

Regional differences in usage of antenatal care, safe delivery services
and postnatal care among women aged 15-49 years in Afghanistan

by

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List of abbreviations

WHO = World Health Organization

ANC = Antenatal Care

FANC = Focused Antenatal Care

PNC = Postnatal Care

SDGs = Sustainable Development Goals

MMR = Maternal Mortality Rate

ENAP = Every Newborn Action Plan

AfDHS = Afghanistan Demographic and Health Survey

TT = Tetanus Toxoid

SHP = Skilled Health Provider

Abstract

Background

Afghanistan, affected by war for decades, is among countries with the highest maternal mortality rate (MMR) in the world. Besides, situations of certain regions are even worse than other regions in this country. The objective of this study was to examine the regional variations related to MMR related health care: antenatal care (ANC), delivery care and postnatal care (PNC).

Methods

This study used Afghanistan Demographic and Health Survey (AfDHS) data collected in 2015. The total sample size of this study was 19,806 women who had a birth in the five years preceding the survey. Afghanistan is officially divided into 8 regions: North East, North, West, South, South East, East, Central West, and Central East. Regional differences were examined using bivariate comparisons and multivariable logistic regression analysis was conducted to examine the adjusted estimates.

Results

Majority of women did not have any tetanus toxoid (TT) injection before childbirth (59.1%) or before pregnancy (57.5%). More than 43% of women did not have any ANC visit while only 16.2% had ≥ 4 visit (World Health Organization recommended). Overall, 50.5% women had delivery at home and 22.6% of babies received postnatal check within 2 months of the delivery. By and large, compared with women residing in the Central East region, women residing in the North, West, South, South East and East regions were less likely to receive ANC and delivery care. PNC was better in the North, West, and Central West regions. Women residing in the East region were less likely to receive health checkup immediately after delivery, but their babies were more likely to receive care by a skilled health provider and health checkup within 2 months after delivery. Women living in the South region were least likely to receive all sorts of care.

Conclusions

This study shows that, overall, ANC, delivery care and PNC are very low in Afghanistan. In addition, regional differences were observed even after adjusting for sociodemographic characteristics. Multipronged interventions are necessary to increase the level of ANC, delivery care and PNC to lower MMR in Afghanistan which is one of the highest in the world.

Keywords: Afghanistan, maternal mortality, antenatal care, delivery care, postnatal care.