Rapid Assessment on Barriers to Early Pregnancy Identification, Focused Antenatal Care, Skilled Birth Attendance and Postnatal Care Service Utilization in East Shewa Zone, Oromia Region

FINAL REPORT

COPNDUCTED BY

MOMENTUM PROFESSIONAL RESEARCHERS AND TRAINERS PLC

FOR

SAVE THE CHILDREN

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LIST OF ACRONIMS

ANC	Antenatal Care
CBNC	Community Based Newborn Care
COMBINE	Community Based Intervention for Newborn in Ethiopia
DTL	Development Team Leaders
FCHPs	Female Community Health Promoters
FGD	Focus Group Discussion
GTP	Growth and Transformation Plan
HDA	Health Development Army
HEWs	Health Extension Workers
HSDP	Health Sector Development Plan
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
KII	Key Informant Interview
MMR	Maternal mortality ratio
MNCH	Maternal Newborn and Child Health
NICU	Neonatal Intensive Care Units
NMR	Neonatal Mortality Rate (NMR)
PHCU	Primary Health Care Unit
PNC	Post Natal Care
PSNP	Productive Safety net Program
SBCC	Social and Behavior Change Communication
TBA	Traditional Birth Attendants

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EXECUTIVE SUMMARY

Save the Children is now implementing Community Based Newborn Care (CBNC) with the goal of reducing new-born and child mortality through further strengthening of the Primary Health Care Unit (PHCU) approach and the Health Extension Program. As part of this program, this rapid assessment was conducted to identify barriers, opportunities and determinants to early pregnancy identification, focused ANC, health facility delivery and postnatal care at community level in East Shewa Zone, Oromia. A cross sectional study design which employed exploratory qualitative study methods including in-depth interviews and FGDs were used to gather information. The main sources of information were women who delivered within five months before the study and their mothers and husbands, Health Development Army Leaders(DTLS), pregnant women, woreda health office representatives, MNCH department experts, PHCU heads, ANC, delivery and PNC service providers, Health Extension Workers, traditional birth attendants and religious and community leaders. A total of 6 FGDs and 28 KIIs were conducted in Bora and Fentale woredas of East Shewa zone.

The assessment found that most women are aware of their pregnancy after the third or fourth month when they experience morning sickness. Other women also learn about their pregnancy when they visit the health facility for family planning services that require undertaking a pregnancy test. The main barriers for delayed identification of pregnancy were mothers' limited understanding of menstruation patterns and the tendency to wait for signs of morning sickness as confirmation of pregnancy. Mostly, the first persons that women prefer to notify their pregnancy are husbands, the 1-5networking and HEWs in their area. The decision to visit a health facility for ANC services is usually made by the pregnant woman and her husband. However, community leaders also play an important role in influencing husbands and mothers to go for ANC services. Lack of knowledge about the benefit of ANC services, feeling of embarrassment to come to the health facility for follow up and the mobility of people from place to place especially in Fentale woreda were reported to be the main barriers for utilization of focused ANC services in East Shewa zone.

There is an increase in skilled birth attendance in the last couple of years mainly because of the availability and functioning of the health development army network, home visits carried out by the HEWs and the provision of training for religious and community leaders on the benefits of skilled birth attendance. The main decision makers regarding the place of delivery for the mother are the husband, the pregnant woman herself and sometimes their neighbors. The main barriers for health facility delivery are the wrong perception that they would undergo an operation and their private body parts would be exposed to health workers. The other barrier is the fear of being exposed to drafts (which they called "nefas" or "berd") when they return back from the health facility after delivery as the ambulance doesn't provide any return service. The other reason why women deliver at home was

reported to be the spontaneous labor which doesn't give mothers a time to wait until the ambulance arrives.

Regarding post natal care services, HEWs were reported to be the key actors who influence women's attendance of PNC services. One of the barriers for utilization of PNC services was the deep rooted tradition which discourages mothers from going out of home for two months after delivery. Post natal care home visits are also carried out by the HEWs and mid wives when available. However, the service is not consistent and comprehensive because of limited number of health workers compared to the demand of services. The most credible sources of information about health issues are radio and health workers. However, face to face interaction was reported to be the most effective methods to deliver information. The 1-5 members meet every week while the DTLS meet twice a month and they usually discuss various development issues including health, education and agriculture. However, the groups acknowledged the challenge related to meeting regularly because of their busy schedule and demanding life style.

In order to address the main barriers related to pregnancy identification and notification, targeted and focused SBCC activities need to be implemented to raise awareness on major signs of pregnancy with specific focus on menstrual cycle and morning sickness. In addition, benefit of utilizing ANC, health facility delivery and PNC services should also be focused in social and behavior change communication efforts. Furthermore, trainings should be provided for health workers to pay more attention to early pregnancy identification as this is the entry point for the key services in the MNCH continuum of care. Existing initiatives that include the registration of pregnant women, monthly pregnant women conferences, engagement of religious and community leaders need to be strengthened further. High level advocacy activities are also required to strengthen the human resource for community outreach services for PNC service and to promote availability of return ambulance services to increase utilization of PNC and health facility delivery services, respectively

1. INTRODUCTION

1.1. BRIEF OVERVIEW OF MATERNAL, NEWBORNE AND CHILD HEALTH SITUATION IN ETHIOPIA

Improving Maternal, Newborn and Child Health is currently one of the top priorities of the health sectors in Ethiopia. This priority has been reflected in the leading government plans and strategies of the country. For example, the current development plan of Ethiopia, the Growth and Transformation Plan (GTP) 2010-2015, aspires to decrease maternal mortality rate from 590/100,000 in 2010 to 267/100,000 in 2015. The GTP also plans to decrease under five mortality rate and infant mortality rate from 101 to 68 and 77 to 31. Similarly, the current Health Sector Development Program (HSDP) IV (2010/11-2014/15) also laid out its plans to achieve the goals of decreasing maternal and child mortality. Accordingly, HSDP IV targets to increase Focused ANC 1+ from 68% to 90% and ANC 4+ from 31% to 86%, increase deliveries attended by skilled birth attendants from 18.4% to 62% and increase postnatal care coverage from 34% to 78%.

Skilled attendance at birth is the most important intervention in reducing maternal mortality and one of the MDG indicators to track national effort towards safe motherhood. According to the Mini DHS 2014,the percentage of deliveries assisted by skilled health personnel increased 10% in 2011 to 15% in 2014, which was below the HSDP target set[1]. Similarly, HSDP IV 2005 Ethiopian Fiscal Year (EFY) report revealed that skilled delivery has improved to 23.1%. With regard to reducing child mortality, a report of UN Inter-agency Group for Child Mortality Estimated that Ethiopia reduced its under-5 mortality by two thirds between 1990 and 2012 (from 204 to 68 deaths per 1,000 live births) – the required reduction for meeting the target of Millennium Development Goal 4. This indicated 5% annual Under 5 mortality reduction rate between1990-2012. Infant mortality rate reduced from 121 per 1,000 live births in 1990 to 47 deaths per 1,000 live births in 2012. Similarly, neonatal mortality rate (NMR) came down from 54 deaths per 1,000 live births in 1990 to 29 per 1000 live births in 2012. Number of neonatal deaths decreased from 120, 000 in 1990 to 88,000 in 2012. [2[

[1]Central Statistics Agency (2014): Ethiopia Mini Demographic and Health Survey 2014 Addis Ababa, Ethiopia,

[2] United Nations Childrens Fund(2014); Levels and Trends in Child Mortality Report 2014, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2014

The government and partners are currently working to keep the momentum on the changes already gained and ensure the sustainability of outcomes. One of the key strategies to realize this is through strengthening and expanding community and facility based maternal, newborn and child health services. Currently, activities related to organizing and mobilizing the Health Development Army (DTLS) at all levels is being carried out intensively in order to promote behavioral change and ensure the implementation of all health extension packages in communities. To tackle the shortage of transportation facilities, the FMoH has procured and distributed more than 372 ambulances to regions and have started to provide the needed service at woreda level[3]. Training of human resources, provision of adequate drugs, medical supplies and equipment as well as equitable placement of adequate number of health professionals in health facilities are also the priority activities of the government to improve quality and accessibility of MNCH services[4]. In addition to this, strengthening routine immunization, expanding community and facility-based Integrated Management of Neonatal and Childhood Illnesses (IMNCI), establishing newborn corners and Neonatal Intensive Care Units (NICU) are also among the key activities being implemented to reduce child mortality.

