



# FACTORS INFLUENCING MATERNAL HEALTH-SEEKING BEHAVIOR IN RURAL ETHIOPIA: WHAT ARE THE OPPORTUNITIES FOR STRENGTHENING COMMUNITY-BASED HEALTH SYSTEMS?

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## INTRODUCTION

Developing countries account for 99% of the global maternal deaths. Ethiopia is one of the top four countries contributing high maternal deaths, with a maternal mortality ratio (MMR) of 676 per 100,000 live births. In 2004, the government of Ethiopia introduced the Health Extension Program (HEP). Within the HEP, maternal health services are provided by the Health Extension Workers (HEWs). Low utilization of maternal health services is one of the reasons for high MMR in Ethiopia. This study assessed barriers to performance of HEWs with regard to maternal health service provision and factors hindering utilization of these services, in order to design quality improvement interventions to strengthen community-based health systems.

## METHODS

The study was carried out in six Woredas (Districts) of Sidama Zone, South Ethiopia from July - August 2013. Focus group discussions (FGDs) and interviews were carried out with purposively selected participants.

Type of Informants		Method	Number
Community	Women	FGD	6
	Men	FGD	2
	Mothers	Interview	12
Provider	HEW	FGD	12
	HEW	Interview	6
	TBAs	Interview	6
Key informants	Kebele administrator	Interview	3
	Health centre head & delivery case team leader	Interview	6
	HEP coordinators	Interview	5

The data were transcribed, translated and a coding framework was developed. Coded data were entered into Nvivo 10 and thematically analyzed.

## RESULTS

### CULTURE

- Women generally followed the same practice as their mothers and ancestors and were influenced by the advice from family members and village elders when deciding to seek maternal health care.
- Cultural practices in the community can also influence willingness to deliver at a health facility.

“In the culture of this community they don’t want to throw the placenta outside their home, they bury it inside their home. If the placenta is not buried inside a home it is considered as a bad fortune for the baby.” (HEW).

- Relying on God appeared to guide health-seeking behavior among some religious followers (Christian).
- Hiding or concealing pregnancy was found to be a common practice affecting early ANC attendance.

“...In our culture we don’t want to talk to people. People should know (pregnancy) after the birth of the baby or when our abdomen becomes big. Because we are not sure about the continuity of the pregnancy, it is a secret and we are afraid to tell anybody.” (Mother)

### LOW PERCEPTION OF RISKS AND LATE CARE SEEKING

- If a woman is not unwell, she may choose not to seek ANC and generally, women did not plan to deliver at health facilities.
- “...mothers don’t come early and get the necessary check-up. They usually don’t seek support from health professional at the start of labour; they hide their labour. When they come late to the health institution they will end up in death.” (Kebele Administrator)

### PRIORITIZATION OF DOMESTIC ACTIVITIES

- Women sometimes prioritized their domestic activities above looking after themselves during pregnancy.

### COSTS

- Costs were a barrier to facility delivery, and were expected or incurred at the hospital level or for travelling by ambulance.
- “...The government said (has a policy) maternal health services are to be given free of charge, but women pay in the hospital for delivery services, so I refrained from referring mothers to this hospital.” (HEW)

“...The ambulance belongs to the government but we cover the fuel expense that is our problem.” (Woman)

### PRIVACY

- There was a concern about not wanting to be seen by unfamiliar health professionals. Some women were not happy with the position in which they were required to deliver at the health facility. Preference of female health workers was also mentioned.

“...Mothers don’t want to expose their body to other people. They say: ‘We don’t want to come, because we have seen when we take someone; they [the health centre] are putting them [the mother] on the bed, exposing their body: we want to be inside our blanket and deliver freely.’” (HEW)

### BEHAVIOUR OF HEALTH PROFESSIONALS

- In some cases, health professionals were reported to treat women badly and occasionally road side delivery occurred due to improper handling of referrals. Such incidences influence willingness to attend health facilities.

### LOGISTICS, SUPPLIES AND INFRASTRUCTURE

- Most of the health posts didn’t have basic infrastructures and supplies and logistics.
- “...There is no difference at her home (mothers home) and the health post, because there is no light; it is difficult to give better service in the dark. There is lack of water, no timely provision of delivery equipment, lack of surgical gloves.” (HEW)

## DISCUSSION AND CONCLUSION

Multiple factors intervening at individual, family, community and health system level affected the uptake of maternal health services and the performance of HEWs. Attempts to strengthen community-based maternal health services should be responsive to community and health system related factors influencing health-seeking behavior. Targeted awareness creation and community mobilization has to be intensified by the HEWs to help women and their families overcoming multiple barriers to access maternal health care.



REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

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