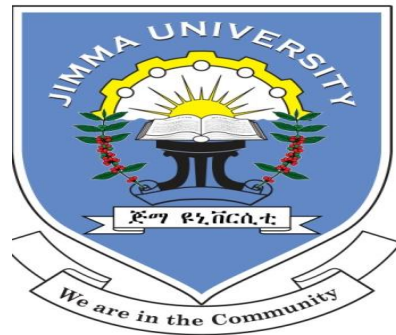


**LIVED EXPERIENCES OF PREGNANCY AMONG HOMELESS  
WOMEN IN HAWASSA TOWN; SOUTHERN ETHIOPIA:  
PHENOMENOLOGICAL QUALITATIVE STUDY**



NAME OF INVESTIGATOR: SIMRET GIRMA (BSC)

A RESEARCH THESES SUBMITTED TO THE DEPARTMENT OF HEALTH  
EDUCATION AND BEHAVIORAL SCIENCES, COLLEGE OF PUBLIC HEALTH AND  
MEDICAL SCIENCES, JIMMA UNIVERSITY; IN PARTIAL FULFILLMENT FOR THE  
REQUIREMENT OF MASTERS OF PUBLIC HEALTH (MPH) IN HEALTH EDUCATION  
AND PROMOTION

JUNE, 2014

JIMMA, ETHIOPIA

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BY: SIMRET GIRMA (BSC)

NAME OF ADVISORS: Mr. ESHETU GIRMA (MPH, ASSISTANT PROFESSOR)

Mr. NETSANET FENTAHUN (MPH, ASSISTANT PROFESSOR)

Dr. SEBLE TEFERA (MD, PROFESSOR)

JUNE, 2014

JIMMA ETHIOPIA

## **ABSTRACT**

**Background:** Pregnancy is a very vulnerable time in a woman's life which may be understood as a part of a woman's transition to motherhood as 'being with child', a paradox of joy and suffering. Thus, during a period of transition when interpersonal and emotional support as well as time for personal reflection and planning are most needed, pregnant women who are homeless find themselves with little control over their environment, emotionally isolated, and unsure of what interpersonal support will be available.

**Objective:** To explore contextual insights about lived experiences of pregnancy among homeless women.

**Methods:** A descriptive phenomenological approach was used to describe the experiences of pregnancy. The study was conducted in Hawassa town Southern Ethiopia where participants were recruited from main road sides and around Churches. To select the participants from these sites, mixed type of Purposive sampling (criterion and snow-ball) was used. Data was collected using face to face in-depth interview and non-participant observation. Following making sense out of all data by reading the data repeatedly, the breakdown of the data into meaningful units was done by using ATLAS.ti computer software. Following the development of thematic areas of the study, the entire data were rearranged and a rich and exhaustive description of the lived experiences was written.

**Result:** Eleven homeless women were participated from which two were currently pregnant in their third trimester. The central theme founded in this study was pregnancy experience of homeless women. Incident to homelessness, beyond the control circumstances, challenges of pregnancy and hardship versus changing catalyst were the four themes' that are emerged in the data.

**Conclusion & Recommendation:** the study confirmed that Pregnancy was an emotional experience for homeless women that offered painful recollections of pregnancy experiences for which they were not prepared physically, emotionally or economically. So, free access to sexual health advice and contraception counseling should be given for homeless at times and locations that are accessible to them.

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## **AKNOWLEDGEMENT**

First of all, I would like to praise my God for the poured out blessing on me and help in my entire life. Then my deepest gratitude goes to Mr Eshetu Girma, Mr Netsanet Fentahun and Dr Seble Tefera for their continuous,unreserved and valuable advice throughout the preparation and completion of this thesis .I would also like to thank Jimma University, collage of public health and medical sciences, providing me this opportunity.My thanks also go to all the study participants without whose cooperation this study wouldn't be realized. Finally I would like to thank my friends and family for their constructive suggestion and moral support.

## **LIST OF ABRIVIATIONS**

CSA: Central Statistics Agency

MPH: Masters of Public Health

IDI: Individual Depth Interview

PI: Principal Investigator

SNNPR: Southern Nations Nationalities and Peoples Republic

UIS: Urban Inequity Survey

UN: United Nation

UNICEF: United Nation International Children's Emergency Fund

## **CHAPTER ONE: INTRODUCTION**

### **1.1 BACKGROUND**

Pregnancy is a very vulnerable time in a woman's life which may be understood as a part of a woman's transition to motherhood as 'being with child', a paradox of joy and suffering (1). This period was described as a metamorphosis, breaking open of the cocoon and revealing a new person and a time for the mothers to re-invent themselves(2). It is characterized as an altered mode of being when women's bodies change, variations in moods and worries related to their own health, as well as to the baby's and the family's health, the delivery and the future(1).

Throughout the pregnancy, women need to be surrounded by a network of friends and family, they need stable and adequate housing, they need good nutrition, rest and exercise(3). The women also want to be connected to other women in order to prepare themselves for the new role as a mother by sharing both their joy and suffering. Hence, support is a very important issue during this time(4).

