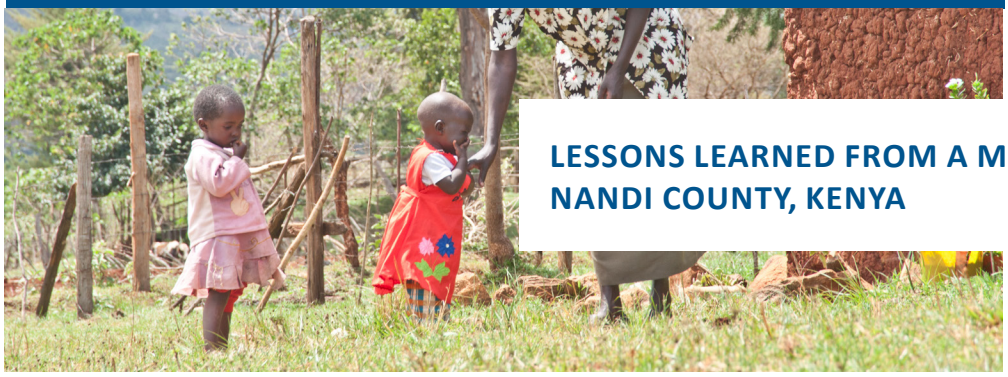
LEARNING & ANALYSIS BRIEF



PharmAccess FOUNDATION

LESSONS LEARNED FROM A MATERNAL HEALTH STUDY IN NANDI COUNTY, KENYA

Many women in Kenya still choose to deliver at home instead of at a healthcare facility, even though prenatal care and delivery is officially free of charge in public healthcare facilities. We interviewed community health volunteers (CHV) and traditional birth attendants (TBA) in Western Kenya to de-termine what the barriers and facilitators are that influence women to choose or not choose a facility delivery. The most common reason given for avoiding facility deliveries was the attitude of healthcare staff. There were reports of both neglect during labor and of verbal and physical abuse during labor. The most frequently mentioned facilitators were the removal of costs and availability of ambulances. Several simple interventions, such as providing screens for privacy, were suggested to improve deliv-ery experiences and encourage women to deliver at a healthcare facility.

Maternal and neonatal deaths remain high in many parts of sub-Saharan Africa, including Kenya. In 2013, the Kenyan government began offering free maternity and prenatal care to mothers giving birth in public healthcare facilities to reduce maternal and newborn deaths. However, many women still deliver at home. Understanding the reasons for choosing a home delivery over a facility delivery is essential for the design of effective interventions to increase facility deliveries, and thus reduce mortality. This study aimed to better understand the reasons behind choosing a home birth in Nandi County, Kenya, and to identify intervention strategies to encourage the choice of a facility delivery.

To achieve these objectives, we conducted a mixed-methods study. We undertook qualitative semi-structured interviews with both CHVs and TBAs and used logistic regression to quantify the influence of distance from a healthcare facility on the likelihood of choosing a facility delivery. We presented the main results of the study to three stakeholders (a CHV, a midwife, and a Public Health Officer), who were asked to identify appropriate interventions.

Main findings

The qualitative interviews revealed the following main reasons that women avoid going to a facility for childbirth: negative staff attitudes, lack of geographical accessibility, financial constraints to travel, and coercion by staff to pay for free services. Main facilitators were the medical benefits, the removal of service costs, and the availability of ambulances. The quantitative study revealed that women were significantly less likely to deliver in a facility when the nearest health facility was further than 3.4 km from home. The interventions identified by stakeholders to combat poor staff attitudes, coercion to pay, financial constraints and geographical accessibility were improved recruitment strategies for healthcare workers, stronger leadership at facilities, and provision of ambulances and re-imbursement of travel costs.

Staff attitudes were viewed as a major obstacle to facility delivery. Negative attitudes were reported in almost all interviews and they were directly linked to women avoiding facilities. CHVs reported that women may call the facility in advance to check to see which staff member is on duty. Laboring women may choose to deliver at home if the staff member on duty is known to harass women. This is a crucial barrier to address but suggestions for how to reduce abusive or neglectful behavior by healthcare staff were few. The only suggestion we received was to focus interventions along the full continuum of staff careers, starting with entry to nursing school or medicine. The scientific literature highlights the importance of training and counselling for healthcare workers, ongoing monitoring and supervision, and community outreach.

