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Barriers and facilitators to accessing skilled birth attendants in Afar region, Ethiopia

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ABSTRACT

Objective: to explore barriers and facilitators that enable women to access skilled birth attendance in Afar Region, Ethiopia.
Design: researchers used a Key Informant Research approach (KIR), whereby Health Extension Workers participated in an intensive training workshop and conducted interviews with Afar women in their communities. Data was also collected from health-care workers through questionnaires, interviews and focus groups.
Participants: fourteen health extension workers were key informants and interviewers; 33 women and eight other health-care workers with a range of experience in caring for Afar childbearing women provided data as individuals and in focus groups.
Findings: participants identified friendly service, female skilled birth attendants (SBA) and the introduction of the ambulance service as facilitators to SBA. There are many barriers to accessing SBA, including women's low status and restricted opportunities for decision making, lack of confidence in health-care facilities, long distances, cost, domestic workload, and traditional practices which include a preference for birthing at home with a traditional birth attendant.
Key conclusions: many Afar men and women expressed a lack of confidence in the services provided at health-care facilities which impacts on skilled birth attendance utilisation.
Implications for practice: ambulance services that are free of charge to women are effective as a means to transfer women to a hospital for emergency care if required and expansion of ambulance services would be a powerful facilitator to increasing institutional birth. Skilled birth attendants working in institutions need to ensure their practice is culturally, physically and emotionally safe if more Afar women are to accept their midwifery care. Adequate equipping and staffing of institutions providing emergency obstetric and newborn care will assist in improving community perceptions of these services. Most importantly, mutual respect and collaboration between traditional birth attendants (Afar women's preferred caregiver), health extension workers and skilled birth attendants will help ensure timely consultation and referral and reduce delay for women if they require emergency maternity care.

Introduction

Ethiopia's Maternal Mortality Ratio (MMR) is one of the highest in Africa, estimated at 676 per 100,000 live births. Maternal deaths account for 30% of all deaths to women aged 15–49 years (CSA [Ethiopia] and ICF International, 2012). Despite a strong commitment to improving maternal health and reducing maternal mortality, the proportion of women accessing a skilled birth attendant (SBA) is very low. In pastoralist areas, it is even lower. In Afar Region in Ethiopia's north-east, only 7% of women give birth with a SBA compared to the national average of 15% (Central Statistical Authority (CSA) [Ethiopia], 2014).

It is extremely difficult to provide accurate maternal and newborn mortality data in many countries, such as Ethiopia. For this reason the proxy measure of the MMR is the number of women birthing with a SBA (doctor, nurse or midwife), ideally in an enabling environment, usually defined as a hospital with

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equipment, SBAs and supplies to manage obstetric emergencies (Dietsch and Mulimbalimba, 2011). This proxy measure also has difficulties in that by definition, a SBA is considered skilled, no matter what level of expertise and experience they may have. Other caregivers, including traditional birth attendants (TBAs) are by definition, unskilled regardless of their experience, expertise and skills. Furthermore, there is a wide variation in Emergency Obstetric and Newborn Care (EmONC) services provided between and within the different levels of institutional health environments in Ethiopia, including in Afar Region.

Pastoralist areas including Afar Region have poor infrastructure, transportation deficits, harsh environmental conditions and significant inequity in health service utilisation between mobile pastoralists and settled communities. Health extension workers (HEWs) are employed in rural areas to refer birthing women to health centres that have limited capacity to provide EmONC. HEWs are generally women with year 10 secondary education and a further 12 months training. They work at the community level and provide an opportunity to reduce the first delay, by facilitating birth preparedness and complication readiness; and mobilise communities to facilitate timely referral to mid-level service providers in health centres (Federal Ministry of Health (FMOH), 2010, 2012). Because of difficulties recruiting enough local pastoralist women, men were permitted to train in Afar Region.

Afar women have unique needs based upon their cultural and geographical context. This paper explores the barriers and facilitators to accessing SBAs in Afar Region, Ethiopia. The Afar are a large cross border nomadic pastoralist group in the great East Africa Rift Valley. Afar Region, in north-east Ethiopia, is one of the nine autonomous regional states of Ethiopia. Most of the region is dry, rocky and unsuitable for cultivation. The clan, a group of extended families, is the most important political and social unit in Afar culture (Berhe and Adaye, 2010).