The number of homeless people worldwide is estimated to be between hundred million and one billion, depending on how we count them and the definition used. However, developing countries have little or no reliable data on the numbers of homeless people. Several countries do not have any official definition of homelessness with which to conduct a census(5). Ethiopian Central Statistics Agency(CSA) report shows, there are 150,000 people living on the streets of Ethiopia. While international organizations such as UNICEF estimate that the problem is far worse, with nearly 600,000 homeless people living in the country(6). Accurate figures on homeless populations are very difficult to obtain, affected by factors such as: high levels of mobility; movement in and out of homelessness; hiding (to avoid police, other authorities and mainstream society.); cultural reasons (for example, shame and stigma attached to being homeless. Consequently, Census data on homelessness must be treated with caution as they may significantly under-estimate the size of the affected population(7).



The conception and birth of a child is widely considered to be a life-changing event in women's lives. Women begin to construct themselves as mothers during their pregnancy, and their social status begins to change with the visibility of their pregnancy(8). Thus, during a period of transition when interpersonal and emotional support as well as time for personal reflection and planning are most needed, pregnant women who are homeless find themselves with little control over their environment, emotionally isolated, and unsure of what interpersonal support will be available(9). Understanding of the impact such an experience has for women who are inadequately housed or have no sense of security in their day-to-day struggle for survival will be very helpful for future intervention programs. So, this study will explore the lived experiences before, during and after pregnancy of homeless women.

## **1.2.STATEMENT OF THE PROBLEM**

As a sociological issue, pregnancy is a concept tied to the sociology of the family, but for homeless women family relations may have been severed and pregnancy may be a time of profound isolation (8).According to UN-Habitat Urban Inequity Survey (UIS) Report of Addis Ababa, almost 7 out of 10 homeless people (67.5%) have no one to turn to when they need help, most of these live alone. This is a clear indication that many people on the streets are isolated(10).

Homeless women represent a rapidly growing population at risk for poor health outcomes. A reasonable assumption is that homeless women living on the street do not have organized living arrangements and close contact with other people, and consequently, they may be more emotionally distressed, more likely to engage in risky behaviors and less likely to benefit from basic reproductive health services than women at home(11).

They are also exposed to sexual exploitation, rape and prostitution. In addition to this high level sexual victimization, there is low & inconsistent use of contraception among the homeless street women that place them at increased risk for pregnancy compared to their housed peer(12).According to National Forum For Homeless Peoples report half of homeless mothers do not believe birth control to be important and nearly half did not know they were pregnant until their second trimester (13).

Homelessness is associated with several factors during pregnancy that can lead to poor outcomes for the mother and child (14).As a health care issue, pregnancy is significant in and of itself but during a time of homelessness, health care monitoring may take low priority as just one of the many challenges of daily life on the street.Normal physiological changes during pregnancy can be difficult to cope with when women are homeless, and women without prenatal care may have no opportunity to discern weather they are experiencing normal or pathological symptoms (8).

Often times, the health of the homeless woman and fetus suffer as the mother focuses all of her energy on other competing priorities, including finding food and shelter, securing entitlements and caring for their other children. Sometimes they even forget they are pregnant (15). Hence, access to medical care and following healthy behaviors may be challenging, especially during pregnancy (14).

Just being homeless is incredibly stressful and becoming pregnant greatly exacerbates this stress. Women who are homeless already have a history of not making the best decisions, many have mental health problems such as depression and externalizing behaviors (15). Not only does stress and isolation impact negatively on the mother herself but it is now well known that it impacts firstly on the developing brain of the baby and secondly on the health of the baby after birth (3). Since many health outcomes for the child are strongly influenced by maternal health behaviors, the likelihood of birth complications, low weight infants, problems with parenting, and long range developmental problems are very great (15).

In addition to this, previous research has been suggested that the homeless condition can impede access to healthy food choices because of poor food quality and inability to find economically priced nutrient-dense foods that influenced weight gain during pregnancy and which is responsible for the negative infant health outcomes after delivery (16). Furthermore, compared with non-homeless women, those who experienced homelessness were less likely to initiate breastfeeding and had shorter duration of breastfeeding past 8 weeks, which may further compromise an infant's health (17).

There are few studies that explore the impact of pregnancy and early motherhood on the lives of homeless women, through the voices of homeless women themselves. But in Ethiopia this segment of populations seems overlooked by researchers. Except very few quantitative studies which are done to assess the contraceptive awareness and utilization among homeless women, there is no single study that explore their lived experience so, the purpose of this study is to explore how homeless women experience their pregnancy and new motherhood while living on street.

## **CHAPTER TWO:LITRATURE REVIEW**

### **2.1. Definition of Homelessness**

There are as many classifications and definitions of homelessness as there are different points of view. A definition of homelessness might refer to a special housing situation, to a special minimum standard, to the duration and the frequency of a stay without shelter, to lifestyle questions, to the use of the welfare system and to the being part of a certain group of the population, to the risk of becoming houseless and to the possibility to move or not if desired(5).

Watson and Austerberry suggest, is especially useful when discussing women's homelessness. One end of the continuum represents women who are immediately "at-risk" of becoming homeless through eviction or violence, and the other represents women who have been literally without shelter for years and are often disassociated from society partly due to mental illness (18). Since women have been shown to draw on social support networks for temporary assistance during periods of homelessness, this continuum model is especially relevant.

