

Ethiopia: the role of cultural context in facility births

In Ethiopia most women give birth at home, with skilled birth attendance at only 6 percent. Facilities with skilled birth attendants are underused. To understand the choices made around birth, Save the Children commissioned a qualitative needs assessment of 46 women and their families in the isolated area of South Wollo. The assessment showed the key role of cultural context in decision-making.

Health centres are associated with illness; labour is not considered an illness and it is not customary for women to attend a health facility for birth. There is a perceived pressure on women to have a 'normal' labour. This is balanced by a strongly perceived risk of danger, but labour is not discussed. One woman explained "I would have liked my mother to talk about labour, and I did ask her, but she said it is not useful to talk about it, what can I tell you? After the baby came, she said she had had problems and had laboured for a long time and did not want to frighten me."

The provision of care could be adapted to encourage women to attend a facility for birth. For example, the majority of women interviewed attended a health facility for antenatal care, which could be used as an opportunity to reassure women about facility birth and explain clearly when to attend.

Some women did attend the health centre for birth but were turned away as their labour had not yet progressed. One woman explained, "During all my visits they told me to come when I felt any pain. I had some back pain one night, so I went but they sent me home again and told me to come back when I was in labour. I was just doing what they had told me."

Changes could also be made to the way care is provided during labour. Women giving birth at home are surrounded by relatives who hold them, talk to them and support them. In contrast, health centre birth is regarded as lonely and frightening, where women are separated from the support of their families and not allowed to kneel or walk around. One woman reported, "With my first two children at home, I gave birth kneeling and this was better for me and more comfortable. But at the health centre the delivery position is laying down. They should ask what position you want to be in."

The qualitative needs assessment shows that decreasing maternal mortality requires not only strengthening of the health service, but a thorough understanding of current perceptions of childbirth and services with flexibility to adapt to cultural norms and women's wishes.

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Sources:

1. Maternal health seeking behaviour and influencing factors in South Wollo, Amhara Region, Ethiopia: draft report.
2. Countdown 2010.