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DECLARATION

I declare that, this dissertation presents my own work and that all sources quoted have been indicated and acknowledged by means of complete references.

It has been produced in accordance with guidelines for MSc. Epidemiology. I further declare that, this dissertation has not previously been submitted anywhere for a degree or other qualification at this or another University.

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CERTIFICATE OF COMPLETION

I, **Mukumbuta Donald**, do hereby certify that, this dissertation is the product of my own work and in submitting it for my Master of Science Degree in Epidemiology and further attest that it has not been submitted in part or in whole to another University.

Signature: _____ -Date _____

I, **Charles C Michelo**, having supervised and ready this dissertation, is satisfied that, this is the original work of the author under whose name it is being presented.

I confirm that, the work has been completely satisfactorily and hereby ready for presentation to the examiners.

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CERTIFICATE OF APPROVAL

The University of Zambia approves this dissertation of Mukumbuta Donald in partial fulfillment of the requirement of the award of the Master of Science Degree in Epidemiology by the University of Zambia.

Examiner's Signature

Date

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Attainment of a Master of Science Degree in Epidemiology is a milestone in my life.

In my endeavour to do this research, I encountered a lot of challenges in the last two years. However, I received tremendous support and encouragement from various people, without them, this piece of work would have not been a success. In particular, I wish to express my profound gratitude to my research supervisors; Dr. Charles C Michelo, Dr. Bornwell Sikateyo and Mr Mwanza Jason for their constructive instructions throughout the course of the study. Special thanks go to Dr P Musonda, the statistician including Dr Ben Andrews for data analysis. I want to also pay tribute to Dr.Nzala, the Assistant Dean Postgraduate (School of medicine), Dr. M. Makasa and Dr Mbwili Muleya (Lusaka District Health Office) for their parental guidance. Special thanks also to the staff at Kanyama Health centre who assisted me during data collection and to the residents of Kanyama Township for providing data for this research. My tribute also goes to my wife, children and my entire family for their spiritual and physical support during the entire period of my course.

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DEDICATION

To my parents posthumously, I recognize the contributions mom and dad made in numerous differentiated and similar ways. To Dad, you left me at 83 years the day I was getting my undergraduate and to you Mom, you left me at 78 years the same period I was pursuing this Master's Degree. Words alone cannot express the gratitude I have for their parental guidance and encouragement. May their souls rests in eternal and ever lasting peace.

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LIST OF ABBREVIATIONS

AHSB.....	Annual Health Statistical Bulletin
AIDS.....	Acquired Immune Deficiency Syndrome
ANC.....	Antenatal Care
ASSQs.....	Assisted Structures Standard Questionnaires
CDC.....	Centre for Disease Control
EDD.....	Expected Date of Delivery
FANC.....	Focus Antenatal Care
FBC	Full Blood Count
GRZ.....	Government of Republic of Zambia
HCAF.....	Health Center Aggregate Form
HCP.....	Health Care providers
HIV	Human Immune Deficiency Virus
HMIS.....	Health Management Information System
ITG.....	Integrated Technical Guidelines
LBW	Low Birth Weight
LDHO.....	Lusaka District Health Office
LMP.....	Last Monthly Period
M OH.....	Ministry of Health
PMTCT.....	Prevention of Mother to Child Transmission of HIV
UNDP.....	United Nation Development Program
UNICEF.....	United Nation International Children Emergency Fund
VDRL.....	Venereal Disease Research laboratory
SNDP.....	Sixth National Development Plan
WHO.....	World Health Organization
ZDHS.....	Zambia Demographic and Health Survey

ABSTRACT

Background: Late initiation of ANC in Zambia is still a big challenge. The 2007 Zambia Demographic Health survey (ZDHS) indicates that, only 19% of mothers have had their ANC visit in the first trimester of pregnancy. The study aimed at determining factors that contribute to the delay in initiating antenatal care among expectant mothers in Kanyama Township in Lusaka.

Methods: This study was guided by Andersen's Health Seeking Behavioral Model. A cross sectional mixed study design was done drawing from a population of expectant mothers who booked late after 16 weeks of gestation. The study used random sampling method for quantitative and the theoretical purposive sampling method, that took a maximum variation strategy for qualitative method. Data collection tools were documentary review, survey questionnaires, observations and focus group discussions. Epi-data was used to store data that was collected by survey questionnaires and after that was analyzed using Stata version 13 while data collected using Focus Group Discussions was transcribed and imported into N Vivo version 10 for analysis.

Results: Social economic status such as low levels of incomes; p value 0.000 (95%CI-623, -197) and lack of proper clothes to wear for ANC; p value 0.036 (95%CI-016, -471), systemic barriers such as congestions and shortages of staff, competing matters such as demand by the health institution for expectant mothers to go with partners (spouses) for antenatal, traditional beliefs and misconception such as waiting until the pregnancy is advanced or pregnant mother start feeling foetal movement in order to motivate the husband to prepare for material needs for antenatal care, and the idea of not wanting to disclose the pregnancy when it is small for fear of losing the pregnancy were factors responsible for late booking.

Conclusion: We found contextual factors such as low social economic position of most women, congestion and shortages of staff at the only health facility that offer antenatal book are constraining. The misconceptions of waiting until pregnancy is advanced or feeling of foetal movement are wrong attitudes and as such delay in antenatal care could bring serious complications. The idea of waiting for the husband to prepare for material needs for antenatal is also a traditional cultural practice that reveals how a woman is still socially and economically dependent on the spouse. Educational programs are needed in the community to reduce the existing traditional cultural practices, beliefs and misconceptions in order to initiate antenatal care early. Empowerments of women through income generative activities are needed in order to reduce much dependence of male partners. There is also need to increase staffing at Kanyama health centre especially at the maternal and child health by the government and decongest the health centre by constructing other health centers in selected prime locations to provide antenatal booking service that is still centralized.

Key Words: Determinants, Late Initiation of Antenatal Care, Expectant Mothers, Kanyama Township.