# Harresaw site-specific topic: Maternal health services and challenges

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**Health extension worker**

There are different maternal health services given to the community. The services are provided at the health post and the health centre. The health post is found at the centre of the tabia whereas the health centre is found at one corner of the tabia. The people of kushet Harresaw are found far from the health centre. Sometimes women deliver on their way to the health centre so the health extension workers assist delivery at home or on the way to the health centre. The different maternal services given to the community at the health post and health centre are TT vaccination for pregnant mothers, provision of Vitamin A, Iron and Iodine, and Mesoprostal is given by the health extension workers to stop bleeding during delivery; it was started in 2011. There has never been delivery service at the health post but there are delivery couches. All the services given at the health post are also given at the health centre. Delivery service is given only at the health centre. PMTCT service is given at the health centre. It is also given at the health post by health workers from the health centre.

Delivery at the health centre started a very long time ago. The new change in the service in the health centre is that a delivery block was separated in 2011.

For the future a place to prepare porridge or boil coffee should be made because it makes them to feel at home and it is very important.

Health extension workers, health volunteers and representatives of health in each development group help the community receive maternal health services at health facilities.

There is no problem in ANC, its coverage is 100%. The maternal health service that faces challenges is delivery at the health centre. And this is influenced by various factors. Cultural influence is one of the reasons that makes some women not go to the health centre for delivery. Some women want to stay and deliver at home, they do not want to be known by neighbours, they do not like it when they are to be taken to the health centre for delivery.

There is a transportation problem that hinders many women from going to the health centre for delivery. Some women do not go to the health centre for delivery because of the lack of comfort when they are transported to the health centre. The knowledge of pregnant women about the use of maternal health services is good; the problem is in practice mainly due to transportation problems.

 The attitude of women towards maternal health services is good and it is improving. There are some differences in attitudes of women towards maternal health services. The young women and the educated have better attitudes towards maternal health services. There is no difference in attitude associated with the wealth of individuals. Distance is a big factor in kushet Harresaw. There is also the problem caused by the absence of mobile network because they have difficulty in calling health extension workers. In other kushets there is a mobile network.

There is a good attitude in men. Regarding the maternal health services men have an even better attitude than women because some women complain when they are to be taken to the health centre.

There is a change in the attitudes of people in the last ten years but the rapid change came in the last five years. The change in the community came because of extensive teachings by giving examples of pregnant women who faced problems during delivery. The roles of health extension workers, health volunteer, 1-5 network and development group structures were significant in changing the attitudes of the community. The women’s association also teaches about maternal health.

There is no ambulance serving the community regularly. An ambulance comes if a pregnant woman is referred to Atsbi health centre. When pregnant women deliver at Atsbi after they are taken by ambulance they have to come back to the community at their own cost. For this reason pregnant women do not want to go to Atsbi.

There is good experience of delivery service in Atsbi Clinton foundation in 8 tabias. There is coffee and flour for the mother and people who take care of her. Two clothes are given to the new infant. This is very encouraging for women to go to the health centre for delivery. Those women who go to the health centre with the mother also feel comfortable with the presence coffee and flour to prepare porridge, the cultural food given to women after delivery. It will be good if the same incentive comes to the tabia in order to attract pregnant women to go to the health centre and deliver. In addition to this, continuous education should be given to the community to have the habit of delivering at the health centre.

## Health volunteer

The different maternal health services which are available for women in the community are ANC, vaccination, and nutritional screening which are given in both the health post and the health centre. There is delivery service at Dera health centre. The services are far from kushet Harresaw. The problem is that cars cannot also enter into kushet Harresaw. Many youths migrated to Saudi Arabia so there is a problem of people to carry pregnant women to deliver. For the above mentioned reasons women deliver at home.

 ANC and vaccination started in 2001. The delivery service used to be given by the HEW and TBA but it was banned since 2011. It is good if pregnant women deliver at the health centre. The health extension workers and health volunteers go house to house and teach them to go to the health centre. The maternal health services that are available at the health centre are ANC, vaccination and delivery started in 1993.