### **2.2. Women and Homelessness**

While both homeless men and women suffer from abject poverty, the concerns of women are more complex and nuanced. Contributing to the gender-homelessness link are several intertwining social and situational factors(19).Homeless women cope with similar challenges faced by homeless men, such as mental illness addiction and economic issues , they are also disproportionately responsible for child-rearing and more likely to be victimized by family members . As such, they are at greater risk for poverty and homelessness (20).

Homeless women were more likely to experience intimate partner violence. They were more likely to experience a range of stressors, including separation or divorce, job loss, having someone close to them with a drug problem and being in a physical fight (14).

Homeless women live hard and harsh lives. Whether they are living on the street, staying with family or friends or in shelters and other supported housing, they face the danger of violence from strangers, acquaintances and abusive ex-partners(21). A study by Goodman et al found that 34% of homeless women interviewed had been sexually assaulted and 30% had been physically assaulted(22).

In addressing women's homelessness, it is necessary to acknowledge the social inequities poor women face within a patriarchal society and the complexity that multiple oppressions place on individual women. Johnson and Richards summarize the factors associated with women's homelessness, specifically, in terms of violence as under such circumstances, the concept of home as a place where one is safe is shattered and home is a prison, a place that becomes more dangerous than anywhere else. This reality, perhaps more than any other, distinguishes both women and their children from other homeless families and makes resolutions of their situations even more complex (23).

In general, poor women are at a higher risk for violence as poverty increase stress and lower a person's ability to take control of their own environment and seek protective care. In a study of 436 homeless and low-income housed mothers, it was found that 84 percent of all of these women had at some point been severely assaulted and 60 percent had been attacked physically by intimate male partners(24).

Other health issues, such as stress and nutrition, affect the lives of homeless women more negatively than their housed counterparts. Compared to other low-income women, homeless women seem to be worse off in terms of their emotional and physical welfare. Homeless mothers are more likely to report higher stress levels, avoidant behavior, and anti-cognitive coping strategies (25).

While research demonstrates that most homeless youth are not avoiding work and want regular jobs, the vast majority face significant barriers to obtaining and maintaining stable employment. As a result, many street youth engage in Begging and other quasi legal activities to generate income (26).

According to the technical committee formed by MoLSA in 1980, “begging is a method of earning ones living from the income obtained by other sectors of the society using age, health and economic condition as a means for gaining sympathy”(27).

Homeless women have generally been abandoned or widowed or are escaping abuse or turn to inappropriate relationships to secure accommodation for themselves and their children or may end up begging or in prostitution to support their children(5). Most women, mainly those in the rural areas, leave home either temporarily or permanently when they feel they cannot bear the violence any longer (28).

Domestic violence is a problem that pervades our society. One of the primary Canadian researchers on the subject, states that violence against women is rooted in the social and political systems that restrict women’s rights and perpetuate the pervasive inequality that women face worldwide. Generally women say that the violent behavior inflicted on them by others is a strong factor for contributing to their homelessness(29).

### **2.3.Reasons for Women Homelessness**

Homelessness looks different depending on who is homeless. Traditionally homelessness has been seen as only rooflessness because that is the most visible. These are the people who we see living on the streets and sleeping on park benches. For the most part it is men who fit in the image of sleeping rough. For men, the causes of homelessness are often things such as job loss, mental health problems, drug and alcohol addictions and the release from an institution This is not usually the case for homeless women who tend be become homeless due to mental health problems, poverty, the lack of affordable housing and most especially because they are fleeing from violence(30).

Approximately one homeless woman in four is homeless mainly because of her experiences with violence. And while this is about half the more frequently cited “guess” of one in two, it nonetheless underscores the importance of violence in the process by which some women become homeless(31).

## **2.4. Pregnancy and Homelessness**

Greene and Ringwalt evaluated pregnancy histories of homeless young women. They found that the lifetime occurrence of pregnancy for those who were absolutely homeless (48.2%) or living in shelters (33.2%) was high compared with non homeless (7.2%), and that 20% had two or more pregnancies(32). The greater frequency of pregnancy among homeless women coupled with the likelihood of adverse outcomes makes pregnancy a serious health concern(33).

Though, Infrequent and ineffective use of contraception was widely reported by homeless women. Nearly all youth reported no intention to conceive and commonly reported not using any form of contraception(34).

Given the high levels of lifetime exposure to abuse, assault, loss, and trauma; the psychiatric symptoms associated with homelessness; and the young age at which pregnancies often occur among homeless women, it seems inevitable that psychosocial functioning will be compromised in ways that further prevent women from fully preparing for parenthood (e.g., anticipation of the impending parenting role, relationship changes, or formation of feelings and impressions of the baby(35).

More than a quarter of homeless women (29%) reported being the victim of intimate partner violence before or during their pregnancy. Women who reported homelessness were twice as likely as non-homeless women to report feeling depressed or disinterested during pregnancy. And more likely to initiate prenatal care after the first trimester or not at all(26).

