



Maternal Health Service Utilization in Three Pastoralist Communities of Ethiopia: Barriers and Facilitators from Focused Ethnographic Study

Introduction

Ethiopia strives to improve maternal health services and has achieved substantial progress in reducing maternal mortality for the past two decades, however its pastoral communities are generally characterized by low maternal health services uptake. While studies show the status of maternal health services, the socio-cultural factors that influence maternal health services are not well documented in depth.

Understanding these factors is crucial in the design and implementation of culturally sensitive and appropriate interventions. Hence, Amref has conducted a focused ethnography study in August 2023 to identify and describe the social and cultural determinants of maternal health service utilization in three pastoralist communities of Ethiopia, i.e., Chifra from Afar, Degahbur from Somali and Dasenech from South Ethiopia. The study has revealed barriers, enablers, as well as health and health related determinants of maternal health service utilization. In-depth interviews were conducted among 50 women, their family members and healthcare providers from different socio- cultural groups, and six facilities were observed.

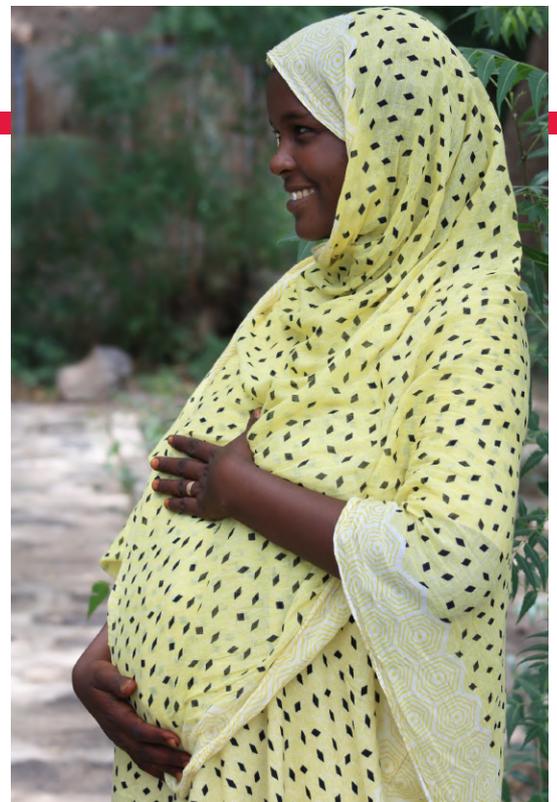
- **Family relationship and women's autonomy**

In Chifra and Degahbur woredas, husbands have financial control and usually decide if a woman can visit a health facility or not. In the absence of a husband, a male family member in Chifra and a mother-in-law in Degahbur have significant influence on pregnant women's decision to seek medical care. Women who are young, from poor households and in a polygamous marriage may find it challenging to assert themselves and make decisions related to maternal health service use. Older women who have experienced multiple births often develop a stronger sense of self-advocacy and are more likely to take ownership of their health decisions and directly engage with their husbands regarding their concerns.



- **Identifying and confirming pregnancy**

In Chifra woreda, women wait for increases in their belly size before they are sure and willing to share news of their pregnancy with family members. Comparatively, in Degahbur woreda, women tend to have earlier health facility visits when they experience signs and symptoms of pregnancy, often to rule out other illnesses. In Dasenech woreda of South Ethiopia, women do not wear clothes that cover most of their body parts. It is common for women to learn their pregnancy status from others who notice changes on their bodies.





- **Pregnancy concerns**

Pregnant women in Chifra, Degahbur, and Dasenech face a range of health, financial, and social concerns, including early pregnancy symptoms, previous negative maternal health experiences, concerns for fetal position, and lack of financial access for health care and proper nutrition. Health concerns that are shared by their spouses usually result in a visit to a health facility.



- **Care and support during pregnancy**

Poor women generally receive less support compared to those women with better financial status. Access to a strong ally, such as husband, a mother-in-law, a close family member, or as observed in Dasenech, a health extension worker, who could provide both social and financial support was a critical factor in determining the level of care and support a pregnant woman received.



