

Accessibility During child Birth



- By Mulu Muleta
- Addis Ababa Fistula Hospital

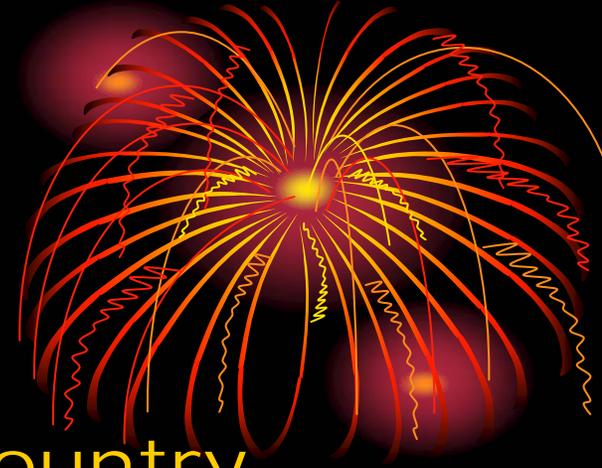
Background information



ETHIOPIA

- Composed of nine regional states and two administrative councils
- The seventh largest country in Africa (1,112,200 square km).
- located in north eastern Africa and neighbored by Sudan, Somalia, Djibouti, Kenya, and Eritrea.

Demography



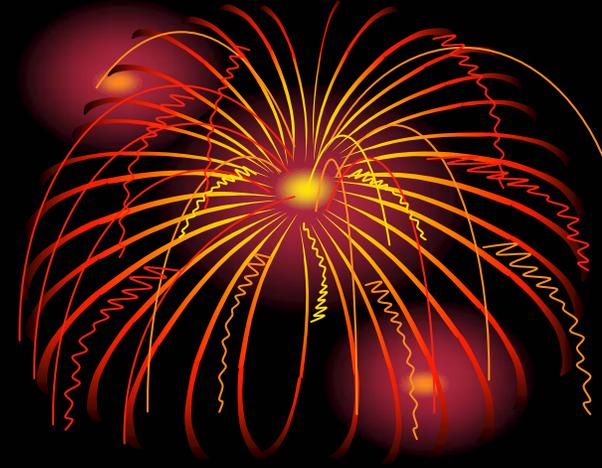
- The third most populous country
- Estimated population of over 65 million, of which more than 85% live in rural areas.
- Annual population growth rate 3%
- Total fertility amounts 5.9

Economy



- Agriculture, accounting for 51% of Gross Domestic Product.
- GNP per capita was estimated at US \$110 in 1996 (MOH).

Transport



- Transportation by land takes place through road networks, a rail road and by using animals.
- Links regional towns with the capital Addis Ababa.
- Accessory roads to the villages are scarce

Culture

- Ethiopia is a multi-cultural and heterogeneous society,
- Early marriage, abduction and female genital cutting
- Discrimination in the feeding of young children, favoring boys
- The small young girls are taking care of most of the labor work
- Early child hood marriage resulting in obstructed labor and obstetric fistula.



Girl's education and knowledge



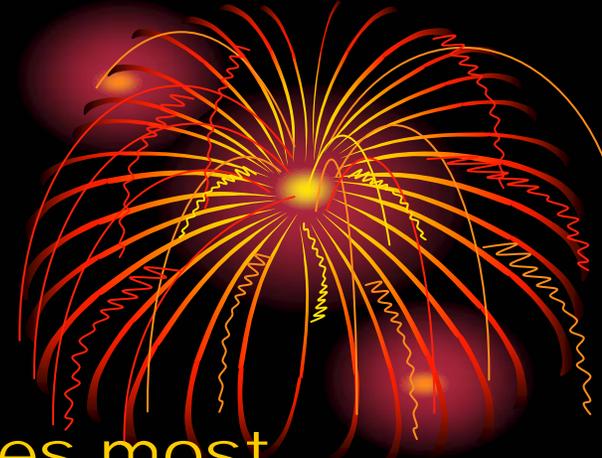
- School enrolment in Ethiopia shows gender disparity
- A study by UNICEF (1993) Indicated of non-school going children aged 6-11, two thirds are girls.
- School dropouts of student girls due to various social pressures is another problem.
- women and girls have no access to any source of information, thus, they will have no idea about their marital rights and how their reproductive system functions

Health care system and reproductive health care

- Health delivery system are as follows:-
- 1-A standard health center with its five community health posts
- 2-A district hospital – a first referral level for health centers
- 3-A regional hospital- will provide specialized services and training
- 4-A specialized hospital- specialist services and act as a center for research and post basic training.