Whenever pregnant women start labour they call the health extension worker because they find it easy to communicate with the health extension worker. TBA and health volunteers started to function in 1993 but at the time there was not extensive work on maternal health. The health extension workers came in 2006.They all go house to house and teach the community about maternal health services and their benefits. For those who deliver at home they are given vitamin A and they are advised to get their new born infants vaccinated. This provision of vitamins came after the coming of HEW. The problem in delivering at the health centre can be solved by improving the transportation system and by making an ambulance available.

The challenge faced in the provision of maternal health service while working to enable pregnant women to get maternal health service is absence of transportation when mothers go into labour. There is no car when they deliver so instead of getting all such inconveniences pregnant women want to deliver at home. When a pregnant woman is taken to the health centre and she delivers at the health centre again there is problem to get her back to her home. In her experience she was begging people to carry women back home. The delivery happens at any time including in the night so it is a problem to gather people to carry the woman.

The services that are most used by women in the community are making follow ups during pregnancy and doing nutritional screenings. These are usually done based on appointments and campaigns and women are willing to come. The least used one is delivery at the health centre; this is because of the transportation problem mentioned earlier. What should be done to change the situation is teaching the community and making the transportation system easier to use.

At the community level attitudes towards the use of the different maternal health services is improving over time. In the past there were differences attributed to age and educational background. Now the change is in the general community. If there are students in the house they influence the family. The majority of men believe the benefit but do not understand well and they do not worry about taking their wives to the health centre for delivery. Regarding attitudes of men towards the use of different maternal health services, there are no differences attributed to age, wealth, place of residence, educational status, marital status and social status.

In ANC there is no problem but when the pregnant women are told the position of the foetus is good women and their husbands prefer to deliver at home.

Those with better education and youths have good attitudes and understanding. Some people with better wealth prefer to go to the health centre at Atsbi. The poor do not want to go to Atsbi because even though the ambulance can take them it does not return them back home so they have to pay to bring back the woman. When the poor deliver there is no one willing to carry them. The poor get no one to carry them.

The people who live in Limat kushet have better access to go to the health centre because they are near to the health centre. Those in Harresaw have delays in transport so women deliver in between.

If the women stay longer usually women stay with the woman to take care of her. But at the health centre there is no coffee and tea and it is not comfortable.

In general there is a big change in attitudes and practice over the last ten years. Now there is good follow up during pregnancy and there is willingness to deliver at the health centre. The changes are facilitated by the teachings of HEW and health volunteers house to house and at the health post. Currently the coming of development groups and networks (1-5) is very good to provide information to pregnant women.

The critical factor that makes woman use or not use different maternal health services is distance coupled with absence of transportation. For the ANC, women come and use it from every corner of the tabia. There is no cost related to maternal health services but whenever there are complications they are referred to Atsbi and this is a very rare case.

## Pregnant woman 7 months

She is a 35 year old woman. She is married and her husband lives with her. Their wealth status is medium. She is a beneficiary of PSNP.

She is having ANC. She was given tablets for anaemia. She did MUAC measurement and she was found to be malnourished and she was given a card to get FAFA. She was given vitamins. The health extension workers teach about ANC and delivery. The health extension workers also teach her in a group at the health post. The health volunteers also make her go to the health post every month. The lessons they gave were good. She gave birth to four children at home. The age of her last child is 4 years and five months.

This time she plans to deliver by going to the health centre. She wants to deliver at the health centre because bleeding might happen during delivery. For the future she says it will be good if better health service and delivery facilities come to the health post. There is no fee for maternal health service use.

She experienced bleeding when she gave birth to her last child so she does not want that bleeding to happen to her again in her current pregnancy. She learned about the different maternal health services from the health extension workers and health volunteers. There is no service that she wants to benefit from that is not available. There is no service that she did not want to use.

She and her husband decide that she has to use maternal health services. Her husband has a good attitude towards maternal health service use.

Those women who are members of her development group influenced her to make use of maternal health services.

