

## A Multilevel Analysis of Predictors of Early Antenatal Care Visits among Women of Reproductive Age in Benin: 2017/2018 Benin Demographic and Health Survey

**Authors :** Ebenezer Kwesi Armah-Ansah, Kenneth Fosu Oteng, Esther Selasi Avinu, Eugene Budu, Edward Kwabena Ameyaw  
**Abstract :** Background: Maternal mortality, particularly in Benin, is a major public health concern in Sub-Saharan Africa. To provide a positive pregnancy experience and reduce maternal morbidities, all pregnant women must get appropriate and timely prenatal support. However, many pregnant women in developing countries, including Benin, begin antenatal care late. There is a paucity of empirical literature on the prevalence and predictors of early antenatal care visits in Benin. As a result, the purpose of this study is to investigate the prevalence and predictors of early antenatal care visits among women of productive age in Benin. Methods: This is a secondary analysis of the 2017/2018 Benin Demographic and Health Survey (BDHS) data. The study involved 6,919 eligible women. Data analysis was conducted using Stata version 14.2 for Mac OS. We adopted a multilevel logistic regression to examine the predictors of early ANC visits in Benin. The results were presented as odds ratios (ORs) associated with 95% confidence intervals (CIs) and p-value <0.05 to determine the significant associations. Results: The prevalence of early ANC visits among pregnant women in Benin was 57.03% [95% CI: 55.41-58.64]. In the final multilevel logistic regression, early ANC visit was higher among women aged 30-34 [aOR=1.60, 95% CI=1.17-2.18] compared to those aged 15-19, women with primary education [aOR=1.22, 95% CI=1.06-1.42] compared to the non-educated women, women who were covered by health insurance [aOR=3.03, 95% CI=1.35-6.76], women without a big problem in getting the money needed for treatment [aOR=1.31, 95% CI=1.16-1.49], distance to the health facility, not a big problem [aOR=1.23, 95% CI=1.08-1.41], and women whose partners had secondary/higher education [aOR=1.35, 95% CI=1.15-1.57] compared with those who were not covered by health insurance, had big problem in getting money needed for treatment, distance to health facility is a big problem and whose partners had no education respectively. However, women who had four or more births [aOR=0.60, 95% CI=0.48-0.74] and those in Atacora Region [aOR=0.50, 95% CI=0.37-0.68] had lower odds of early ANC visit. Conclusion: This study revealed a relatively high prevalence of early ANC visits among women of reproductive age in Benin. Women's age, educational status of women and their partners, parity, health insurance coverage, distance to health facilities, and region were all associated with early ANC visits among women of reproductive in Benin. These factors ought to be taken into account when developing ANC policies and strategies in order to boost early ANC visits among women in Benin. This will significantly reduce maternal and newborn mortality and help achieve the World Health Organization's recommendation that all pregnant women should initiate early ANC visits within the first three months of pregnancy.

**Keywords :** antenatal care, Benin, maternal health, pregnancy, DHS, public health

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