

Results 95% ci: 0.67–
0.98). the risk of
caesarian

Education



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RESULTS Population characteristics Table 1 shows the descriptive characteristics of the 15, 723 mothers aged 15–49 years, dwelling in 850 different communities. About 43% of mothers were sample in the year 2004. Male children (50.

48%) were slightly more than female. A majority of children were born with average sizes and above. Over three-quarters of mothers had normal (76. 68%) BMI and a majority of them had at least primary education (65%). More than half (52. 26%) of had an adequate number of antenatal visits. A majority of mothers 87.

08% were rural dwellers as well as southern region dwellers. The prevalence of caesarian section was observed to be highest in the year 2015-16.

Moreover, the prevalence was also high in mothers whose babies were born with sizes very large/ larger than average and in obese mothers.

Furthermore, the prevalence of caesarian deliveries was highest among mothers of age group 25–29 years, mothers with secondary education and above, in mothers from the richest household wealth. The prevalence was also highest amongst mothers whose babies were first born, in mothers who have four and above antenatal visits, in mothers from urban areas and northern region. Risk factors associated with caesarian births Table 2 shows adjusted effects of a wide range of sociodemographic and economic factors on caesarian births. Compared to the year 2015–16, the risk of caesarian births was significantly lower among mothers who were sampled in 2004 (adjusted odds ratio aOR: 0.

61; 95% confidence interval CI: 0. 51–0. 74) and 2010 (aOR: 0. 81; 95% CI: 0. 67–0. 98).

The risk of caesarian birth was also lower (aOR: 0. 76; 95% CI: 0. 60–0.

96) among mothers whose babies had average birth sizes, in mother of age group 15–19 years (aOR: 0. 51; 95% CI: 0. 32–0. 79) and 20–24 years (aOR: 0.

59; 95% CI: 0. 41–0. 85). Furthermore, compared to mothers with secondary education and above, the risk of caesarian birth was lower in mothers with no formal education (aOR: 0. 48; 95% CI: 0. 35–0. 65) as well as in mothers with primary school education (aOR: 0. 68; 95% CI: 56–0.

83). The risk of caesarean birth was lower among mothers from poorest households (aOR: 0. 70; 95% CI: 0. 53–0. 92), poor households (aOR: 0. 59; 95% CI: 0. 45–0.

78), medium wealth (aOR: 0. 64; 95% CI: 0. 49–0. 82) and richer households aOR: 0.

76; 95% CI: 0. 60–0. 96) compared to women from richest household.

Compared to mothers with adequate ANC visits, the risk of caesarian birth was also lower (aOR: 0.

72; 95% CI: 0. 62–0. 84) in mothers with inadequate ANC visits. On the other hand, the risk of cesarean birth was higher in overweight (aOR: 1.

33; 95% CI: 1. 08–1. 63) and obese (aOR: 2.

15; 95% CI: 1.64–2.82) mothers compared to mothers with optimum weight.

The risk of caesarian birth was also higher in mothers who had a first birth (aOR: 3.33; 95% CI: 2.19–5.07) and second births (aOR: 1.78; 95% CI: 1.24–2.55) compared to mothers with parity of six and above. Furthermore, the risk of caesarian birth was higher in mothers from northern region (aOR: 1.

37; 95% CI: 1.12–1.66) compared to southern region dwellers.

DISCUSSIONS