- **Antenatal care (ANC) experiences**

Experiencing illness or discomfort is usually a reason for the first facility visit. During these visits, women prioritize the health and safety of their fetus. Confirming a good fetal position was regarded as an indication for safe home delivery by women in Chifra. While women in Degahbur have a health facility visit early in their pregnancy, most fail to continue with ANC follow-up unless they are sick. Generally, women in Dasenech have a better understanding and uptake of ANC services. In both Chifra and Degahbur woredas, women highlighted their preference for female healthcare providers. The availability of ultrasound, often referred to as "computer" by women was a significant motivator to seek ANC services.

- **Birth preparedness and experience**

While community health volunteers, health extension workers, and even traditional birth attendants' (TBA) campaign to promote facility birth, there are different levels of uptake across the three woredas. In Chifra, women express a preference for home births, citing greater support, privacy, and comfort. The TBA is thus notified to stay in the vicinity in case of labor. In Degahbur, women express a strong preference for facility births but mothers and mothers-in-law exert significant influence on the decision-making process, often overriding the woman's choice. In Dasenech, most women hold positive attitudes towards facility births and seek the service, but they have also shared that they experience disrespect and abuse from health care providers while seeking maternal health services.

"When I came to the health facility in labor... they said you are not yet ready to give birth and refused to help me. I told them from my experience I know I am in labor and it won't last long. They still told me to go back. On the way back home, I had to give birth under a tree. My husband and my mother were with me." a Dasenech Woman.



- **Post-natal care**

Postnatal care remains the least advocated for, recognized, and utilized service by women in the three pastoral communities. The desire to receive contraception by some women in Dasenech could have been addressed during early post-natal care (PNC) visit. In all three study areas, we observed a common culture of providing significant emphasis on rest and proper nutrition during the post-natal period. Women in Chifra and Degahbur are expected to stay inside their home for the first 40 days after birth of a child while Dasenech women usually resume their routine activities within four days of birthing their child. These findings could inform the design of a customized PNC service.



- **Role of health service providers**

A context-based maternal health service arrangement has been identified that takes into consideration the health service coverage and unique lifestyles of each community. For example, in Chifra, in order to increase ANC uptake, pregnant women who come to utilize the targeted Supplementary Feed Program services do not receive these unless they use an ANC service. This integration imposes ANC service on women without proper consultation which may go against informed decision as . In Degahbur, TBAs are delegated to provide delivery service for women living in remote areas. In addition, maternity homes are constructed in a culturally acceptable structure and allow women to bring their young children during their stay.



• Role of Traditional Birth Attendants

In Chifra woreda, TBAs provide their services free of charge and are often highly trusted by women and their families. Their service extends beyond assisting in labor to postpartum care, including monitoring the mother's and baby's well-being, providing childcare, and assisting with household chores. Furthermore, pregnant women believe that TBAs have special skills and tools to open and repair circumcision scars.

TBAs in Deghabur are delegated by HEWs to provide delivery service. They are trained to conduct clean and safe deliveries, identify danger signs, and facilitate referrals to health facilities when necessary. In addition, they are given basic supplies to perform their task.

In Dasenech, TBAs are often consulted early to confirm pregnancy and provide care. During labor, TBAs assist with delivery if a woman is unable to reach a facility. They perform pre-birth rituals that are believed to facilitate safe birth. They take pride in their skills to assist birth in a kneeling position and performing 'quadet' for obstructed labor, a procedure of breaking the pubic symphysis joint to widen the birth canal.

• Conclusion and Recommendations

- Pastoralist communities face unique challenges in accessing and utilizing maternal health services. Effective interventions must be culturally sensitive, addressing the specific factors affecting each community (ie: Chifra, Dasenech, and Deghabur).
- Open communication between spouses regarding pregnancy and childbirth can significantly improve timely utilization of maternal health services.
- Innovative approaches that mirror the trusted relationships established by TBAs within Chifra woreda may hold promise in increasing service uptake.
- Strategies employed by Health Extension Workers (HEWs) that have proven successful in Dasenech woreda could potentially be adapted and implemented in Chifra and Deghabur to improve maternal health service utilization.
- Careful consideration must be given when delegating tasks to TBAs and other community influencers. Programs must be designed to empower women while avoiding any actions that might unintentionally exacerbate gender inequalities and inequities.



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