However, these efforts are not enough to address the existing challenges related to MNCH as still a significant proportion of mothers and children do not have access to basic MNCH services in many parts of Ethiopia For example, the Ethiopian Demographic and Health Survey 2011 showed that out of the 3 million babies that are born in Ethiopia annually, the majority (90%) are born at home without skilled birth attendants. The United Nations agencies report also indicated that the 2013 estimation of maternal mortality ratio (MMR) for Ethiopia was 420 maternal deaths per 100,000 live births. The neonatal mortality now accounts for 42% of the under-five mortality in Ethiopia. The risk of death is highest in the first day when half of the death in neonatal period occurs. In addition, an estimated 75% of neonatal deaths occur in the first week of life. In order to reverse these facts, there is a need to identify the key barriers that are limiting utilization of available MNCH services and design targeted interventions to address the barriers. For instance, the formative assessments conducted by Save the Children's Community Based Intervention for Newborn in Ethiopia (COMBINE) Project in East Shewa, West Arsi and Sidama identified multiple barriers related to pregnancy, postnatal and newborn health care. The most profound barrier for utilization of ANC services was insufficient awareness of the importance and benefits of ANC. Negligence and lack of money or transportation were also reported as among the reasons that pregnant women don't visit a health facility during a complication or danger sign. When it comes to new born health, specific danger signs such as difficult breathing, fever, hypothermia, and inability to feed were also found to be newborn conditions that are perceived to be treated using traditional medicine. Furthermore, Hamechisa beliefs in East Shewa communities prohibit female community health promoters (FCHPs) examination of newborns and also prohibit families from seeking

[3] Federal Ministry of Health (2012): Road Map for accelerating the reduction of Maternal and Newborn Morbidity and Mortality in Ethiopia (2012-2015), Addis Ababa.

[4] Federal Ministry of Health (2012): Road Map for accelerating the reduction of Maternal and Newborn Morbidity and Mortality in Ethiopia (2012-2015), Addis Ababa.

care at a health centers. The assessment also showed that belief in malignant spirits such as budda play a similar role in Sidama communities. Generally, the assessment indicated that communities have very limited understanding of the availability of treatment for newborns at health centers and health posts

1.2. RATIONAL FOR CONDUCTING THE RAPID ASSESSMENT

Save the Children is now implementing Community Based Newborn Care (CBNC) with the goal of reducing new-born and child mortality through further strengthening of the Primary Health Care Unit (PHCU) approach and the Health Extension Program. This program is being implemented in three zones, namely East Showa, Sidama and Gurage in phase one and additional zones will be covered in the next phases. This will give opportunities to test approaches to address barriers to care-seeking and improve the number of women and newborns receiving MNCH services. However, there are significant gaps in knowledge and understanding on barriers and opportunities related to births accompanied by skilled attendants. Little is also known about the main factors that affect early initiation of antenatal care and completion of the recommended number of visits. Also critical is understanding of the community's perceptions about service quality and their knowledge about available antenatal, delivery and postnatal/postpartum services. Additionally, exploring available communication channels in the community and how best to use these channels for social and behavioral change communication interventions will be essential to promote demand for skilled birth attendants.

Therfore, Save the Children has conducted this qualitative rapid assessment to identify the barriers, determinants and opportunities related to early identification of pregnancy, focused antenatal care, skilled birth attendance and post natal care visit in East Shewa zone of Oromia Region. The findings of this rapid assessment are critical in informing the Community Based Newborn Care (CBNC) initiatives as well as the demand creation approaches for MNCH services in the target geographic areas.

1.3. OBJECTIVE OF THE RAPID ASSESSMENT

GENERAL OBJECTIVE OF THE ASSESSMENT

The overall goal of this rapid assessment was to identify barriers, opportunities and determinants to early pregnancy identification, focused ANC, facility delivery and postpartum/postnatal care at community level in East Shewa Zone in order to inform the preparation of an effective social and behavioral change communication strategy.

SPECIFIC OBJECTIVES OF THE ASSESSMENT

The specific objectives of this rapid assessment were to

1. Identify determinants, Knowledge, beliefs, attitudes and practices of early pregnancy identification focused ANC, facility delivery/skilled birth attendance and postpartum/postnatal care in East Shewa Zone.
2. To identify decision makers, influential household and community members and decision making process in East Shewa Zone.

3. Explore available communication channels (sources of information) in the community and determine how best to use these channels for social and behavior change communication interventions in East Shewa Zone.
4. To explore knowledge, beliefs, attitudes and norms and practices related to the work of DTLS and DTLS-HEW working relationship in East Shewa Zone.

2. METHODOLOGY

2.1. STUDY DESIGN, STUDY AREA AND DATA SOURCES

A cross sectional study design which employed exploratory qualitative study methods were used in this assessment. The assessment was conducted in two woredas and four kebeles of East Shewa Zone. A purposive sampling method was used to select woredas and kebele by considering representation of a range of ecological, cultural and geographical related actors in East Shewa zone. Accordingly, Bora and Fentale woredas were selected. From each woreda, one kebele that is very far from the woreda town and another kebele that is closer to the woreda town were selected. The selection was made in consultation with respective zonal and woreda health offices in an attempt to balance the geographical and distance related factors that affect health service utilization. In order to meet the main objectives of the assessment, qualitative data was collected from various individuals and groups in the two woredas East Shewa Zone. The following table summarizes the data sources as well as methods used to gather information from them.

Respondent	Method	Number of KIIs or FGDs conducted
Mothers who delivered with in the five months before the assessment	KIIs	4
Husbands of women who delivered in the five months before the assessment	FGD	2
Grandmothers of women who delivered with in the five months before the assessment	FGD	2
Pregnant women	KII	4
Traditional Birth Attendants(TBAs)	KII	2
Health Extension Workers(HEWs)	KII	2
Development Team Leaders(DTLs)	FGD	2
MNCH department experts at woreda health office	KII	2
Primary Health Care Unit(PHCU) heads at woreda health office	KII	2
ANC service providers	KII	2
Delivery + PNC service providers at the health center level	KII	2
Religious leaders	KII	2

Community Leaders	KII	2
Traditional Birth Attendants(TBAs)	KII	2

2.2. DATA COLLECTION METHODS

Qualitative data was collected using focus group discussions and key informant interviews.

FOCUS GROUP DISCUSSIONS (FGDS):

A total of six FGDs, three FGDs in each woreda were carried out with husbands of women who delivered in the five months before the assessment, grandmothers and Development Team Leaders. An average of 8-10 individuals participated in each FGD. A total of 6 FGDs were conducted in the two selected woredas.

KEY INFORMANTS INTERVIEWS (KII):

Key informant interviews were conducted with mothers who delivered in the five months before the assessment, pregnant women, woreda health office representatives, MNCH department experts, PHCU heads, ANC, delivery and PNC service providers, health extension workers, traditional birth attendants and religious and community leaders. A total of 28 KIIs were conducted in the two woredas of East Shewa zone.

2.3. DATA COLLECTION , SUPERVISION AND ANALYSIS

Before conducting the assessment, training was given to both two field supervisors and eight FGD and KII facilitators. The training mainly focused on qualitative data collection methods, on how to use the study protocol and the instruments. Moreover, the trainees were acquainted with the ethical issues they need to consider and adhere to throughout the study period. Pretesting of tools was also done on the day after the training. Based on the findings, the discussion guides were revised and used for the assessment. Experienced researchers facilitated both FGDs and key informant interviews. Notes were taken by research assistants, and all discussions were recorded based on consent from the participants.

