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Research Brief: Barriers and facilitators for early pregnancy identification, birth notification, and antenatal and postnatal visits in Amhara National Regional State, Ethiopia

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Introduction

The Maternal and Child Survival Program - Newborns in Ethiopia Gaining Attention (MCSP-NEGA) Project conducted a qualitative study to evaluate the barriers and facilitators for early pregnancy identification, birth notification, and antenatal and postnatal visits in Amhara National Regional State, Ethiopia and finalized a report reflecting the findings in November 2017. The fieldwork was conducted in October and November 2016, covering four woredas in North Wollo Zone (Meket and Raya Kobo) and Waghimera Zone (Sekota and Dahena).

Study participants included government maternal, newborn and child health (MNCH) experts; religious and community leaders; women who delivered in the past six months and their husbands; mothers and mothers-in-law; traditional birth attendants (TBAs); health extension workers (HEWs); leaders of the Health Development Army networks; and members from a community-based movement of women promoting healthy behaviors and practices. Purposive sampling techniques were used to select study sites and participants for 24 focus group discussions and 70 key informant interviews.

The research aimed at identifying barriers and enhancers for early pregnancy identification, notification, early antenatal care (ANC), postnatal care (PNC) and childbirth services, and strengths and weakness of the pregnancy and birth surveillance system. Accordingly, the research identified a number of cultural, social, psychological, familial, and other factors that affect attitudes, beliefs, and behaviors towards pregnancy, childbirth, newborn care, and postpartum care for mothers.

Key Findings

- A woman does not disclose pregnancy if it is outside of marriage and the spacing between her last child and the pregnancy is short. Fear of a miscarriage is also another factor.
- Pregnant women conferences, formal education, and messaging to men have been identified among the top facilitating factors for antenatal care. While distance and topography are top barriers.
- The HDA or HEWs are more likely to be informed about the birth of a child when there is a health problem.
- Top barriers to the use of ANC services include distance, difficult topography, and low confidence in the cleanliness of the facility and staff capability.
- The functionality and effectiveness of the identification and surveillance system is highly influenced by socio-cultural practices, level of awareness of the community, and distance and topography of the locality.

Key Findings



Pregnancy Notification and Identification

Barriers

- The pregnancy is outside marriage
- Fear of husband in case of an unwanted pregnancy
- The pregnancy occurs shortly after another pregnancy – i.e., in less than the time recommended for birth spacing
- Traditional reluctance to talk publicly about pregnancy
- Fear of a miscarriage
- Fear of late delivery of the baby

Facilitators

- Support from the husband, HEWs, and other community members (e.g., pregnant women avoid carrying heavy objects, labor intensive activities, and hot flour from hammer mills)
- Mother's awareness of the health benefits of ANC, both for herself and the fetus
- Availability of pregnancy test in health facilities
- Involvement of religious leaders
- Presence of HDA structure

The study revealed a number of factors that facilitate or hinder pregnancy identification and notification.

The father of the child is the first to hear the pregnancy news if he wants the baby or feels financially capable to take care of the child. Alternatively, one of the female family members is the first to hear. Health workers are usually the last ones to identify the pregnancy; this could be after several weeks or months.

However, the study revealed that there is an improvement in community norms promoting early pregnancy notification:

*"...community norms are now more supportive of early pregnancy notification for the health of both the woman and the fetus, thanks to the community education efforts of HEWs and some religious leaders."*¹



Early Antenatal Care

Barriers

- Distance and topography
- Absence of female maternity staff or maltreatment by health workers
- Experience of safe delivery without ANC
- A belief that traditional practices are sufficient
- Low awareness about the importance of ANC

Facilitators

- Pregnant women conferences
- Education and messaging to men on importance of ANC
- Husbands and communities help ANC uptake by sharing household chores during ANC follow-up visits
- Supplementary food provided by health facilities

¹ Barriers and Facilitators for Early Pregnancy Identification, Birth Notification, and Antenatal and Postnatal Visits in Amhara Regional State, Ethiopia, 2017, p. 7



Child Birth

Barriers

Despite the increase in institutional delivery, some women prefer home delivery due to their interest in being attended by their mother or close friends.

Low confidence in the cleanliness of the facility and staff capability is also among the barriers. Similar to ANC, lack of female professionals, past experience of safe home delivery, distance and lack of transportation are also contributing factors for not going to the facilities for childbirth.

Facilitators

On the other hand, increasing awareness on the benefits of delivering in health facilities like control of postpartum bleeding, pain management, treatment to prevent mother-to-child HIV transmission, cost-free services, free supplementary foods, referrals when needed to hospitals, and better overall health for mothers and infants are encouraging factors to deliver at health facilities. Culturally sensitive celebrations such as the coffee ceremony also motivate women to deliver at health facilities.



Early Postnatal Care

The birth of a new baby is announced and celebrated in the immediate postpartum period. Religious leaders are informed immediately about the birth of the child. Accordingly, they perform religious rituals in order to protect the mother and the child from the devil's attack. To reduce the risk of attack by Satan, the mother stays at home until the date of baptism (for 40 days if the baby is a boy, or 80 days if the baby is a girl)². During this time, any member of the community, including the HDA and HEW, are allowed to visit the mother. The HDA and HEW are usually informed about the birth if there is a health problem.

Barriers

Certain beliefs, such as fear of “evil eye”, the mother's believed vulnerability to super natural dangers, and squinting that could happen due to exposure of the baby to bright light, cause the mother to have a longer postpartum stay at home. As a result, they fail to access PNC services, which are critical to identify and treat very severe diseases (VSD).

Facilitators

- Knowledge of health benefits for both mother and baby
- Women leaving home early because of work and social responsibilities



Surveillance Mechanism

The existing surveillance mechanism is highly dependent on the Health Development Army for promoting early pregnancy identification and notification, birth notification, and subsequent postnatal care service utilization. The functionality and effectiveness of the system is influenced by socio-cultural practices and level of awareness of the community, topography of the locality, and distance, particularly of the health center from home.



Recommendations

- Enhancing the awareness of religious leaders on ANC
- Encouraging the Health Development Army, and network leaders to promote surveillance mechanisms such as promoting early pregnancy identification and notification, birth notification, and subsequent PNC utilization

²This is a common practice among the followers of Orthodox Christianity.

tion and educating mothers accordingly.

- Engaging ANC experienced mothers, husbands and mother-in-laws
- Increasing the accessibility and quality of services in facilities (e.g. by providing a two-way ambulance service – to and from the facility)
- Train health workers with compassionate and respectful care to promote good client-provider relations
- Assign more female health workers in maternal and newborn health services to create a friendly environment
- Further empower and support HEWs to do early PNC home visits
- Involving husbands of Health Development Armies and other men in pregnancy and birth surveillance

Reference

Save the Children MSCP NEGA Project. (2017). Barriers and Facilitators for Early Pregnancy Identification, Birth Notification, and Antenatal and Postnatal Visits in Amhara Regional State, Ethiopia. Addis Ababa: Save the Children.



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