The parental characteristics during pregnancy that promote optimal development and the circumstances in which pregnant homeless mothers find themselves stand in stark contrast to one another. Women who become homeless and pregnant are often young (e.g., adolescent), highly stressed and anxious, socially isolated, and malnourished(36). Experienced abuse, victimization, and concomitant violations of trust, the desire to seek or having accepted support from well-meaning peers and professionals might be understandably diminished (18).

## **SIGNIFICANCE OF THE STUDY**

Whether they became pregnant while experiencing homelessness or they became homeless after becoming pregnant or parents, homeless women find themselves without safe places to live, and without access to many opportunities and there is a profound lack of knowledge regarding pregnancy, contraceptives, and child-raising.

In Ethiopia, It is a frequent observation to see women begging on the streets of major cities having one or more babies by their sides. Thus, the increment as well as the vulnerability of homeless street women suggests the importance of this population as a priority population for public health efforts and programs.

Hence, this qualitative study directly explores the lived experiences of homeless women, how they conceive of their pregnancies, what challenges face them during this time, what is their decision making process of raising their children on streets and their dreams and goals for the future. So, the study will be helpful to understand how women lack stable housing, mentally and emotionally prepares for pregnancy outcome, parenting role, relationship changes. The result of the study will help decision makers to look better policy direction for provision of important services that meet the varied needs of homeless women and make it easier for them to have a healthy pregnancy and a healthy baby.



## **CHAPTER THREE: RESEARCH QUESTION AND OBJECTIVE OF THE STUDY**

### **3.1. Research Questions**

This study is guided by three major research questions. These are:

- How homeless street women get pregnant.
- what are the challenges faced by homeless women while they are pregnant and
- What is their child caring practice on the streets?

### **3.2. Objectives**

#### **3.2.1.General Objective**

To obtain in-depth contextual insights about lived experiences of pregnancy among homeless women

#### **3.2.1.Specific Objectives:**

- To explore the experiences of homeless women getting pregnant
- To explore the main challenges that faces the homeless women while pregnant.
- To explore experience of child caring practice of homeless women.

## **CHAPTER FOUR: METHODS AND MATERIALS**

### **4.1. Study area and Period**

Hawassa town, which is 275 km south of Addis Ababa, was selected for the study because it is one of the towns in the region with rapidly increasing number of homeless street population. Participants were recruited from “cluster” sites such as main road sides, around Churches and streets where homeless women usually reside and/or sleep. The study was conducted from February to April 2014.

### **4.2. Study design**

A descriptive Phenomenological approach was used to describe the experiences of pregnancy. Descriptive phenomenology as developed by Edmund Husserl (1859-1938) is the unbiased study of things as they appear so that an essential understanding (essence) of human consciousness.

and experience may be arrived at (37). The aim of Phenomenology is the return to the concrete, captured by the slogan ‘Back to the things themselves’. Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, that emphasize the importance of studying experience from the perspective of the individual (38). Therefore, in this study, the phenomenon of pregnancy during homelessness was examined primarily through the words of women who are currently experiencing the phenomenon.

### **4.3. Study Participants**

Study participants were eleven homeless women of child bearing age, who are pregnant and/ have given birth in the past one year.

#### **4.4. Eligibility Criteria:**

##### **4.4.1. Inclusion Criteria**

The women who were homeless; pregnant and or had given birth a year before the study.

##### **4.4.2. Exclusion Criteria**

The women who were critically ill during the data collection were excluded from the study.

#### **4.5. Sample size and sampling procedure**

##### **4.5.1. Sample size**

Eleven homeless women who were experienced their pregnancy on street were participated in the study. Data were collected until the topic was exhausted and the point of saturation was reached.

##### **4.5.2. Sampling procedures**

For the recruitment of participant's, criterion and snow ball purposive samplings were used. In criterion sampling, participants those who met the inclusion criteria were included where as in snow balling, the already identified participant were used to connect with the other potential participant who was believed met the inclusion criteria. In this study both sampling methods were equally used. Thus each participant recruited by criterion method was asked if she knows other woman who was pregnant or recently given birth. In this study, sample was selected based on the purpose of the research looking for those who have had pregnancy experiences while being homeless. Thus, the researcher was actively selected the most productive sample to answer the research question.

## **4.6. Data Collection Procedures**

Data was collected mainly through in-depth interview that was supplemented by non-participant observation.

### **4.6.1. In-depth Interview**

In-depth interview guide initially prepared in English and then translated into Amharic. It was the Amharic version of the guide that was used for data collection. In addition to Amharic two local languages; Wolaytigna and Gofigna were used to collect the data. The 'informed consent agreement' form was explained to subjects at the beginning of each interview and the interview was conducted with those who were made an agreement and signed consent to participate.

The interview was conducted on the place preferred by the participants. To this end, most of them (8/11) preferred their house and the rest preferred the Church yards; i.e. St. Trinity and Gabriel Orthodox Churches. The researcher used a non-directive style of interviewing using open-ended questions allowing the participants freedom to control pacing and subject matter of the interview as well as the opportunity to respond in their own words. Additionally, a more directive style of questioning was used as needed when the researcher required more clarification of information that the participants were providing. The researcher recorded the information from the interview by audio tapes and took short field notes during the interview which was written in detail immediately back home. To avoid the possibility of missing data, note taker who could speak both Amharic and the local languages was trained to jot down the whole interview and the notes were used as secondary data storage.