The data analysis involved thematic coding of transcripts and followed the basic sets like preparing and organizing the data, developing categories and a coding scheme, coding the data, displaying it and a detailed content analysis

3. MAIN FINDINGS OF THE ASSESSMENT

3.1. EARLY IDENTIFICATION OF PREGNANCY IN EAST SHEWA ZONE

Most of the individuals and groups who participated in this assessment have knowledge of the benefits of early pregnancy identification. For example, husbands of recently delivered women in Bora woreda indicated that a mother who identifies her pregnancy early gets better food and timely access to health services. They added that low work load in the house and an on time access to vaccination services are the main benefits for the mother if she identifies her pregnancy early. Similarly, recently delivered women in Bora woreda said that early identification of pregnancy is helpful for proper up take of vaccination and ANC follow up. A religious leader also reported that the main benefit of early identification of pregnancy is to ensure wellbeing of the fetus and to get treatments as early as possible.

On the benefits of early access to health service during pregnancy, one of the FGD participants said the following:

"We (husbands) don't understand the science and we simply follow our assumptions. But they (health providers) know what will be good for the health of the mother and the fetus. They provide them with proper knowledge and information and they are better than us in protecting them from disease. The HEWs advise them to take iron foliate when they have anemia. I can say that early identification of pregnancy has a lot of advantage"

A husband who participated in one of the FGDs

The assessment indicated that most women start to suspect that they might be pregnant on the second and third month, mainly when their menstruation stops. Most women usually become sure about their pregnancy after the third month of their pregnancy and it mostly happens after they experience morning sickness. Other women also learn about their pregnancy when they visit the health facility for family planning services during which pregnancy test is done by the health providers. A pregnant woman in Bora woreda reported the following on this issue:

"I went to the health facility to take family planning services. But the situation was changed when they asked me to get tested for pregnancy and it was found that I was pregnant... Then I started antenatal care follow up"

A pregnant woman who participated in the study

Similarly, participants in Fentale Woreda also reported that experience of morning sickness is a critical point for a woman to be sure about her pregnancy. Reinforcing this, husbands of recently delivered women in Fentale Woreda indicated that feeling of discomfort, becoming moody and loosing appetite are the signs to tell about a woman's pregnancy. At that time, the husband will also suspect that his wife could be pregnant.

A pregnant woman in Fentale shared her experience on identification of pregnancy as follows:

"I knew about my pregnancy when my menstruation stopped and was sick afterwards. At that time, I lost appetite and couldn't eat. My husband asked me why I was sick. He then told me to go to the health facility and have checkup. I went to the health center and got tested and knew about my pregnancy. I waited until three months to know about my pregnancy because I was not sick until then and I was working as usual"

A pregnant woman who participated in the study

One of the main reasons reported for not using stoppage of menstruation as a conclusive sign for pregnancy identification were the irregularities in menstruation cycle due to various issues including the use of some modern contraceptives like depo Provera. Husbands of recently delivered women in Fentale Woreda also reported that men knew when a woman is pregnant because her menstruation stops. They added that sometimes, when menstruation stops, it is doubtful whether it is a sign of pregnancy or not because there may be a problem with the menstruation cycle.

Early identification of pregnant women was also found to be one of the main responsibilities of the DTLs. However, there is no structured mechanism through which they identify pregnant women. The discussions carried out with the health development army members showed that they focus on woman who stopped using family planning service, those who experience nausea and vomiting and those who show unusual dislike or preference to some food items as signs of potential pregnancy. They added that a pregnant woman becomes selective of what she eats and may start visiting the local market to buy "special" foods such as vegetables, eggs, fruits etc.

It was also found that the role of TBAs is shifting from assisting home delivery to early identification and referral of pregnant women to health facilities. A HEW reported the following regarding the role of TBAs in pregnancy identification.

"Previously, TBAs used to hide themselves and go to the pregnant women's house to visit her and assist in home delivery. But now, they are encouraging and following pregnant women to come to the health center for ANC and skilled birth attendance services"

A HEW who participated in the study

The main reasons reported to be affecting early identification of pregnancy in Bora Woreda were mother's low awareness on benefits of early pregnancy identification, limited knowledge of the timing of

their menstruation, the irregularity of menstruation and the tendency to wait for further confirmation like experience of morning sickness or laboratory test. These reasons for late identification of pregnancy were also true in Fentale Woreda. The other reason for late identification of pregnancy in Fentale Woreda is the seasonal mobility of people looking for water and grazing land for their cattle. They call this mobility "Godentu". During Godentu, most men leave their area for about five months which leaves women without the close follow up of their husbands and other community members who contribute in early pregnancy identification. In addition to this, there are also times when women also travel with men to remote areas where the HEWs and the women development army members are not available. The lack of attention and follow up from these groups was also reported as one reason that delays early pregnancy identification.

The assessment indicated that there is a tradition in Fentale Woreda where a woman is expected to live near her mother in-law. Especially during Godentu, the Mother in-laws were reported to play a crucial role in the early identification of their daughter in-laws pregnancy as her husband could be away for months. Generally, the participants indicated that there is a better trend in the last few years with regard to early identification of pregnancy. This, according to them, is mainly because of the increasing knowledge in the community about the benefits of early pregnancy identification. In addition, the increasing control and decision making power women have about their pregnancy as a result of better awareness about family planning methods and services was also reported as another reason for the change.

In this regard, a religious father in Bora woreda indicated that there are significant changes in pregnancy identification in the woreda.

"God is the one who gives children. Few years ago, it was the man who was supposed to know whether his wife's menstruation has stopped or not. Now, the world is improving and women are being educated so when a woman knows that she is not having menstruation already, she visits the health facility for checkup and get the service from a trained provider"

A religious leader in Bora woreda

3.2. EARLY NOTIFICATION OF PREGNANCY

Most of the participants indicated that early notification of pregnancy is useful to get support from the family members and also for proper follow up of vaccination. The DTLs also reported that early notification of pregnancy helps to seek care and follow up from health facility and to get supplements like iron foliates. The other benefit available for pregnant women in some kebeles is the communal decision to contribute and provide pregnant women with serials and legumes as well as money for transportation to the health facility. Other participants also reported that women who notify their pregnancy early get counseling on their place of delivery from health workers. These are some of the benefits of early pregnancy notification reported.

The interviews and discussions held with the participants in Bora Woreda indicated that husbands, the 1-5 group and HEWs are the first persons that women prefer to notify their pregnancy. However, most of the participants reported that husbands are the first persons who receive the news of the pregnancy of their wives. The reasons why most women notify their pregnancy for their husband were different. For example, a pregnant woman reported that she first notified her husband about her pregnancy because he is the one who has the money to buy the necessary things to prepare butter and other food

items that she needs during pregnancy. The other reason for notifying pregnancy to her husband was because she felt that he is the one to take her to the health facility if she gets sick.

Aba Gedda leader in Bora woreda, on the other hand reported that women first notify their pregnancy to their husband because husbands always want to have more children and the woman knows that her husband will be happy when she tells him about it. A religious leader also indicated that women notify their pregnancy to their husband first because both have the same body and same soul and they don't hide secrets from each other. In addition, they go to the health center for follow up together. The 1-5 group members and the HEWs were reported as the next choices for women to notify their pregnancy. The main reasons these groups are notified were reported to be the need to get follow up support and counseling. The HEWs also get the opportunity to be notified of a woman's pregnancy during home visits.

Similarly in Fentale Woreda, most women notify their pregnancy to their husbands because women need their husbands support in taking them to health facility when they are sick, for delivery preparations and in minimizing household chores that are expected of them. Unlike in Bora Woreda, women in Fentale are responsible for most of the household and livelihood activities and they are extremely occupied and overburdened. Religious leaders also play a role in pregnancy identification and notification in Fentale because they have already been trained as influential members of the community to promote MNCH issues and they provide advice to women to notify pregnancy as early as possible. These religious leaders use community meetings and religious holidays as platforms to educate the community about MNCH issues including the benefits of early pregnancy identification and notification. According to the study participants in Bora Woreda, most women notify their pregnancy after the third or fourth month and they come to the health center even late after that.

