status plays a pivotal role on the number of ANC visits a woman attends due to stigma attached to unwanted pregnancies.

Keywords: maternal health, pregnancy intention, Zimbabwe