

Maternal health beliefs, attitudes and practices among Ethiopian Afar

By Jemal Yousuf, Mazengia Ayalew and Fentaw Seid



Afar girls prepare a camel to carry their properties. (Photo by Demissen Bizuwerk/AMREF).

their reproductive organs. Afar women are reluctant to be examined by male midwives as stated during a focus group discussion with women of child-bearing age: "It is only God and my husband who have the right to see me naked. It is really impolite (culturally) and unacceptable in Afar to expose the reproductive health organs."

Other women had been afraid to be treated by non-Afar medics. However, the situation had changed due to education and awareness-creation by the health personnel. There was now acceptance of being attended to by non-Afar and most women also now recognised the need to go to health facilities. Another woman respondent in an FGD said: "We used to deliver at home. But now we go to health facilities. It is as a result of health education delivered to us at home by health professionals."

The main reasons for delayed referral to health services and preference for home delivery are religious beliefs and traditional attitudes within the community. When pregnant women fall sick, they often seek advice from traditional birth attendants (TBAs) and traditional healers. TBAs and traditional healers often keep them at home and pray for them (make 'du'aa') in the hope that they will recover. Religious leaders also provide advice on reproductive health issues to the community in line with the Quran. Some religious leaders conduct rituals when the pregnant women approach them with health and social problems.

The male decision in maternal health is crucial to permitting women to go to health facilities as well as providing money for treatment. Language barriers and diseases like HIV and AIDS also discourage use of health services. "If we go to the health facility, there is a possibility of being referred to another. In the towns we don't have relatives where we can spend the night. The other issue is we cannot speak Amharic and we cannot communicate with people. So we are afraid to go to health facilities unless we have a serious problem," said a woman key informant at Awash District, the study site. The formal health system is also not particularly 'sensitive' to the preferences and traditions of the pastoralist community. For example, according to an informant, delivery beds that allow for a semi-sitting position are not available in the health facilities.

Studies among the Afar of Ethiopia have revealed that maternal health is affected by factors that include transport and women's education besides availability of health infrastructure and skilled health workers. Cultural beliefs, attitudes and practices have also been found to be critical in determining mothers' health.

Maternal health refers to the health of women during pregnancy, childbirth and the post-delivery period. While motherhood is often a positive and fulfilling experience, it is linked to suffering, ill health and even death for too many women.

Ethiopia's maternal morbidity and mortality rates are among the highest in the world^{1,2,3} with the situation of Afar women being particularly dire. The Afar population is estimated at 1.5 million, with 90 per cent of them adhering to a pastoral lifestyle. Among the Afar, maternal mortality is 801 per 100,000 live births, compared to the national average of 673 per 100,000.^{4,5} In 2007, a programme was initiated to address some of these problems. The Pastoralist Reproductive Health Programme was funded by the Dutch Ministry of Foreign Affairs through the African Medical Research Foundation (AMREF) in the Netherlands. The four-year project started in January 2007 and ended in December 2010.

Some major challenges were identified during the programme's implementation and related studies. Notably, the Afar showed scanty use of health services, particularly those related to mothers' health.

To better understand this, we carried out a study on availability and accessibility of services focusing on culture, attitudes, beliefs and practices that influence use of maternal health services. The objective of the study was to explore factors contributing to the low use of maternal health services among the Afar.

Methodology

A community-based qualitative study was conducted in Afar Regional State from April to May 2010 to understand the local birth culture and the cultural beliefs, attitudes and practices that influence the use of maternal health services. The study was carried out through 47 in-depth interviews and four focus group discussions (FGDs) with women of child bearing ages, trained traditional birth attendants (TTBA), and key informants.

Cultural beliefs, attitudes and practices of maternal health

Use of maternal health services is influenced by cultural beliefs, attitudes and practices of the pastoralist community. There are several cultural barriers to women's use of health facilities. One of them is women's fear of male midwives touching their bodies, especially



Health extension workers use camels to conduct home visits in remote places. (Photo by Demissen Bizuwerk/AMREF).

According to TTBA and health providers, the preference for the sitting position by the Afar women while delivering, which they believe hastens the delivery, is not practised in health facilities, and is yet another factor that discourages them from delivering in health facilities.

Services offered vary based on the type of facility and the health providers' competence. The range of services offered by a health facility was found to play a role in giving pregnant women confidence to use them. A facility offering caesarean section fully-equipped with drugs, equipment, supplies and with trained personnel can inspire confidence in its clients. "The deployment of a gynaecologist paid by AMREF has brought a difference in terms of ultrasound equipment utilisation, ANC follow-up and related services," a health provider in Awash said.

Discussion

Cultural beliefs, attitudes and practices are the main factors affecting maternal health in Afar. These factors along with pastoralist community mobility patterns and the inaccessibility of existing health facilities have resulted in low use of antenatal services, delivery and postnatal care as revealed by discussants and key informants in this study.