In Ethiopia, women are considerably more disadvantaged in terms of literacy, educational attainment, access to paid work opportunities and age at marriage. In Afar Region, levels of literacy, education and outside employment are particularly low: an estimated 75% of Afar women and 49% of men have no education, with only 0.5% women and 2.2% of men completing secondary schooling. Both government and non-government agencies (NGOs) promote opportunities for Afar adults and children to engage in education (CSA [Ethiopia] and ICF International, 2012; Afar Pastoral Development Association, 2014).One of the consequence of women's low education attainment is that the majority of SBAs (midwifery and nursing) workforce is male (Spangler, Barry and Sibley, 2014).

Ethiopia maintains a strong commitment to improving maternal and child health. However, poorly trained staff, cost, poor quality of services and lack of skilled caregivers all act as barriers (Pitchforth et al., 2010; Fullerton et al., 2013). The midwifery curriculum in Ethiopia has been developed by education experts but there has been little input from midwifery educators. Although the theory/practice ratio meets criteria set by a number of Ethiopian Ministries, the curriculum is not linked to identified outcomes and individual schools are not held accountable for meeting the standards set (Fullerton et al., 2013).

There is also a critical shortage of midwives, with the FMOH estimating a shortfall of midwives by as much as 95% (UNFPA, 2011). Ethiopia has a serious deficit of essential services to provide EmONC. Table 1 outlines the levels of maternity service provision in Ethiopia.

The 2014 Mini DHS shows that 45% of Ethiopian women did not give birth in a health facility because they did not think it was necessary, 33% of mothers stated that it was not customary, the health facility was too far or that they did not have transportation (22% of births) (CSA, 2014).

Skilled birth attendance has been identified as the key indicator to track progress towards reducing maternal mortality and morbidity. In view of the concerns about underutilisation of delivery and postnatal services, it is important to improve knowledge of factors that may constitute impediments to service use and factors that may facilitate access to services. In Ethiopia, particularly in pastoralist communities, barriers to skilled birth attendance are not well understood, nor are factors that facilitate their utilisation.

Methods

Methodology

The project was framed by Key Informant Research (KIR) and Participatory Ethnographic Evaluation and Research (PEER) (Price and Hawkins, 2005). The KIR methodology was adapted to facilitate authentic engagement with Afar communities whereby the support of trusted insiders or informants, are used to act as researchers. Informants undertake a brief training programme and subsequently identify other members of the community who are suitable interviewees (Price and Hawkins, 2005). This methodology is particularly useful when working with disempowered or vulnerable groups, where access by outsiders to sensitive information about sexuality, relationships and reproductive health can be difficult (Price and Pokharel, 2005).

Setting

Data collection was conducted in five districts (*woredas*) in March 2014 in Afar Region, Ethiopia: Adaar, Dubti, Chifra, Ewa and Kori. The *woredas* were selected with the support of the Afar Regional Health Bureau (RHB) to provide a cross section of the community. Some *woredas* have a relatively high population density with greater access to SBAs and others are more remote with less access to SBAs.

Sample

The researchers worked with the Afar RHB and an Afar NGO, Afar Pastoralist Development Association (APDA), to arrange contacts with health workers and to recruit participants. The 55 participants included eight government and NGO health workers, 14 HEWs and 33 women from the community. Of the 33 women living in the community, most were aged in their 20s (ages ranged from 17 to 49). All but three women were married, only four women were literate and all the women were Moslem. Most women were multiparous and all but four women had experienced the death of one or two children. Most women had attended antenatal care at least once.

Selection and training of HEWs as research team members

With the support of the Afar RHB, HEWs were invited to become research team members. HEWs participated in a three-day workshop where they were trained in ethical research processes and techniques for interviewing community members. During the workshop, HEWs contributed to the development of interview questions and an interview schedule. Ethical considerations were given priority in the workshop, including the ethical recruitment of participants, collection of data and conduct of data analysis. As part of the workshop, HEWs explored how, while working with other members of the research team, they would identify key findings emerging from the data.

Lessons the HEWs learned in the research workshop were integrated into their research practice for this project and will be