Reproductive Health



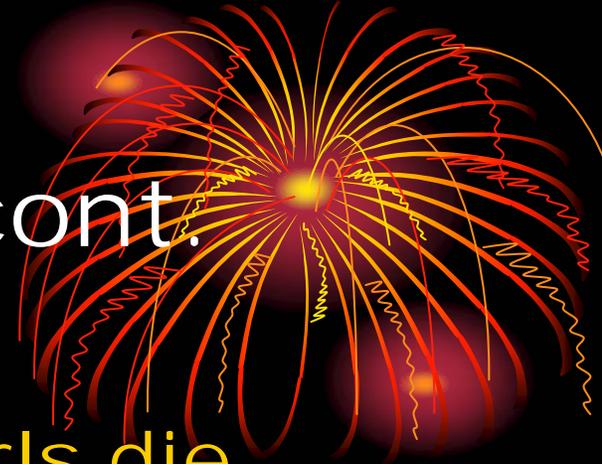
- The reproductive health services most widely available -ANC and FP.
- Most reproductive health components including emergency obstetric care services are under-represented.
- Health educations provided in these institutions rarely address reproductive health issues.
- There is limited number of hospitals and scarce are the trained health personnel in the country.

Reproductive health cont.

- Institutions are underutilized (7%)
- Among women who delivered in facilities, a nurse or midwife attends 50% , physicians 30% and health assistants attend the rest 20%.
- Use of antenatal and post natal care are 30.4% and 3.5% respectively
- Ambulances and public transportation are scarce
- Maternal mortality ratio is estimated at 871/100,000 live births (DHS).



Reproductive health cont.



- Over 25000 women and girls die each year
- More than 500,000 Ethiopian women and girls will suffer from disabilities
- 0.3% of all deliveries (8000-9000) will develop obstetric fistula

PROBLEM AREAS



A- Problems directly related to the three delays:

- Delay in decision making
- Delay in transportation to health institution
- Delay of care in health institution

B- Other socio-cultural problems (contributing factors)

Delay in decision making



- -Low status of women (Low involvement of women as decision makers)
- -Illiteracy
- -Inhibitory socio-cultural practices
- -poverty
- -poor information on health issues (both to men and women)

Delay in transportation to health institution



- Poverty
- Poor roads and other communication facilities
- Poor referral system
- Health institutions few, far from rural population

Delay of care in health institutions



- -Financial accountability (resources, supplies, etc)
- -Health staff motivation (lack of commitment, urbanization, etc)
- -Managerial accountability (Budgets underutilized)
- -Manpower inadequate
- -Some restrictive laws (midwives can not do manual removal of placenta etc)

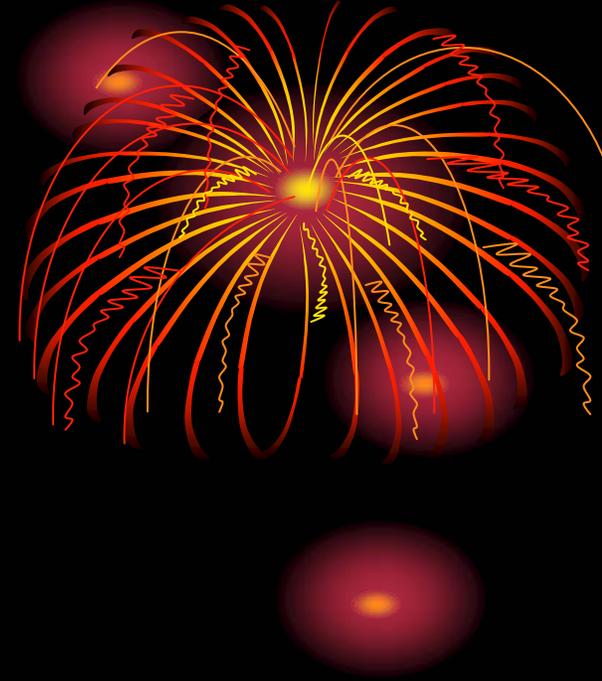
Other Socio-cultural factors



- Illiteracy
- Harmful traditions
- Poor access to other reproductive health care services and information