### **4.6.2 Non-participant Observation**

Before making any contact with participants, primary data about some aspects of the social world of participants was collected through observation. In this study non-participant type of observation, where the researcher physically appears to the sites and make observation without interacting directly with its participant, was utilized.

This helped the researcher to develop an understanding of some of the cultural aspects particular to the environment such as language, body signals and other important details that lead to more effective communication during interviews.

In addition, observational guide was prepared to help a researcher observe physical conditions of homeless women and their babies, social elements and living conditions. Following observation sessions, detailed field notes were kept about observations, casual conversations and interactions.

#### **4.7. Definition of Terms**

**Homeless woman** in this study defined as a woman who lacks a fixed, regular, adequate night-time residence; and practicing begging as the main source of livelihood.

**Baby** in this study is a one year old child of a homeless woman who cannot yet talk or walk.

**Bule** is the Amharic slang or word that participants used to call the food offerings from the church or peoples.

**Vulnerability** is defined as state of insecurity in one's status quo in the relation to changes in external environment.

#### **4.8. Data Processing and Analysis**

Data collection and analysis was undertaken simultaneously in line with the iterative nature of qualitative methods. Before the actual data analysis, data collected through in depth interview, observation and field notes was arranged and each transcript had given proper identifying label: name of the interviewee, date and place of interview. Then recorded data through in depth interview was transcribed verbatim in Amharic and then translated to English language without losing its originality. After each field contact, an average of two more days on in-depth interviews was taken to do preliminary analysis, which involves reviewing the main concepts, issues and questions seen during the contact. This was guided planning for the next contact, gave a chance for modification in approach and to decide on continuing the data collection until a point of saturation.

Following making sense out of all data by reading the data line by line, word by word and sentence by sentence repeatedly, the researcher was proceed to break down the data into meaningful units (codes).

The coding was accomplished using ATLAS.ti computer software. The researchers' task of converting data into meaningful units was guided by constant comparative analysis, which is the process where the researcher moves back and forth between the data and the field to gather information about a particular concept(39).The process begins with reasonable codes, categories, and themes suggested by the first source of data of narrative text (or any observation). Then the next instance is compared with reference to the emerging data and each new occurrence is examined for similarities and differences. The process continued until the categories that are important in answering the research question identified and a picture emerges from all sources of data that appears to capture a meaningful representation of the study(40).

Following the development of the main themes of the study, the researcher rearranged the entire data/transcripts and write a rich and exhaustive description of the lived experiences from which the essential structure of the phenomena was formulated. The final step was presenting the whole information found through data analysis process about lived experiences of homeless women pregnancy, in to readable and understandable form.

#### **4.9. Researcher's Role**

The researcher had facilitative role in building affinity with the participants by frequently visiting the research site and providing clear presentation on the overall details of the study and their level of engagement for participant. This was helped the researcher to become familiar and to secure the full engagement of participants. During interview session, the researcher was asked questions and probing other questions following the guiding questions. In addition to this, the researcher ensured the pleasant interaction with participants by maintaining their interest in time and place arrangement and by quickly responding to their quests.

#### **4.10. Trustworthiness of the study**

In order to gain an adequate understanding of participants and establish a relationship of trust, the researcher was developed an early familiarity with the culture of participants via preliminary visits to the site. To ensure honesty in informants when contributing data, the data collection sessions was involved only those who were genuinely willing to take part and prepared to offer data freely. In addition to the “preventative” strategies outlined above, credibility was enhanced by iterative questioning (going back and raising previously asked questions) to uncover deliberate lies. To assist transferability, sufficient thick description of the phenomenon under investigation was provided to allow readers to have a proper understanding of it, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations. That will enable judgments about a “fit” with other contexts. In order to address the dependability issue more directly, the processes within the study (data collection and analysis) was reported in detail, thereby enabling a future researcher to follow the research process and understand the context. To enhance conformability, the researcher ‘bracketed’ her preexisting knowledge to position herself to see the phenomenon through the eyes of the study participants. Moreover, triangulation of data collection methods was used to reduce the effect of investigator bias.

#### **4.11. Ethical Consideration**

Ethical approval was obtained from Jimma University College of Public Health and Medical Sciences department of Health Education and Behavioral Sciences. Necessary permission from Labour and Social Affairs Agency was found to include participants who were under 18 years of age. In addition to this, the following procedures were employed to protect the informant’s rights to privacy, confidentiality and free will to participate in the research. Before commencement of the study, the research objectives and/or the detail of the study were presented to potential participant. Thereafter, the researcher received confirmation from the participants which ensures their cordial willingness to participate on the study.

To this end, written informed consent was obtained from participant. And throughout the research process, the informants' rights and interests was maintained. Any information told by the participants was kept confidential and anonymity in participants' identity was also maintained. Since the issue rose during discussion was related to personal story there was a possibility of participants being emotional. So, whenever there was such an emotional experience, the interview was discontinued for a while and the researcher was tried to give psychological support.