Participants of the study described main reasons for late notification of pregnancy. One of the reasons reported was because they might not recognize that they are pregnant until their abdomen gets bigger and until there is a feeling of something moving inside the stomach. The other reason was the feeling of embarrassment associated with the pregnancy. This mostly happens when a woman has been using family planning methods and the pregnancy is un-planned or unwanted. As this might raise questions and unhappiness on the husband, she may not feel comfortable to notify pregnancy and waits until it is visible for everybody to know by themselves. Feeling of embarrassment is also commonly observed among young and unmarried girls, among those on their first pregnancy and those breastfeeding mothers who had poor birth spacing.

A recently delivered mother in Bora Woreda also mentioned fear of miscarriage as a reason for late notification of pregnancy. According to her most women in the community don't want to notify or talk about their pregnancy to people other than close family members or their husband because they fear of miscarriage and wait until they are sure that the pregnancy is safe and healthy. Similarly, DTLS leaders also indicated that pregnant women feel scared about the continuity of the pregnancy and in case early abortion occurs, women fear that they will be considered as a liar forever. Husbands in Fentale Woreda reinforced this issues saying that it is a shame for a mother to tell other people about her pregnancy until her abdomen is bigger and visible by itself because it will be embarrassing if it ends up to be false.

The feeling of embarrassment associated with pregnancy is more dominant in Fentale Woreda than in Bora Woreda. An FGD conducted with husbands indicated that a woman in the Fentale community is usually defensive to accept the truth about her pregnancy even when her husband tells her that she is pregnant. An FGD participant said the following on this

"If I see some signs of pregnancy on a woman and tell her that she is pregnant, she will not accept it even if she knows that it is the truth. She refuses and says that she is not pregnant. This is the influence of the culture"

A husband who participated in an FGD

Similarly, a TBA also reported that most women in Fentale Woreda try to hide their pregnancy until people know and talk about it because they feel embarrassed for publicizing their own pregnancy and are afraid that other people might tease them for doing so. It was reported that it is a tradition in Fentale Woreda that women wait until other people know and talk about their pregnancy. Talking about one's own pregnancy is considered a taboo and pregnant woman are traditionally expected to stay away from public places until they deliver.

According to the HEWs interviewed, one of the challenges in promoting benefit of early notification of pregnancy in Fentale Woreda is the shortage of confident and self-motivated mothers who can share their learning and experience to pregnant woman. Pregnant mothers who received counseling and ANC service are always encouraged to pass the message on the benefit of early pregnancy notification to their neighboring mothers. However, they are not comfortable to do that unless the neighboring women themselves raise the issue and ask for help.

The participants generally indicated that there is a significant progress in early notification of pregnancy. According to the participants, this was made possible because of the aggressive efforts to raise awareness through home to home visits by HEWs and the efforts of the DTLS to reach each neighborhood through targeted messages. In addition to this, the trainings given to the community and religious leaders to support the community mobilization activities to promote MNCH were also reported to have played a role in this regard. The assessment indicated that the main support from the health facility that a woman gets when she notifies her pregnancy are counseling on nutrition and place of delivery as well as vaccination services. A recently delivered woman said the following on the support she received when she notified her pregnancy

"I received vaccination and counseling service from the health post. The HEW gave me monthly vaccination. She also told me about the schedule for vaccination. For me, the ANC visit gave me lot of benefits. If I had kept my pregnancy for myself for 9 months and gave birth at home, my new born baby and even my self wouldn't be healthy and safe as we are now"

A recently delivered woman who participated in the study

Similarly, HEWs in Fentale reported that when pregnant women notify their pregnancy and visit the health post, they give them counseling on where they should deliver, about the benefits of ANC follow

up, nutrition, hygiene and sanitation. They also refer pregnant mothers to the health center if there is a situation that is beyond their capacity. Pregnant women also get support from the community when they notify their pregnancy. For example in Fentale Woreda, neighbors support pregnant women by collecting fuel wood and fetching water especially when the woman is in the last few months of her pregnancy. However, this practice is reported to be decreasing because most women are becoming more and more over burdened with their own house hold chores as a result of the shortage of rain that is making life demanding in the woreda.

The other support that a pregnant woman gets is from her mother in law. In the Fentale Woreda community, it is a tradition that couples who get married should be from two different villages and a married girl is expected to live nearby her mother inlaw. When she gets pregnant, the mother in law will have an active role in her life and supports her in different house hold chores. The husbands who participated in the FGD also indicated that they try to support their pregnant wife as much as possible by getting the things that she needs most for better health and wellbeing. One of the husbands who participated in the FGD said the following

"If my wife tells me that she is pregnant, I will do everything necessary to protect her from the danger that can happen during pregnancy or delivery. Otherwise it might cost a lot if something goes wrong during pregnancy or delivery"

A husband who participated in the study

Similarly, a religious leader said that as husbands are the ones who own the money, they usually make an effort to avail better nutrition like milk and fruits for the pregnant women. The religious leader added that the community has respect for pregnant women and priority is given to them even when they fetch water.

3.3. ANTENATAL CARE SERVICE UTILIZATION

This assessment indicated that the decision to visit a health facility for ANC services is usually made by the pregnant woman and her husband. Community leaders also play an important role in influencing husbands and mothers to go for ANC services. Aba Gedda leader in Bora Woreda for instance, reported that community leaders and Aba Gedda leaders in the woreda were given training to make sure that every pregnant woman in the community goes to the health facility for antenatal care and take vaccination monthly. In addition, the 1-5 groups and TBAs are also encouraging pregnant woman to visit health facility for ANC services.

Most of the participants in Bora Woreda reported that the main barrier for accessing focused ANC service is lack of knowledge about the benefits of focused ANC services. According to the key informants, a considerable proportion of pregnant women in the community believe that they will be protected by their God (the Wukabe) throughout their pregnancy and even during delivery. Some also say that "St Mary" will watch over them throughout the pregnancy and during delivery. Because of this, they don't believe in visiting health facilities for ANC services.

In addition to this, HEWs reported that some women also feel embarrassed to come to the health facility for follow up because they think that others might notice their pregnancy when they come to the

facility. Participants in Fentale Woreda also reported that ANC coverage in the woreda is very low and mothers usually come for first ANC when they are already four or five months pregnant. Some even come on the 7th or 8th month of their pregnancy. The main barrier for focused ANC service utilization in Fentale Woreda is the mobility of people from place to place. It was learned that most mothers stay in their home only during the rainy season (July to October) and leave after wards with their husband or other family members to remote areas looking for water and grazing land for their cattle. In such situation, mothers who started ANC terminate their follow up and others who didn't start ANC also have a lower chance to start early when they are back after six months.

The other barrier for utilization of focused ANC services is the long distance to the health facilities. In Fentale Woreda, the population is sparsely populated and most pregnant women find it difficult to walk on the sun for a long distance to get to the health facility for ANC services. In addition to this, women in Fentale are overloaded with house work, they fetch water from a very long distance and they also take care of the sheep and goats. According to the key informants, these daily routines hardly leave them a time to follow the recommended ANC visits.