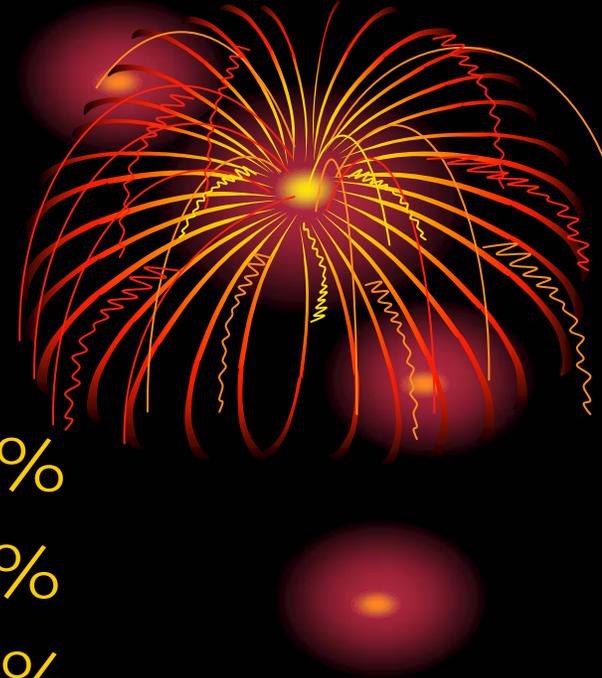
Patients Address

- Amhara 47%
- Oromia 33.8%
- Southern 11.3%
- Tigray 3.3%
- Other 4.2%



Duration of labor

- 24 hours and below 0.9%
- 1-3 days 15%
- More than 3 days 84%



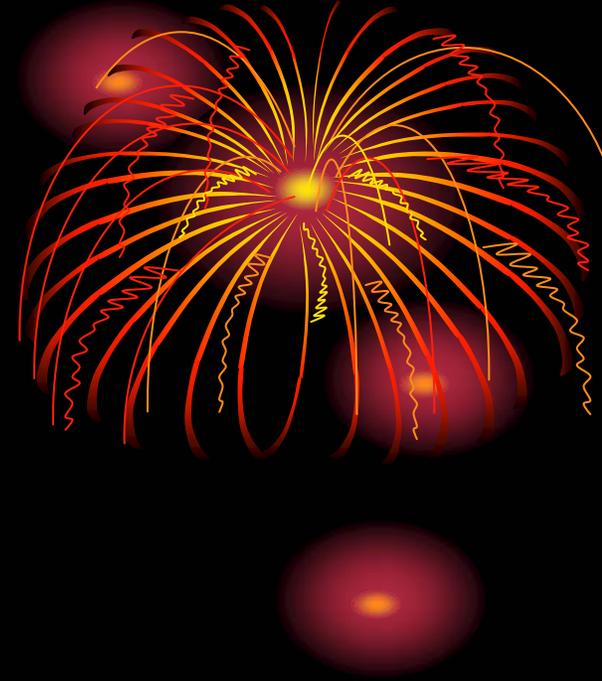
Place of delivery

- Home 44%
- Institution 56%

Striking features: _

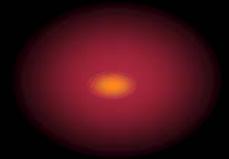
-Teenage

-Short stature



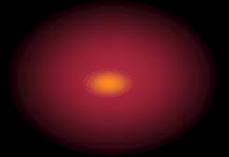
Average Age at different events (years)

- First marriage 14.7
- At causative delivery 17.8
- Mean height 149 cms



Problems mentioned

- Distance 28.2
- Economy 13.6
- Poor knowledge 9.8
- Referral 4.7
- Distance and economy 23
- Poor knowledge +Economy 11.3
- Poor know +distance 2.3



Problems mentioned, cont

- Dista+ economy+ poor know 5.2
- Referral +poor knowledge 0.9
- Referral + economy 0.5
- Referral +distance 0.5