#### **4.12. Plan for Dissemination and Utilization of the Study Findings**

The findings will be presented to Jimma University scientific community and will be submitted to the college of Public Health and Medical Science, Department of Health Education and Behavioral Sciences. The result will also be communicated to the health planners and other relevant stakeholders in the study area to enable them to take recommendations into consideration during their planning processes. Presentation and publication to scientific forum and journals will also be considered.



## **CHAPTER FIVE: RESULT**

### **5.1. Socio-demographic Characteristics of Participants**

A total of eleven homeless women who fulfilled the pre-arranged eligibility criteria were included in the study from which two of them were pregnant and in their last trimester. Except two participants all were not in marriage currently. Almost all were illiterate. Among the participants there were women who practiced begging for about seven years. There were also others who joined recently just before four months. Their age ranged from 17 to 35 years and they were from different place of origin.

Table 1: Socio demographic Characteristics of Participants, Hawassa, May 2014.

ID	Age	Marital Status	Educational status	Age of Last baby	Stage Pregnancy	No of children	Place of origin	Duration of begging (in Yr)
R1 SILASE 01	23	Married	Illiterate	Eight month	-	one	Shashammenne	Five
R2 MESKEL SQUARE	19	Separation	Primary (grade 4)	Ten month		one	wolayta	Two
R3 DIASPORA PRG	35	Separation	Illiterate		Third trimester	Five	wolayta	Six months
R4 ATOTE	26	Divorced	Illiterate	Four month		two	Gamogofa	Three
R5 BUS STATION PREG.	17	Single	Illiterate	-	Third trimestare	-	Dilla	Four month
R6 SELASSE 02	18	Married	Illiterate	Eight months		one	Goji	Seven
R7 REFERAL	25	Divorced	Illiterate	Two months		two	wolayta	Eight month
R8 KIRCHO	20	Divorced	Illiterate	Four month		two	Dilla	Four
R9 TRAFIC LIGHT	30	Divorced	Illiterate	Seven month		Three	Sidama	Seven
R10 GEBREL 02	19	Divorced	Illiterate	Seven months		one	Gamogofa	Two
R11 GEBREL	25	Divorced	Illiterate	45 day		Two	Durame	Eight

## 5.2. Thematic Areas of the Study

During analysis of the data, all transcribed interviews were breaking in to small meaningful units or codes by using open code method. First, the researcher read the complete transcripts and generates a list of codes and 302 codes were emerged. Then reading data and using thematic coding, codes were emerged to 10 categories and 4 themes. Those codes were aggregated and the concepts were defined; all the codes used were inductive and categories were formed by clustering similar codes and giving them an initial name (code family).

In this study, pregnancy experience of homeless woman is identified as central theme around which all the four themes are integrated. These themes are: (1) The incident of women homelessness (2) Beyond the control Circumstance (3) challenges of pregnancy (4) Hardship versus change’s catalyst controversy. Within each theme there are categories from which the themes are emerged. Thus each category is presented in detail and quotes are cited to support them.

**Table 2: Showing Central Theme, themes and categories, identified by the researcher Hawassa town May 2014**

<b>Pregnancy Experiences of Homeless Women (Central Theme)</b>				
<b>Theme</b>	<b>Incidents to Women’s Homelessness</b>	<b>Beyond the control Circumstance</b>	<b>challenges of pregnancy</b>	<b>Hardship versus change’s catalyst controversy</b>
<b>Categories</b>	Family related	Sexual victimization	Lack of basic Needs	Fail to fulfill parenting role
	Pregnancy related	Misconception versus awareness	Maintaining health and wellbeing	Misunderstood by Public
			Lack of social support	Life’s positive influencer

## **Pregnancy experience among homeless women (Central Theme)**

In this study, pregnancy experience among homeless women is identified as a central theme. In which the homeless women pregnancy experiences are explored directly from the originary dimensions. Pregnancy experience is defined as something that a woman finds out from her pregnancy journey on street. This includes the understanding about phenomena through the occurrences, practices while facing challenges and hardships and the skills obtained as a result of pregnancy like parenting their babies on street. Negative emotional feelings and expressions were persisted throughout the data. Vast majority of women participated in this study mentioned that their pregnancy period was frightening as they were even unaware of being pregnant until they recognized some remarkable physical changes in their body, discontinuation of menses above two months and felt fetal movements inside them. Despite their late confirmation, negative emotional feelings that began from the day they confirmed persisted even after they given birth to their babies.

### **1. Incident to women homelessness**

Incident to women homelessness was the first theme emerged during the analysis of the in-depth interview and is defined as: the event that accompanying the women homelessness. The nature of homelessness in this study took different forms. It includes living in plastic shades commonly seen around the church yard fences by having permission from the church leaders due to their special characteristics. Usually women who are chronic to the site and given birth to their babies there got a chance to build their plastic shade around the fence. The other form is renting small deserted houses which are found at the margins' of the town where peoples built only for the purpose of reserving their compound. During observation, the researcher could see that the houses were poorly constructed; most lacks windows, the walls were not plastered well and have dusty floors. Now a day, such places are informally known by peoples as "beggar villages". They rented the houses for very cheap prices 60 up to 100 birr per month and in most cases they shared the room with other beggars. The other form of homelessness in the study is living in a mass in long tin-roofed one-story structure constructed by government for beggars who used to sleep open air before three years. Straw mats hung vertically to divide the structure into apartments and with up to 11 people lives in each apartment. Here, they

expected to pay nothing for the shelter. All participants were asked for what triggered them to join the street life and their stories showed that the incidents to their homelessness werefall in to two categories. i.e: family related and their pregnancy state.