Lack of support and low health service seeking behavior of husbands was also reported as a brier for focused ANC visits. It was reported that, when a pregnant woman is sick, the husbands usually think that it is a normal nature of pregnancy and there is nothing dangerous and special about it. This is because pregnancy has been traditionally known and people use traditional efforts to help pregnant women or ignore it as if it is an expected and obvious feeling. Because of this, they do not encourage her to seek services from the health facility. However, there is a reported improvement in ANC service seeking behavior of the community mainly because of the education given at the health post and the mobilization activities being carried out by the DTLS. The participants indicated that previously, most women used to come to the health post after delivery just to get vaccination for their new born. The fact that pregnant women are now part of the 1-5 group has given 1-5 leaders a chance to promote the benefits of ANC service utilization and also to send pregnant women to the health facilities. In addition to this, there is a practice of registering all pregnant women in each kebele and this has helped to easily identify pregnant women and refer them to the health facility for ANC follow up. One of the opportunities to promote focused ANC service utilization was found to be the registration of all pregnant women by the DTLs. A HEW reported the following on this

"If we are now asked how many pregnant women are available in our kebele, we can give the right number. This is because we do regular home visits and register pregnant women in each house hold. The health development army leader registers a pregnant woman in her team and she follows on who is attending ANC and who is not. Then she communicates the list of defaulters to the HEW. Previously, we had no knowledge of where and in what condition the pregnant women in the kebele were living"

A HEW who participated in the study

The other opportunities to promote ANC service utilization are the availability of monthly pregnant women conferences, vaccination campaigns and community sensitization meetings. The HEWs reported that they have already started to use these opportunities to promote ANC services. Furthermore, Aba Gedda and religious leaders are also reported to be influential in promoting health related issues in the

community. Thus, working with these influential community leaders will help to address the challenge in educating and convincing the community to utilize focused ANC services.

3.4. SKILLED BIRTH ATTENDANCE SERVICE UTILIZATION

The assessment found that the practice of health facility delivery and skilled birth attendance is increasing significantly in both woredas in the last couple of years. According to the study participants, most women used to deliver at home attended by family members or sometimes by the TBAs and a lot of them died because of post-partum hemorrhage and other labor and delivery related complications.

For example, A HEW in Fentale indicated that most mothers in the community used to deliver at home but recently there is some change and more and more mothers are delivering at the facility. This change, according to her, is mainly because of the aggressive awareness raising and community mobilization efforts that are underway to promote health facility delivery. In addition, the experience of seeing women who had a safe and healthy delivery in the health facility also encouraged other women to do so. Mothers who delivered at the health facility were also encouraged to educate and motivate their neighbors to use the same service during delivery.A religious leader also added that the increasing knowledge about the availability and benefit of health facility delivery services and availability of ambulances has also contributed to the change in this regard.

With regard to knowledge of the benefits of health facility delivery, an Aba Gedda leader in Bora Woreda, for example said the following:

"When women deliver at home, they are required to stay isolated for four days if the new born is a girl and for five days if the newborn is a boy. Even after the fifth day, the neighbor women wash the mother with some leafs from the bush which results in bad smell. But when a woman delivers in the health facility, the health service providers prepare her in advance to bring clean clothes for her and the new baby when she comes to the center for delivery.

They also change her cloth immediately after delivery. This keeps her clean. As a result, I prefer all women to deliver at the health center"

Aba Gedda leader who participated in this study

The other benefit of health facility delivery that the participants mentioned is the care and treatment to prevent the chance of any post-partum hemorrhage. They also added that a child who is born in a health facility will be weighted, cleaned and becomes health compared to a child who is born at home.

The study participants also indicated that awareness of availability of health facility delivery service is increasing. This, according to them, is mainly because of the increasing number of mothers who visit the health post for ANC services. Such visits are used by the HEWs as an opportunity to provide information and counseling on the benefits of health facility delivery. In addition to this, HEWs give the ambulance phone number to women on their last ANC visit so that they can call ambulance during labor. This, according to the study participants, has increased awareness about health facility delivery service in the last few years. The other reason for the recent progress in skilled birth attendance is the availability and functioning of the 1-5 networking. This structure helped to facilitate discussion and

education about pregnancy and delivery related issues among neighbor mothers during coffee ceremony and other small gatherings. The other factor that increased skilled birth attendance is the home visit carried out by the HEWs. This visit has created an opportunity for early identification of pregnant women and provision of counseling services so that they visit the health facility for ANC follow up. It is highly likely that a woman who had ANC follow up also delivers at a health facility.

There are also community led initiatives that are motivating and influencing mothers to deliver in health facilities. For example, an innovative communal system in Bora Woreda which provides financial incentives to mothers who deliver at the health facility was reported to have encouraged skilled birth attendance at the health facility. The financial incentive which is drawn from community savings and contributions is supposed to cover some transportation costs associated with reaching the heath facility and buying some things needed during delivery.

In addition to this, religious and community leaders who were trained by the HEWs and the kebele administration on MNCH issues are also educating the community and passing communal bylaws to promote health facility delivery. For example, Aba Gedda in Bora Woreda indicated that the kebele in collaboration with the "Idir" has passed a communal bylaw to punish women who deliver at home. The Geda leaders also decided that TBAs who don't take mothers to facility for delivery and try to assist home delivery are punished 1000 birr. In addition, in some kebeles of Bora Woreda, there is a group of people organized by the kebele administration to carry women in labor to the health facility in areas where access to ambulance transportation is limited.

This assessment found that the main decision makers regarding the place of delivery of the mother, both in Bora and Fentale Woredas, are the husband, the pregnant woman herself and sometimes their neighbors. It was also found that, in the fight against home delivery, the kebele administration, geda leaders, neighbors, 1-5 groups are also playing a role. A recently delivered mother in Bora Woreda said the following about who influences in deciding on a woman's place of delivery

"I delivered my last baby at the health center. When I felt some indications of labor, my husband went to the health post and informed the health extension workers about it. Then, the ambulance immediately came and took me to the health center"

A recently delivered mother who participated in the study

Most of the participants agreed that husbands are the ones who make the final decision on a woman's place of delivery. One of the reasons for this is because the husband is the one who owns the phone and he is the one to make the decision to call ambulance or not. Participants added that the decision to take a woman to health facility for delivery depends on the level of awareness and attitude of the husbands towards health facility delivery which is normally influenced by the perspectives of the local community. A religious leader also added that when ambulances are not available, the husband is the one who is supposed to ask for support from other men to carry the delivering women on shoulder to the health facility.

Husbands of recently delivered women in Fentale Woreda similarly indicated that they are the ones who make the decision on the place of delivery of the wife. A religious leader also added that the one who

usually makes decision on place of delivery is the husband and if he has good knowledge of benefit of facility delivery, he makes a phone call for ambulance and even if the ambulance can't come or is not available, he will ask for support from neighbors to carry her on shoulder to take her to the health facility. It was also found that the role of TBAs in assisting home delivery is decreasing mainly because trainings were given to them to support the campaign "no women should die while giving birth". The kebele administration, the HEWs, the community police, religious and community leaders also play a role in influencing the decision on a woman's place of delivery.

The progress in health facility delivery and skilled birth attendance was generally perceived to be better in Bora Woreda compared to Fentale Woreda. One of the main barriers for health facility delivery in Fentale Woreda is "Godentu", which refers to the six months mobility of community members during the dry season looking for water and gazing land. Most women in Godentu deliver wherever they are because the labor is sudden and their location is usually very far from the health facility.

The other barrier is unavailability of mobile network to call ambulances when required. It was learned that when pregnant women leave for Godentu, they are given ambulance numbers to call during labor. However, because of low network coverage, ambulances become inaccessible. The other main barrier for health facility delivery is the perception that people have about the way they would be treated at the health facility during delivery. According to the key informants, most people feel that the health providers would cut the body of a delivering woman with a scissor or that they would leave her uncovered on the open leaving her private body parts seen by others and exposing her for some kind of sickness. However, it was learned that this misperception is recently decreasing in the community as a result of the aggressive education and community mobilization efforts in place.

It was also reported in Fentale that there are still times when TBAs are doing delivery in cases of emergency when there is no one to support the mother because of different reasons. Still, most women prefer home delivery with support from a TBA mainly because they perceive that she will respect privacy and also because she is a member of their own community and someone they identify with unlike the health professionals who are considered to be different in some ways from the community.