Coercion to pay. One CHV reported that, despite the implementation of free maternity care in Kenya, women delivering in a public facility would not be released until they paid the nurse on duty. This report remained unconfirmed but there is evidence that this is a well-known practice in Western Kenya. Such behavior on the part of staff reflects lack of respect and negative staff attitudes that victimize the laboring woman. It is also contrary to government policy. This is a complex issue to fight but setting up ways in which women can safely report such behavior will increase transparency and encourage stronger leadership to act on the findings.

KEY COUNTRY FACTS

44.4 m

population

(75% is rural)

43.4%

of people live on less than USD 1.25/day

Based on 2012 and 2013 World Bank and World Health Organization data.

COMMUNAL CARE

COMMUNITY HEALTH VOLUNTEERS

- receive a limited amount of training, supplies, and support to provide essential primary healthcare services to the population
- are generally unpaid
- tasked with prompting behavior change, encouraging disease prevention, and stimulating healthcare-seeking behavior
- have a central focus on maternal and child health

TRADITIONAL BIRTH ATTENDANTS

- are pregnancy and childbirth care providers
- provide the bulk of primary maternity care in many low- and middle-income countries
- acquire experience and knowledge informally through the traditions and practices of the communities from which they originate
- usually work in rural, remote, and other medically underserved areas

To improve **geographical accessibility** and remove **financial constraints**, stakeholders suggested refunding transportation costs and making an ambulance permanently available. Several of the interviewed CHVs worked for a facility that has an ambulance available. These CHVs reported that the ambulance made the facility easier to access and encouraged women to deliver at the facility, even though they said that distance was not a great obstacle to facility delivery. However, CHVs working at facilities without an ambulance reported distance as a major hurdle to facility delivery. They also reported financial access as a barrier, since families must fund transportation to the facility themselves. Considering the success of ambulances in other facilities, these stakeholders recommended making ambulances available throughout Kenya.

Privacy. In the healthcare facilities, women often deliver in large rooms with other patients present and sometimes they are visible from the corridors or outside. This can make delivery an uncomfortable and embarrassing experience. None of the interviewees suggested that women require private labor and delivery rooms; rather, a simple and affordable solution, curtains or screens around beds, would suffice.

CHV working difficulties. Two CHVs interviewed had been paid by a non-governmental organization for several years, but had stopped receiving compensations at the time of the interview. They stated that discontinued payments led to low morale among CHVs. CHVs who had come to depend on their stipend then neglected their duties after the stipend was discontinued and sought other ways to earn money.

CHVs who had never received any payments mentioned the absence of any compensation as a challenge in performing their duties. They felt that they deserved compensation for their efforts and found the lack of financial compensation as demotivating. Moreover, CHVs responded spending their own money on their volunteer work for mobile phones and credit, as well as for transportation. Where salaries are not possible, the provision of phone credit could be a helpful gesture to show appreciation of the work of CHVs and to increase their motivation. One CHV reported that her Public Health Officer organized an annual meeting where he paid for a meal out of his own pocket to show his appreciation - this was valued by the CHV.

TAKE HOME MESSAGES

- Interviews with community health volunteers revealed that staff attitudes, financial constraints to travel, and distance are major hurdles to a facility delivery.
- Reducing travel costs and availability of ambulances were reported as important facilitators for facility deliveries. However, many facilities do not have access to an ambulance.
- Interventions do not have to be costly. Simple solutions, such as providing screens for privacy, may improve the experience of delivery for women, ultimately making facility delivery more desirable.
- Community health volunteers provide a valuable link to health facilities for the community, but they feel demotivated and underappreciated due to lack of compensation. Provision of phone credit or other forms of compensation may help show appreciation and increase their motivation.

Conclusion

This report investigated the reasons that women seek out or avoid public health facilities for delivery. Understanding their reasoning helps in designing multi-faceted interventions to increase facility deliveries.

This brief is based on the master thesis: *Home or Hospital? Factors influencing the decision for home-based or facility-based delivery after implementation of Free Maternal Care in Nandi County, Kenya.* By Elisa Wubs, student Global Health at VU University.

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MORE INFORMATION

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