### **1.1. Family Related**

Family as basic social group which united through bonds of kinship or marriage provides its members with protection, companionship, security, and socialization. When these basic elements are disrupted by any internal or external forces, the bond become loosen and the members exposed for different problems. Women play an important role in the family as a motheras well as a daughter and any disruption within the family hits the women hard because they are the most susceptible member of the family.

Most of the women in this study associated their homelessness with their family. Socially expected gender roles like caring for children, feeding their families, and obeying their husbands in any way added to their low economic status pushed the married women to look for different way of life especially when the normal relation with their husbands didn't work out. For other women who left their home in child hood; death of their parents, conflicts within the family, child abuse(physical) played an important role in their decision to join street life.

The marriage break dawn was the most common cause for the women entrance in to street life. It was mentioned that their husband's intolerable mal behavior disturbed their life and make them hopeless to continue their life with them. A 35 years old pregnant woman who is in her third trimester and joined the street life before six months talked about her husband's drunk behavior as:

*“My husband is a bad person he is a farmer, but when he get money, he go to market and buy drink for everybody and he himself is a drunk. He didn't worry about us I was the only one who hold the responsibility of our children because of this I was disturbed and become sick every day, passing most of my time on bed. So when I saw there is no hope I decided to run away”*

Another women of age 26 years who have given birth before four months joined a street before three years for the same reason. She explained her experience saying:

*“I come here because I was tired of my drunken husband. He is very rude person always quarreled with me and bit me just looking for a pretest. Because he doesn't give any peace, my health was disturbed. So I drove away from his home.”*

Orphan hood was also another family related factor which directly or indirectly accompanied some participant's homelessness. As they were totally dependent on their family during their childhood, the loss of their family obliged them to search for other means of survival and this was the remarkable event for some participant's homelessness: a 20 years old participant who joined street life before four years said:

*“I lost my parents when I was a little child. I had no relatives to support me. Hence, I came to Hawasa with my friend in search for a job”*

Similarly, R11 who come from Durame describe her reason for street life saying:

*“My mom had passed away when I was a little and my dad was also died sometimes later. I had no sisters or brothers and my relatives who lives in our village was very poor at the time and can't help me so I left my home searching for job”*

Some participants who raised by their relatives or step parents as a result of the death of their parents experienced different types of child hood abuses which finally paved the way for their homelessness. A good example for this was a story of 19 years old respondent who come from Gamogofa. She described the abuse of her step mother as follows:

*“I lost my mother when I was a child. I was living with my stepmother without knowing that she was not my mother. She was unkind to me. She never loved me. She bit me every time. When I was 12 years old, I told my problems to my father and neighbors over the coffee. Then my father started telling me everything about my true mother. He told me about my mother's death. I started thinking back about my past with her. I mean with my stepmother. I remained in the house alone sobbing for a month and felt sick. I also hated my father for not protected me from her cruel punishment and I decided to run away.”*

Another participant of age 23 who were used to live with her brother as a result of her mom's death expressed her stressful experience while she passed with her brother quoted as follow

*"...I was worried about the disagreement and quarrel between my brother and his wife regarding what he does for me and I decided to separate from them and to try my chance. I decided not to be an intruder in my brother's life and to make him free to make his life in peace with his wife. Thus I had to move to the street rather than cause strife between the wife and husband."*

## **1.2.Pregnancy Related**

This is the known natural phenomenon in which human beings substitute themselves and their generation at large. In this study, this natural event put a remarkable print on women's homelessness story. In a situation where women limited themselves only to domestic works or be dependent on their spouses as a result of their poor socio-economic status and illiteracy, street life become easily accessible means of survival when they lost their job or spouses for any reason. In this study, for women who worked as a maid in someone's house, whether it occurred while they were working there or before, pregnancy was not an acceptable state by their employers and had been a reason to be fired. And more over, after ones the pregnancy become visible, having back a job become very difficult task for a women and as a result, a women obliged to fall on streets. In addition to that, denial of partner due to unexpected occurrences of pregnancy between boy and girl friends or spouses had also contributed for the women's homelessness as they were living on their husband's expense. A 17 years old, currently pregnant participant stated her experience of coming to the street as:

*"On my returning to home (from Health Center) I told the result of my medical examination to my boyfriend but the replay that I got from him was very shocking. He becomes a strange person that I have ever seen before. He insulted me offensively and totally denied all the things we did and the relationship we had. He was the only hope for me because I knew that my employer will drive me away by the day she finds out my pregnancy! It was because of him that you found me here on street today."*

A notion also supported by 25 years old woman who become homeless before eight months. She explained her reason saying:

*“At that time, I was pregnant and my employer did not know this first. However, when he came to know gradually, he didn’t even take a time to think but he rushed to fire me. That was very unfortunate of me because, I am an illiterate poor woman who has no one to turn in the town and the only thing that I can be was a maid but as a result of my pregnancy I lost it. I had no choice than leaving his house because he didn't want me to deliver my child in his house.”*

So, pregnancy had a potential to snatch their limited survival strategy by the time and paved the way for participant’s homelessness.