The other main reason for home delivery that the participants reported was the fear of being exposed to draft (which they called "nefas" or "berd") when they are back from the health facility after delivery. This is because ambulances do not provide any return service after delivery. The top priority currently seems to be ensuring that the woman delivers at the health center and little attention is given to how a delivered woman gets back home. However, how a mother returns back after delivery seems to be a top priority for the delivering mother and her family. The other reason for home delivery was reported to be the spontaneous labor which doesn't give mothers the time to wait until the ambulance arrives. The issue is complicated by the fact that ambulances in most cases are called after mother has tried home delivery and faced complications like post-partum hemorrhage.

The long distance to the health facility was also the other barrier for health facility delivery in Fentale Woreda. A husband who participated in one of the FGDs said the following on this issue

"If it was not because of distance of health centers, we would have preferred to take women to the health center for delivery services. We also take our cattle far away and because of that

women may not get the appropriate health services as there is no one to support them during that time"

A husband who participated in the study

According to the participants, preparation for delivery is a long process and there are traditional practices related to it. A pregnant woman starts the preparation from the date that she knew about her pregnancy as she has to prepare the food she needs to consume during pregnancy and after delivery. The Geda leaders in Bora Woreda also added that there is a practice where they ask everyone in the community to contribute cereals to prepare "Kinche", which is a common food consumed after delivery. In Bora Woreda, there is a traditional ceremony organized by family and neighbors called "Fechasa" during which they prepare and eat porridge and wait until the placenta is removed and take care of it. One of the FGD participants said the following about the ceremony which shows the male preference dominating the community.

"During the "Fechasa" ceremony, neighbors and family express their joy about the delivery by saying 'Elelelele', three times if the newborn is a girl and four times if is a baby boy"

A grandmother who participated in the study

Aba Gedda in Bora Woreda reported that one of the practices related to delivery is when a mother returns home after delivery during which a separate room is constructed to her so that she is treated with respect, fed well and taken care of. She will also be encouraged to drink from animal's blood slaughtered for the celebration to substitute the blood that she lost during delivery. The family and close friends take care of her well after the delivery so that "she looks like a bride" when she starts her normal daily chores after delivery. It was reported that a woman stays home for three months after delivery and her brother in law slaughters sheep or goat for her.

One of the opportunities identified to promote health facility delivery in Bora Woreda is the availability of a communal bylaw which was developed after the community leaders attended a meeting facilitated by the kebele administration and health professionals. According to the by law, a woman who delivers at home pays 500 birr. In addition TBAs who assist home delivery are also punished 1000 birr. Some of the money collected this way is used as a reward for the woman who reported the case. The participants indicated that this practice contributed in increasing health facility delivery in Bora Woreda.

Regarding knowledge of danger signs during delivery, the main danger signs during delivery and labor identified by participants were tiredness, difficulty to push during labor and improper removal of the placenta and the like.

3.5. POST NATAL CARE SERVICE UTILIZATION

It was found that the recent increase in utilization of health facility delivery service is also contributing to the increase in utilization of PNC services. Regarding the specific PNC services given, a HEW in Bora Woreda indicated that post natal care is given to woman for four times and the first one is given on the six hour after delivery. After the mother leaves the health facility, home visit will be conducted to check the health of the mother and the newborn and counseling is provided on breastfeeding and the need for

regular follow up. Aba Gedda leader also reported that the main services given at the health facility right after delivery are measuring the baby, provision of oral vaccination to the baby and cleaning the baby. A recently delivered woman also said the following about support given to her after delivery

"After delivery, HEWs visited me at my home within one hour after I returned home from the health center. They prepared food for me and for themselves as well when they come. They counseled me on how I should take care of the hygiene of my baby, how I should breastfeed, and also checked my health as well. They visited me frequently after that. They also checked the health condition of my baby"

A recently delivered mother who participated in the study

The health development army group indicated that mothers get general support and care including counseling on breast feeding and the newborns will be given vaccination and weight measurement and general status checkup.

A recently delivered mother said the following regarding the support she received after delivery.

"As soon as I gave birth, the health professionals checked my blood and they gave me vaccination. They also checked the baby and attached him to my breast for optimal breastfeeding. They (health professionals) gave me food and drinks and I started eating immediately. I am willing if a HEW or DTLS comes home to check my baby immediately after birth because they know better than I do about the health of my new baby. If they don't come to visit me, I will send someone to bring them home so they can check the health of my baby"

A recently delivered mother who participated in the study

In Bora woreda, the participants indicated that the persons who are allowed to see the mother after delivery, while she is in the health facility are the health workers. Mothers and fathers are not allowed to see her until she is taken home. Even after she is taken home, not everyone can see her. According to the participants, this is because showing the newborn to everyone will not be good for the health of the mother and the baby. Because of that, most people construct a new private room for the newly delivered mother. People believe that it is culturally in appropriate to show the newborn to all visitors because of fear of an evil eye.

Another key informant also reported that no one is allowed to visit the recently delivered mother not even her husband because she is not allowed to see light as there is a traditional thinking that if everybody visits a woman who just delivered, the light will cause a common but unexplained sickness they call "mich". However, the HEWs and DTLS are allowed to visit the mother and the baby after delivery because they are expected to check the health status of the baby and the newborn. The participants indicated that if the HEW or DTL informs the mother to take the baby to the health center, the mother would agree and both the husband and the mother will take the newborn to a health facility. The DTLS members confirmed that they visit the recently delivered mother at any time during the day and they usually take gifts with them during the visit.

A religious leader in Fentale also indicated that as soon as the baby is borne, the only persons who can take a look at the baby are the mother, the health providers and the mother in law. They visit them to

express their happiness for the safe delivery and see how strong the mother is after delivery. According to him, other people in the community are not allowed to visit her for the first four or five days. During these days, only those people who take care of the mother like her mother, her sister in law and her husband can visit her. The HEWs were reported to have the permission to get in to the house of the mother and visit her and her baby immediately after delivery. According to most of the participants, HEWs also play a crucial role in influencing a woman's decision to get post natal care services.

One of the barriers for low utilization of post natal care services was reported to be limited knowledge of the community about the benefits of the service. This, according to the participants, is mainly because people think that nothing will happen to the new born ones delivered safely. In most cases, it is when the new borne is sick or has fever that people contact the health extension workers. Furthermore, the mother is culturally encouraged not to leave home with in the two months after delivery. Because of this, mothers don't contact the HEWs for possible support and service. Even though there is an effort to provide post natal care home visits, the service is not consistent and comprehensive because of shortage of mid wives and HEWs who are supposed to provide the service.

3.6. NEWBORNE HEALTH CARE SEEKING BEHAVIOUR

With regard to newborn health care seeking behavior, a recently delivered mother in Bora woreda said that the health professionals showed her how to initiate breastfeeding and counseled her on excusive breastfeeding for the first six months.

It was found that normally the mother would not have the strength to take the newborn to the health facility for health care services. Thus, it is usually the HEWs who do checkup and provide services at the woman's residence. Generally, it was learned that the mother and the father of the newborn are the ones who make decisions about taking the newborn to health facility for checkup and treatment. Husbands of recently delivered women in Fentale also indicated that the husband and health professionals are the ones who decide to take the new borne baby to the health facility for health care services when they are sick. However, if the husband is not around due to different reasons, the mother would be the one to decide. They also added that if the grandmother insists on taking the baby to the health facility, fathers do not usually refuse to do that.

A recently delivered woman said the following on the issue of decision making:

> ***"If my newborn baby is sick, I would discuss with my husband if he is around and then we take him to the health facility. But if he is not around, I am the one to make the decision on that"***
>
> ***A recently delivered woman who participated in the study***

When it comes to the practice of newborn treatment, the participants indicated that families used to give drinking coffee to the sick baby. However, things seem to be changing and people are taking the sick baby to the health facilities. An interesting issue that came out of the discussion with fathers was that they don't usually consult a HEW about the need to take the new born to the health facility. It is only if a HEW insists on that and visits their home that they would listen to her and do as per her advice. According to the participants, the main reason that parents don't want to take their newborn to the

health facility for treatment is because they don't want to spend money and because they feel that the newborn will be ok by him/her.

