

Appropriateness and Timeliness of Care Seeking for Complications of Pregnancy and Childbirth in Rural Ethiopia: A Case Study of the Maternal and Newborn Health in Ethiopia Partnership

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Background: The USAID/University Research Co., L.L.C. Translating Research into Action Project's Systematic Documentation of Illness Recognition and Appropriate Care Seeking for Maternal and Newborn Complications launched in 2014. The project used a common protocol involving descriptive mixed-methods case studies of community projects in five low- and middle-income countries, including Ethiopia. In this paper we present the Maternal and Newborn Health in Ethiopia Partnership (MaNHEP) case study.

Methods: Methods included secondary analysis of data from MaNHEP's 2010 baseline and 2012 end line surveys, health program inventory and facility mapping to contextualize care seeking; and illness narratives to identify factors influencing illness recognition and care seeking. Analyses used descriptive statistics, bivariate tests, multivariate logistic regression and thematic content analysis.

Results: Maternal illness awareness increased between 2010 and 2012 for major obstetric complications. After 2012, the Ministry of Health introduced nationwide initiatives to improve the supply and demand for maternal and newborn health care. By 2014, care seeking for perceived maternal illness increased by 26% and occurred more often compared with care seeking for newborn illness (64% vs. 38%)--a difference notable in cases of culminating death (100% vs. 31%). Most families sought care < 1 day of illness recognition. Facilitating factors were health extension worker advice and ability to refer upward, and health facility proximity; impeding factors were time of day, weather, road conditions, distance, poor communications, lack of transportation or money, perceived spiritual or physical vulnerability of the mother and newborn, postnatal restrictions on movement, and preference for traditional care. Some families sought care despite disrespectful, poor quality care.

Conclusions: Improvements in illness recognition and care seeking observed during MaNHEP and reinforced through new government initiatives can be expected to continue if concerted efforts are made to reduce identified barriers and improve quality of care.

Biography:

Lynn Sibley is Professor in the Nell Hodgson Woodruff School of Nursing at Emory University and holds a joint appointment in the Rollins School of Public Health's Department of Global Health and affiliate appointment in the Department of Anthropology. Her career has been devoted to reducing maternal and newborn mortality across low resource settings by focusing on community-level formative and implementation research and programming. Other professional activities include advisor/consultant on community-level maternal and newborn health to well-respected global organizations including the World Health Organization, UNICEF, International Confederation of Midwives, United States Agency for International Development and National Institutes of Health.