Average time traveled

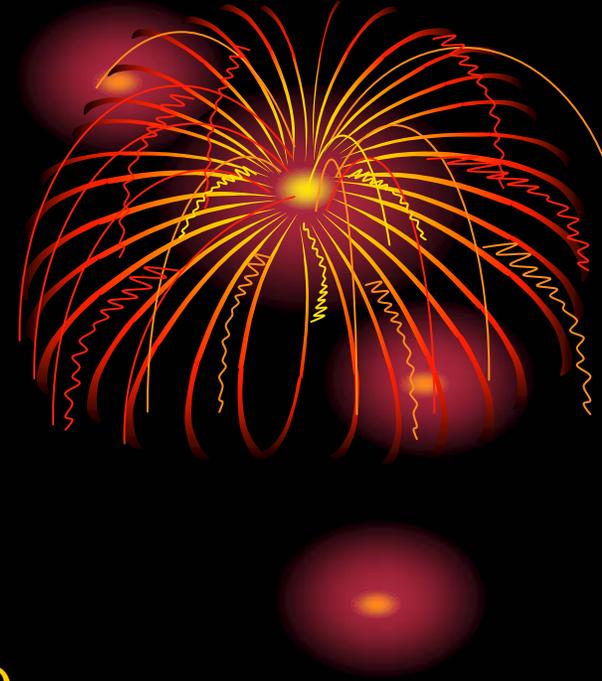


- On foot to reach the nearest road
=5 hours
- By available vehicle to reach to
nearby institution with operative
deliveries =6 hours
- Out of 180 mentioned distance 57%
stayed at home for delivery

Economic status

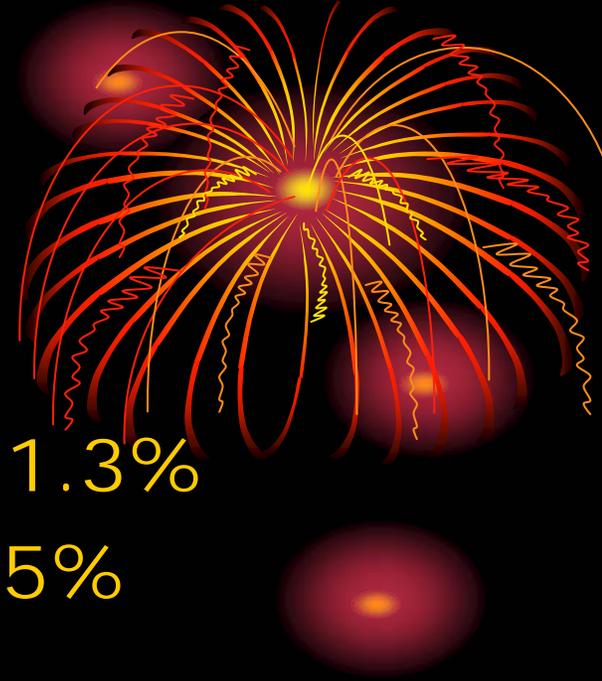
- 62% had nothing valuable
- 36.2% had Livestock
- 1.8 coffee farm, Employee

- 67% of those own nothing valuable delivered at home



Divorce rate

- No property 61.3%
- Own some valuable prop 45%
- Primiparous 61.6%
- Multiparous 41 %
- Gradmultip 13%



Solutions (objectives)

Delay in decision making



- Improve status of women in the community (Involving women in decision making)
- Improve education of the society (schooling)
- Poverty reduction through certain development activities
- Introduce the idea of mother's fund
- Create awareness of the community on the consequence of obstructed labor and on other reproductive health issues
- Introduce birth plan and emergency preparedness plan in the package of ANC, improve knowledge of FP, service and counseling

Delay in transportation to health institution



- Alleviate poverty
- Improve communication systems, including roads
- Organize effective referral system
- Build partnership with different governmental and nongovernmental organizations
- Community involvement (create contact with vehicle owners)

Delay of care in health institutions



- To improve resources and supplies
- To motivate health professionals
- To improve management system at health institutions
- To improve manpower
- To build awareness of policy makers, local government leaders, women's associations and community leaders
- To integrate RH services to the already existing health services

Socio-cultural problems



- Raise awareness on the effect of some inhibitory socio-cultural practices
- Improve girl's enrollment and dropouts from school
- Improve access to information and service of all components of RH services

Way forward

- Collaboration (multi sector approach)
- INVESTMENT ON ROADS!!!
- Community mobilization
- Advocacy
- Capacity building