According to the participants, the main indications of health problem among newborn children are frequent crying, fever, breathing problems, diarrhea, abdominal pain, vomiting and the like. The most common health problems of newborns were related to pneumonia and malaria.

Some traditional practices related to newborn health care service utilization were also identified. "Chelle" was reported to be a spirit that people believe as their god and the spirit is represented by a small material also called "Chelle" that people put on their body or hang on the wall at their home. When a newborn child gets sick, the family members put the "Chelle" (a representation of the spirit) nearby prepares coffee, bake bread and then they rotate the newborn twice and finally throw the bread away. They believe that the newborn gets cured when this happens. It was also reported that family members put the "Chelle" (the material) on their neck and they put a fresh butter on the newborns head with the belief that the illness will go away with the will of the "Chelle".

In addition to this, the participants reported that "Hamechisa" which means to "hug" or "embrace" someone, is practiced in Bora Woreda. Few weeks after the being delivered, the newborn is required to be taken to a known witchcraft or some highly respected person in the community so that the person can "hug" or" carry "him/her. When a newborn is hugged or embraced by the person, the mother and the family members believe that the newborn gets a blessing from him and will be protected from any evil spirit or danger and sickness. This practice was reported as one reason that some community members still don't prefer to take newborn children to the health facility for treatment.

"Gibera" was another practice that happens once in a year (in June) in some areas of East Shewa. According to the informants, some community members believe in a spirit called "Boranticha" and the spirit is usually represented by a big tree near by the community. The people who believe in Borenchisa gather every June to give some amount of whatever they have produced during the year to the spirit and they gather on a big tree that they conventionally selected. Some people give away cattle and others give other products from their farm. When they gather for the ceremony, they put what they want to give to the "Boranticha" under the big tree and finally they eat and drink from it. If someone has given away a sheep, the sheep will be slaughtered there. But, they first cover their eyes in silence to make sure that the spirit ("Boranticha") tests it before they start to eat. After that they eat and drink whatever is available there. According to some informants, the community members who believe in Boranticha think that it will protect their children and mothers when they are sick. Because of this, they first pray for the spirit to cure the mothers and children when they are sick before coming to the health facility which causes delays for health care and attention for newborns..

3.7. SOURCE OF INFORMATION ABOUT HEALTH ISSUES

The assessment indicated that the most credible sources of information about health issues in Bora woreda are radio and health professionals. The most effective method to deliver information is through radio and face to face interaction. Radio is one of the best sources of information as it is available in many households and people usually access radios from their neighborhood in the evening during coffee ceremony. Radio is also a good source of information for youth including students because they are

using their mobile phones to listen to FM radio channels. It was found that the evening time, from 7-11 pm, is the most convenient time to listen to radio for all of the population groups in the woreda. During the day, people don't stay at home and there is a lower chance to listen to radio. The health extension workers and community conferences were also reported to be effective ways to deliver information to the community. A religious leader indicated that religious and community leaders get information from trainings and meetings.

In Fentale Woreda, interpersonal communication and group meetings were reported to be the main sources of information. Access to radio is limited because of absence of electric power. Access to mobile radio service is also limited because there is no mobile network in most cases. The kereyu community in Fentale Woreda has a culture of sharing whatever information they have to someone they know. Those who have radio also pass information they heard to other community members. Participants in Fentale Woreda reported that when radio is available, the time that people usually listen to radio is during news time and early in the morning. Most of the respondents in Fentale Woreda indicated that especially men have ample time to listen to radio as their life style is not that busy. However, women can only listen to radio after dinner when they finish their daily chores.

One of the most common forums available to pass information and messages to men in the Fentale Woreda community is when they get together to chew khat. Key informants indicated that about 25-50 men gather around from 2 pm every day (except on Tuesday and Thursday) to chew "Khat" and they exchange what every new information they heard about. The other opportunity to pass information to the community in Fentale Woreda is the Productive Safety Net Program (PSNP) where people gather around to receive their payment for the terracing work they do called "Dhaga". It was learned that HEWs use this opportunity to educate the community about various health issues. In addition to this, the development army commonly known as "Gere" and the 1-5 networking called "Toko shene" are also the main sources of information. In terms of preference, Radio and the 1-5 networking were reported to be the most preferred sources of information for mothers in the community.

3.8. PERCEPTIONS TOWARDS THE HEALTH DEVELOPMENT ARMY (HDA)

It was found that a considerable number of women in Bora woreda are not aware of the existence of the HDA structure. This is because of two reasons. One is because the structure is not yet functional in several kebeles. The other is, even when the structure is functional, they are not yet aware that the structure exists or that they are part of it. In addition to this, a group of husbands interviewed reported that they have heard about the 1-5 networking but they don't know much about it. They said that it is not a functional structure because it only involves women and they have limited participation and knowledge about it.

Regarding the role of HDAs, most of the participants said that HDAs usually work on issues related to environmental health, waste management, latrine construction, malaria prevention, nutrition, family planning and the like. It was also found that in many cases, the community has a positive attitude towards the health development army. This is because they have become one of the main sources of information about health especially for those who don't have access to radio and other information sources. However, there have been times when these groups were considered as people getting special benefits or those who have more leisure time.

In most cases, the 1-5 teams meet every week and they also report to DTLs every two weeks. The DTLS meet twice a month and they usually discuss about various development issues including health, education and agriculture. Similarly, the DTLS leaders meet with the HEW every two weeks. They also report to the group leader every two weeks. Most of the 1-5 members don't know how to write and read thus they provide oral report to their leader. However, they admitted that they have a challenge to meet regularly as per the schedule because of their busy schedule and demanding life style.

Similarly, in Fentale Woreda the DTLS meet twice a month or weekly depending on necessity and they have a reporting format that they use. The 1-5 group meets every week but this meeting frequency is usually nonfunctional because people of the mobile nature of the community.

In order to strengthen the activities and efforts of the DTLS, participants indicated that training should be given to them to raise their knowledge on key health issues. In addition, giving them some kind of recognition and award for best performance was suggested to motivate them to ensure sustainability of their actions. Health extension workers interviewed indicated that the DTLS played a significant role in reducing home delivery and in increasing antenatal care service utilizations which contributed to a reduction in maternal and child mortality.

In Fentale woreda, the health development army plays an active role in supporting the work of HEWs by carrying out community sensitization activities on vaccination. The DTLS also accompany the HEWs when they travel to places and homes that are very far and risky because the DTLS are more familiar to the local people compared to the HEWs.

Participants indicated that the DTLS get technical support from the health office, health post, kebele command post and HEW. However the support was reported to be in adequate. When they implement activities directed by the command post, some do well and others don't and yet there is no recognition for those who performed well. This, according to the participants, has contributed to loss of interest among those who do their job well. Thus, the participants suggested that the best performing HDA groups need to be motivated and rewarded for their performance. Participants in Fentale also added that the support to HDA is not adequate and trainings should be given to the new leaders that replace those who drop out. According to the study participants, the HDA should be given updated information and training to be able to provide effective counseling and education on health and they should be supported with megaphones while they conduct campaigns. The DTLSs indicated that they get information about health issues from trainings and meetings and information that they get from meetings is the most preferred one.

Generally, it was found that the HDAs are doing good things on the ground in promoting various development issues including maternal health and most of the community has good perception about them.

4. CONCLUSION AND RECOMMENDATIONS

4.1. CONCLUSION

Generally, the assessment indicated that knowledge on benefits of early pregnancy identification and notification has increased in the last few years. Most women usually know about their pregnancy after the third or fourth month of their pregnancy usually when they experience morning sickness or when they visit the health facility for family planning services during which pregnancy test is done by the health providers. Most mothers prefer to wait until they experience morning sickness or for checkup and conformation from the health facility to be sure of their pregnancy. As a result of increasing knowledge of benefits of early pregnancy identification, there is a better trend in the last few years in early identification of pregnancy as women have better control and knowledge about their pregnancy. Mostly, the first persons that women prefer to notify their pregnancy are husbands, the 1-5 group and HEWs in their area. The main reason women notify their pregnancy to their husbands is because husbands always want to have more children and because they are expected to support the pregnant wife in the necessary preparations for delivery including expecting less of the hard laborious works she does every day and in availing better food and supporting access to health care services. Most women notify pregnancy after the third or fourth month because they feel embarrassed of the pregnancy, are scared and not sure about the continuity of the pregnancy and when the pregnancy is un-planned or unwanted.