Pastoralists' use of health facilities

Traditional health services were designed for sedentary communities and are generally unsuited to nomadic lifestyles. Therefore, static structures cannot adequately serve the mobile communities who live in the vast and sparsely populated dry lands of the Rift Valley. Moreover, delivery facilities are often inappropriate for the needs and preferences of the population. The study found that in Afar, 53.9 per cent of settled communities used health facilities compared to 46.1 per cent for nomads. On the other hand, during adverse weather conditions such as drought that lead to massive cattle loss, there was pressure on modern health services.⁶

Why pastoral women prefer home delivery

Home delivery is preferred due to the accessibility of the untrained TBAs and is generally accepted by pastoralist communities who live in remote areas where there is no

functional health facility. This finding confirms a previous study done in North West Ethiopia that revealed why women preferred to deliver at home. The presence of relatives, trust in TBAs, cultural reasons and lack of money were among reasons why the women shunned health facilities.⁷ Informants repeatedly said inadequate capacity, shortage of drugs and other supplies, lack of skilled personnel and preference for female midwives were among the reasons why they did not use health facilities.

Despite several capability gaps with TBAs to manage complications, communities express more positive experiences with them than the formal health facilities. This result is consistent with the findings of Mesfin et al.⁸ who reported preference for TBAs as a result of trust. Home delivery is social, cultural and economical. It is social in terms of its capacity to lend itself to the performing of all the rituals and festivities (if the neonate and the women are healthy); easy access to meat and milk, or 'an honourable burial' – in case of death. It is cultural, because women always report health facility delivery as "not our tradition" while it is economical because it is less costly, less time-consuming and does not remove one from the domestic chores.

Decision-making about maternal health

The husband makes most decisions on maternal health within the study area because of traditional male dominance. Husbands and senior family members, such as in-laws, strongly influence women's use of health facilities. The most dominated are younger women with no formal education. Thus, it is important to target all influential family and community members, including religious leaders, in order to ensure that women have access to essential health services that can improve their health. This is particularly important because of evidence suggesting that there is a wide variation in attitudes towards and perceptions of the value of health services, not only between but within ethnic and religious constituencies.⁹

Factors that delay maternal health care

Women and traditional healers define 'problems of pregnant mothers' as physiological and spiritual. According to Mesganaw and Getu, such classifications lead to a conclusion that modern health institutions are not helpful for certain disease conditions. The physiological abnormalities such as bleeding, prolonged labour (if it does not respond to du'aa — prayer) and swelling of feet are understood to require attention of formal health service providers, while dizziness, puerperal psychosis, protrusion of tongue, prolonged labour and lack of appetite are mostly associated with jinni (evil spirit) and are to be dealt with by traditional healers and religious leaders.

There are three types of delay caused by low levels of skilled attendance, which contribute to high maternal deaths. The first delay regards

deciding to seek care at the household level, caused by lack of information and inadequate knowledge about danger signals during pregnancy and labour; cultural/traditional practices that restrict women from seeking health care and lack of money.

The second delay involves inability to access health facilities due to poor roads and communication networks and poor community support mechanisms.

The third delay regards the length of time between arriving at the health facility and receiving care. This results from inadequate skilled attendants; poorly-motivated staff; inadequate equipment and supplies and a weak referral system.



A young mother receives information about breastfeeding from a community health worker. (Photo by Demissen Bizuwerk/AMREF).

Lessons learned

- Traditional delivery beds should be provided in health facilities because Afar women believe that the sitting position during delivery speeds up the labour.
- A static health facility is not helpful for pastoralist lifestyles because they are not accessible and do not respect Afar cultural beliefs.
- Female midwives are needed in the health facilities to attract Afar women who abhor being attended to by males.

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Sexual and reproductive health challenges among Botswana's San women

By Edward Pettitt

The San, also known as 'Basarwa' or 'Bushmen', are the first peoples of southern Africa and are well known for their traditionally semi-nomadic hunter-gatherer lifestyle as depicted in the popular 1980 comedy film *The Gods Must Be Crazy*. Though many people still imagine the San as untouched 'stone-age' hunters roaming freely in the bush, this image is far from the present-day reality. Over time, the San have been displaced and have lost the rights to their ancestral lands and natural resources to farming, livestock production, mining and the development of game reserves.



A group of San women performing a traditional dance. (Photo by Edward Pettitt).

The oppression and discrimination the San have suffered have resulted in a spectrum of poor health. While all southern African San are exceedingly marginalised due to their ethnic minority status, San women also face gender-related stigmatisation and abuse, which has particularly harmful effects on their sexual and reproductive health.

The Case of New Xade

In recent years, researchers and development workers have voiced concern that San women are losing the relative equality they once experienced with their male counterparts¹. Though San women, proficient in specialised gathering techniques, were once the main providers of food and enjoyed high status in their communities, recent socio-economic and political changes have resulted in the loss of a large amount of their autonomy and influence.

These societal changes and disruptions in gender equity are especially evident in New Xade, a village of primarily San residents,

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Conclusion

Opportunities: Conveying health information through dattu — a traditional way of communicating among Afar people after greetings — which includes health, social, political, environmental and other issues. This can be exploited by programme implementers and development actors.

Ensuring physical access to static health facilities and ensuring that they are staffed with trained human resources is vital, but not the main solution for improved use of maternal health services. Physical distance is not the only barrier.

Socio-cultural issues are barriers too. These barriers can be adequately addressed when communities work together with the health authorities to jointly design suitable health systems that respond to the maternal health needs of pastoralists. ■

Lessons learned

- Traditional delivery beds should be provided in health facilities because Afar women believe the sitting position during delivery speeds up the labour.
- Static health facilities are not helpful for pastoralist lifestyles because they are inaccessible and culture-insensitive.
- Female midwives are required in the health facilities to attract Afar women who abhor being attended to by males.

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Other references for this article are available at <http://www.exchange-magazine.info/>.