Women’s Perceptions of ANC and delivery care Services, a community perspective

KEY FACTS:
- Uganda is one of the thirteen countries accounting for 67 percent of global maternal deaths.
- The 2007 Uganda Demographic and Health Survey Report estimates the MMR at 435 deaths per 100,000.
- The main causes of maternal morbidity and mortality in Uganda include preventable/treatable causes such as abortion, haemorrhage, obstructed labour, sepsis, eclampsia and anaemia.

INTRODUCTION

It is every woman’s right to access high quality maternal health services that in turn must be accessible, affordable, effective, appropriate and acceptable to them in order to avoid preventable morbidity and mortality.

Many complications of pregnancy and child birth that lead to mortality can be prevented by providing quality care that involves early detection of problems and appropriate timely interventions.

To reduce maternal morbidity, mortality and improve neonatal health, government has focused on improving access and supply of maternal health services. Despite these efforts, maternal morbidity and mortality remain a major public health problem in Uganda.

This study explores the factors and challenges experienced in utilizing ANC and choosing a delivery place in order to inform the implementation of a proposed intervention aimed at improving access to maternal delivery services. This intervention will be conducted by the Future Health Systems Study Group.

HOW THE STUDY WAS CARRIED OUT

This was a qualitative study that employed Focus Group Discussions (FGD’s). Purposive sampling was used to select the participants.

Six FGD’s were conducted among women aged 15-49 years who had ever had a child and were residing in eastern Uganda in the districts of Kamuli, Soroti, Tororo and Pallisa.

All data was tape recorded with consent from participants and transcribed thereafter. Typed data was analyzed manually using qualitative thematic analysis techniques.

RESULTS FROM THE STUDY

ANC ATTENDANCE AND DELIVERY CARE

The majority of respondents attended ANC at least once. The major limitations to accessing ANC services were long distance and high transport costs to health care facilities.

The majority of respondents reported that homes (TBA’s homes and respondent’s homes), followed by health facilities and lastly private clinics were the commonly used delivery sites.
RESULTS FROM THE STUDY

“I am from far and transport rates are high so I postpone coming until when I am about to deliver.” (FGD Soroti District)

“For me I normally find a problem during pregnancy. The legs become paralyzed and I cannot move and if I have no bicycle then I cannot go to the hospital in time.” (FGD, Soroti District)

BARRIERS TO UTILISATION OF FORMAL DELIVERY SERVICES

Despite the noted benefits of health facility deliveries many barriers deterred utilization of formal delivery services. These included; user fees charged, hospital requirements, long distance to health facilities and rude service providers. TBA’s were appreciated because of the hospital training they had acquired and the flexibility of their services in terms of payment and the site of provision. Home deliveries were viewed as potentially risky but due to high transport costs were at times the only affordable option.

The majority of respondents reported that homes (TBAs and respondents’ homes), followed by health facilities and lastly private clinics were the commonly used delivery sites.

CONCLUSION AND IMPLICATIONS

The findings of this study indicate that demand side barriers such as transport and cost of maternal health services are a major challenge affecting utilization.

Services offered by TBA’s were more accessible in terms of distance and cost. Interventions to improve the attitude of health workers and ensure abolition of informal fees may be helpful in improving utilization of formal services.

It was believed that a project to provide free transport for accessing maternal health services would greatly improve the health of women in the region.

Coverage and access to maternal health services

* 58 percent of deliveries took place at home.
* 41 percent of deliveries were in health facilities
* 29 percent occurred in public health facilities
* 12 percent took place in private health facilities
* 50 percent of facilities have maternal delivery services
* 7 in 10 facilities offer antenatal care services in the country
* 3 of 10 facilities offering ANC offer the full essential safe motherhood antenatal package.

The Future Health Systems Research Programme

The aim of the Future Health Systems (FHS) Research Programme Consortium is to find ways to translate political and financial commitments to meet the health needs of the poor. The consortium addresses fundamental questions about the design of future health systems, and works closely with actors who are leading the transformation of health systems in their new realities.

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