The decision to visit health facility for ANC services is usually made by the pregnant woman and her husband. However, community leaders also play an important role in influencing husbands and mothers to go to a health facility for ANC services.

The main barrier for accessing focused ANC service was negligence to use available services as many women in the community say that they will be protected by their God (the Wukabe) and some also say that "St Mary" will watch over them throughout the pregnancy and during delivery. In addition to this, women feel embarrassed to come to the health facility for follow up and they think that others might see them when they come to the facility. In Fentale Woreda, because of the pastoralist nature of the community, their mobility from place to place is the main barrier for utilization of ANC service.

There is an increase in skilled birth attendance in the last couple of years mainly because of the availability and functioning of the 1-5 networking, the communal system and the bylaw in place that punish home delivery, home visits carried out by the HEWs and the community sensitization given to the community. The main decision makers regarding the place of delivery of the mother are the husband, the pregnant woman herself and sometimes their neighbors.The main barriers for health facility delivery are fear of undergoing a surgical procedure during surgery and fear of being exposed to draft (which they call "nefas" or "berd") when they are back from the health facility after delivery as the ambulance doesn't provide any return service. In addition, spontaneous labor which doesn't give mothers a time to wait until the ambulance arrives was also reported as one reason for home delivery.

Utilization of post natal care service is associated with health facility delivery and there is a recent increase in PNC service utilization because of the increase in health facility delivery service utilization. Knowledge and care seeking behavior of the community about benefits of PNC is significantly lower than ANC mainly because they think that nothing will happen to the child or the mother ones she delivered safely. The other is the fact that culturally, the mother is not allowed to go out of home for two months after delivery and even for the baby's vaccination on the 45th day.

The assessment indicated that the most credible sources of information about health issues are radio, health professionals and the most effective methods to deliver information is through face to face interaction. A considerable number of women are not aware of the HDA structure in their community. In most cases, the 1-5 teams meet every week and report to DTLs every two weeks. The DTLS meet twice a month and they usually discuss about various development issues including health, education and agriculture. Similarly, the DTLs meet with the HEW every two weeks. Most of the 1-5 members don't know how to write and read thus they provide oral report to their leader. However, they admitted that they have a challenge to meet regularly as per the schedule because of their busy schedule and demanding life style.

4.2. RECOMMENDATONS

- In order to promote early recognition of pregnancy by the mother, SBCC activities targeting major signs of pregnancy with specific focus on menstrual cycle, signs of morning sickness and the need for making pregnancy test as soon as pregnancy is suspected need to be carried out to raise community awareness and knowledge in rural areas.

- Husbands are reported to be the first persons to be notified or know about their wife's pregnancy. Thus, community level forums need to be organized to promote their engagement and raise awareness on benefit of early pregnancy identification.

- Efforts directed at improving early identification of pregnancy need to give special attention to women who have been using family planning methods (depo proviera), recently married women, breastfeeding women and single/unmarried young women and girls as these are the population groups having unacceptable delays in pregnancy identification.
- Early identification and notification of pregnancy is a determining factor for the other follow up services in the MNCH continuum of care. Thus, the HDs, HEWs and other health professionals need to be oriented on the importance of focusing on early pregnancy identification to achieve the desired results on ANC, skilled birth attendance and PNC service utilization.

- The registration of pregnant women and the pregnant women conferences need to be supported and strengthened as these are the entry points for promotion of ANC, skilled birth attendance and PNC service utilization.
- There are some traditional practices like porridge preparation that are carried out at the health facility to motivate mothers to deliver at the health facility. These practices need to be replicated at a wider level and other activities like coffee ceremony and the like that also involve families of the delivering mother need to be adopted to make the service friendly and promote skilled birth attendance.
- There is a need for coordinated advocacy work targeting concerned decision makers at different levels to arrange possibilities for provision of return ambulance transportation services for mothers who delivered at health facility as the absence of this service is discouraging women to use health facility delivery services in the first place.
- To promote utilization of PNC services, home visit services by HEWs and HDAs need to be strengthened to address the existing human resource gaps in engaging HEWs to conduct home to home PNC services.
- Perceived fear of payment was one of the key barriers for utilization of MNCH services in both woredas. Thus CBNC implementation needs to be initiated in all target health posts and other possible solutions need to be considered to address this barrier. In addition to this, activities to generate demand for MNCH services need to intergrate messages about MNCH services that are free of charge.
- Religious and community leaders were reported to be currently engaged in the promotion of ANC and health facility delivery service utilization. Additional strategies should be implemented to engage these people in influencing the community to get rid of cultural and traditional practices that discourage utilization of ANC, health facility delivery, PNC and newborn health care services.
- Trainings need to be provided to health development armies (HDAs), HEWs and community mobilizers on key messages and actions related to pregnancy identification and notification, ANC, health facility delivery, post natal care and new borne health care so that they can deliver accurate messages to mothers, fathers and the community at large.
- Developing / adapting and availing clear, simple visual messages (as most of the mothers are illiterate) and locally appropriate counselling /teaching tools for HDAs, HEWs and community mobilizers would help in promoting knowledge and awareness about availability and utilization of MNCH services.
- Broadcasting simple messages via local FM radio stations, school mini-medias and other existing channels could be an effective way to reach men , students and the younger generation. Integrating community mobilization activities with the local cultural and social events or traditional ceremonies associated with pregnancy and delivery could be an effective and appropriate way to reach the community with targeted messages.
- In order to reach mobile communities in east Shewa zone, innovative approaches activities to use the potential gathering places like river banks and market places need to be implemented either trough the HDAs or other community outreach structure.
- Promote women friendly services at HFs and advocate for services friendliness at community to increase facility delivery (identify local champion who gave birth in facility and could be an advocate for the service in facility, as women are afraid of being cut and exposed …)

REFERENCES

1. Central Statistical Agency. 2011. "The 2007 Population and Housing Census of Ethiopia
2. Central Statistics Authority (2012). Ethiopia Demographic and Health Survey 2011, Addis Ababa, Ethiopia
3. Federal Democratic Republic of Ethiopia, Ministry of Health (2005). Health Sector Development Program (HSDP) III, Addis Ababa
4. Federal Democratic Republic of Ethiopia, Ministry of Health (2006). National Reproductive Health Strategy (2006 – 2015), Addis Ababa
5. Federal Ministry of Health (2006): National Adolescent and Youth Reproductive Health Strategy (2006-2015), Addis Ababa, Ethiopia
6. Federal Ministry of Health (2006): National Reproductive Health Strategy 2006– 2015
7. Federal Ministry of Health (2010): Health Sector Development Program IV 2010/11 – 2014/15, Addis Ababa, Ethiopia
8. Federal Ministry of Health (2012): Road Map for accelerating the reduction of Maternal and Newborn Morbidity and Mortality in Ethiopia (2012-2015), Addis Ababa.
9. Ministry of Finance and Economic Development (MOFED). 2010. Ethiopia: 2010 MDGs Report: Trends and Prospects for Meeting MDGs by 2015
10. Ministry of Finance and Economic Development (MOFED). 2010. Growth and Transformation Plan of the FDRE 2010/11-14/15, Addis Ababa.Transitional Government of Ethiopia (1993): Ethiopian Health Policy, Addis Ababa Ethiopia
11. Central Statistics Agency (2014): Ethiopia Mini Demographic and Health Survey 2014 Addis Ababa, Ethiopia,
12. .United Nations Childrens Fund(2014); Levels and Trends in Child Mortality Report 2014, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2014