The factors that played a role in her decision are her experience of bleeding during delivering at home (this is the main reason), and the teachings that she gets from health workers. The attitude of the health extension workers is also a factor to make her use ANC and maternal services. The good attitude she has towards the use of follow ups during pregnancy also played factor to make her go to the health post for follow up.

## Woman with recent delivery (3 weeks)

She is a 23 year old mother. She is married and she lives with her husband. She is 4th grade and she has dropped out of school. Her wealth status is middle class. She is a beneficiary of PSNP.

She was having ANC at the health post. She delivered at Dera health centre. Those in her development group were telling her to go and deliver at the health centre. She was having nutritional screening. She was getting advice from health volunteers to deliver at the health centre. Health volunteers teach house to house. When she started having labour pains, the health volunteers were called and she went to the health centre with G(HEW). There was no problem that she faced during delivery or during ANC. The approach of the health staff was good. There was no payment for ANC and delivery.

All the services she got were good there is nothing that she thinks should be improved. She used all the maternal services and all were important for her. She wants to use all the services because all have benefits. The follow up is important during pregnancy, and delivery at the health centre is also important to avoid bleeding. There is vaccination for pregnant mothers and having ANC is easier than delivery at the health centre. There were no services that she did not want to use. She had ANC four times.

In Atsbi there is better approach and better service. She would be happy to get such better services. It would be good if the maternal health service including delivery in Dera could be improved like the service in Atsbi. In Atsbi there is better follow up. There is a long distance to the health centre. It is good if the delivery service at Dera health centre comes to Harresaw health post. The majority deliver at the health facility. There is a delay in taking pregnant women to the health centre.

She learned all these maternal health services from her health volunteer in the development group and from health extension workers. They come house to house and teach.

The respondent and her husband decided that she should go and use the available maternal health services. Her husband has a good attitude towards the use of maternal health service. Her father and her mother-in-law also influenced her to go and use ANC and delivery service.

She delivered on the way with her first child because she lives far from the health centre. She delivered on her way and came back to her house. This time she was taken early and she delivered at the health centre. The factors that played role in her decision are that the service is good her and her infant and the services are free of charge. It is also because she and her husband have a good attitude towards the use of maternal health services.

## Husband of 9th month pregnant woman

He is a 50 year old man. He is not able to read or write. He is married and he lives with his wife. Their wealth is middle class. The household is a beneficiary of PSNP. His wife is 9 months pregnant.

She was going to the health post and health centre for ANC. There is delivery service at the health centre. The health volunteers do not come to homes to teach.

There are medications given to his wife but he does not know what exactly they are. The health post is not far from their house. There is no cost paid for the service. The health workers have a good approach. They gave her tablets for anaemia. Everything is available at the health post.

The services are good once she has delivered at the health centre and he has planned to send her to the health centre for delivery. He says all the maternal health services are good and he wants his wife to use them all. There is no service that she did not want to use.

There is no maternal health service that he did not want his wife to use. The existing services are good.

 Since he does not know all necessary services for his wife he cannot talk about them.

He came to know about maternal health service at a tabia meeting. They teach about the benefits of ANC and delivery at the health centre.

He decided together with his wife that she should go and use maternal health services.

There are no people who influenced his thinking.

The factors that played a role in his decisions are his knowledge and the current teachings, the good approach of the health workers and that the distance is near. He also has previous experience in taking his wife for delivery to the health centre and for use of ANC. His wife got good quality follow up in Dera. Dera health centre is much better than the health post.

## Husband of a woman with recent delivery (22 days)

He is a 48 year old man. He is 7th grade. He lives with his wife. Their economic status is middle wealth. He is a PSNP member to be graduated soon. It has been 22 days since his wife delivered.

She delivered at home with the traditional birth attendant. She was having ANC at the health post and health centre. The health extension worker makes house to house visits.

There was weight measurement follow up on the pregnant mother of the infant. There is good attitude and approach by the health workers at the health post and health centre.

The follow up during pregnancy was every 2 or 3 months; it should be made weekly because pregnant mothers may forget the time and may not go to ANC.

The service that his wife did not use was delivery service at the health centre. If there was an ambulance that could enter the tabia his wife would have delivered at the health centre. The delivery time date that his wife was told by the health workers was also wrong.

His wife is a TBA and health volunteer so he reads some materials when she brings them home. He is also a cabinet member and he gets knowledge about maternal health services in meetings.

Both the respondent and his wife decide that the wife had to go for ANC services. The service that does not exist but what he would like to benefit from is ambulance transportation.

He came to learn about the different maternal health services from his wife, from what he reads and from meetings he attends. His knowledge and good attitude made his wife go to ANC services but the distance made them not to deliver at the health centre.

For everything the community should be given lessons on maternal health. For the future it is better if the delivery comes to the health post.

## Focus group discussion

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| **S.N** | **sex** | **Age** | **Educational back-ground** |
| 1 | F | 36 | Not able to read and write |
| 2 | F | 28 | Not able to read and write |
| 3 | F | 21 | 4th grade |
| 4 | F | 22 | Not able to read and write |
| 5 | F | 37 | Not able to read and write |

The maternal health services available for the women in the community are ANC, and supplementary food for malnourished pregnant and lactating mothers. For delivery the health extension workers are called when a pregnant women starts labour and the health extension workers take the pregnant woman to Dera health centre. If there is a complication with the pregnant woman those at Dera health centre refer her to Atsbi health centre. There is ambulance service if women are referred to Atsbi.

The health services given at the health post are ANC, immunisation, and nutritional support for malnourished pregnant women, and there are tablets for anaemia. It has been about three years since maternal health services started at the health post. There is improvement in the services through time. The health extension workers are giving more frequent education. The services started more than five years ago. There is no problem with the service given at the health post.

There are better and more services at the health centre. There is delivery and ANC. It has been a very long time since maternal health service started in the Dera health centre. They are improving it through time. Now there is a separate block for delivery and for mothers to stay; it was done one year ago.

The maternal health services available for women in the community by health workers are advice to have ANC follow-ups and information about the benefits of ANC and delivery at the health centre. They also make mothers go for nutritional screening and vaccination. The group leaders in development groups also teach the women to use maternal health services. The development group started in 2011. Health extension workers started five years ago. The lessons in development groups are very good because women access them without travelling far.

The delivery at the health centre is good but there are obstacles to getting there because there is a long distance in some kushets and delivery time is unpredictable.

At the health post there is vitamin supplement; after birth they are given supplements. There is delivery at Dera. There is ANC in both health post and health centre.

Health volunteers and HEWs go house to house; they advise pregnant mothers to go to the health post to have follow up during pregnancy and to deliver at the health centre.

The majority of the pregnant women deliver at the health centre. Those who got taken to the health centre immediately deliver at the health centre. If there is a delay they deliver on their way before they reach the health centre. When women are at the health centre they are given follow up to avoid bleeding. The traditional birth attendants attend delivery at home. If the delivery is soon they attend delivery.

The attitude of the community towards maternal health services is good. They have a good attitude towards delivering at the health centre. The change is that the awareness and practice of the community are improving over time. The most used maternal health service is ANC. The least used is delivery at the health centre.

The attitude of women towards the use of the different maternal health services is good. There is no difference in attitude which is attributed to age, wealth, place of residence, educational status, marital status or social status. All want to use maternal health services but some, especially those found at a distance, face problems to deliver at the health centre, but in attitudes there is no problem. Most men make their wives have ANC. Now there are no men who do not make their wives deliver at the health centre.

There is a change in attitudes in the last ten years in general but the dramatic change came in the last five years. The change in ANC also came in the last five years. The change is the result of extensive lessons and the coming of health extension workers. Very recently there are lessons in development groups and networks; the women’s association teaches about ANC, family planning and delivery at the health centre through development groups. The changes are in all, ANC and delivery at the health centre.

The critical factor that makes women use ANC and other maternal health services is it is free of charge. The factors that make women not deliver at the health centre are usually distance factors and lack of transportation. Husbands do not stop their wives from delivering at the health centre.

There is no woman that does not use ANC service because she is busy. Every woman has ANC regardless of age.