## **2. Beyond The Control Circumstances**

This category is emerged from the participant’s explanations concerning their current or recent pregnancy state. It is the situation where women’s own capabilities, actions or expectations are less important because it is beyond the control.

Except one woman who stated her pregnancy as intentional, because she thought that she was in stable relationship with her husband and wants a helper in her future life. Almost all the participants described their pregnancy as unwanted, unexpected or devastating event. This is clearly shown by their negative reaction and action when they discovered their pregnancy. For example, more than half of the participants tried self-induced abortion to end up their pregnancy. So, the occurrence of pregnancy to these women associated with some factors which they couldn’t prevent consciously or unconsciously.

All the interviewed women’s were asked about the occurrence of their pregnancy and the following two categories were emerged as beyond the control circumstances (1) sexual victimization (2) misconceptions related to reproductive issues



## 2.1. Sexual Victimization

One of the beyond control circumstance where individuals strangling women's will, spontaneity or freedom of sexual matters and exercising a power to have sexual control over herusing the women situation as an opportunity. The women didn't have a chance for defend themselves or take protective measures for unwanted pregnancy as it is usually a sudden occurrence. Rape and intimate partner abuse were the two common forms of sexual victimization raised by the participants.

This study founds rape as a common phenomenon especially when women first join the street. During the interview, participants mentioned that the beggars didn't like the new comers so building a rapport with other beggars was very difficult at that time, so they didn't had a chance to have information about relatively safe places to pass the night and this made them easily accessed by potential offenders. In the interview, three beggars had history of multiple pregnancies on street and all of them had experienced their first pregnancy raped by someone they didn't know by the time. A 30 years old participant who has three children and where two of her pregnancies occurred on street talked about her first pregnancy saying:

*"I had been sleeping on open-air. One day a certain man came drunk during the night and raped me. I was not able to defend myself. I kept quiet and surrender to him. In the fourth day after he had raped me, he came back requesting to live with me under the pretext of mutual interdependence and support."*

While a woman is in such an insecure situation, she is forced to be with someone in order to have protection from rape but this also put her in another form of sexual victimization which is an intimate partner abuse. Since the relationship is either for having protection or economic dependence, the woman cannot exercise her reproductive right though it is a relatively safe, but it is not safe enough to avoid pregnancy as it is a situation where unprotected sex practiced freely.

For example, a 25 years old woman who gave birth to her baby boy before 45 days explained:

*“... I didn't hesitate to say “yes!” when he asked me to marry him. By the time, I thought that to be with someone is better for me and my baby too because if you are married woman, then other men didn't dare to mischief you. But once you marry him, you have to obey whatever he said to you for example, I gave birth to this baby because he wants to have a child”*

A 19 years old respondent who came from Gamogofa talked about her sexual violence by her boyfriend as:

*“I have introduced a man who was selling worn out clothes. His shop was located in our neighbor and I knew him just there. He bought me clothes and other things that I cannot afford by the time and he took advantage of me by having sex with me and getting me pregnant”*

## **2.2 Misconceptions versus awareness**

Prior information that participants got from different sources about family planning methods, contraception and fertility is one of the beyond control circumstance that presented in the women's unwanted pregnancy scenario. These information's were not complete and not from appropriate source as well but, participants tried to put these pieces in to practice and expecting themselves being on the safe side. This situation is mostly identified from the participant's explanations about contraceptive utilizations. For example: missing an appointment for a weak and continuing the method without any test, breast feeding without knowing the duration frequency and appropriateness seen among four participant's who mentioned that they got pregnant while using contraceptive methods as shown in the following quote from 26 years old woman who gave birth twice on a street and talked about her last pregnancy as:

*“It was occurred unexpected! Since I was nursing my first baby, I didn't think that I can get pregnant. Because I heard that people saying a woman can't be pregnant while Brest feeding so I have no doubt about that even my menstruation was not retained back since I gave birth”*

Constant and correct usage and choosing appropriate method have a lion share in effectiveness of the given method. But Participants missed those points from their expectations which finally exposed them to the unwanted pregnancy. In addition to having such misconceptions, other Participant's especially those who separated from their families while they were in their childhood, lack awareness about fertility issues and birth control methods. This situation added to their poor habit of socializing things made pregnancy unexpected but inevitable event for them.

Some 18 year's old participant who come from Guji and joined the street life when she was eleven stated her first pregnancy occurrence as follows:

*"I haven't any intension to be pregnant. I did not want to give birth at this age and livelihood. You know, as I have passed my entire life here on street alone, I was not aware about these things, either conception or giving birth"*

Another participant of age 19 who comes from Gamogofa mentioned her thoughts about fertility issues after she engaged in sexual contact with her boyfriend saying:

*"I didn't use any birth control because at that time I knew nothing about it. I don't even think that I might become pregnant. Indeed sometimes I asked myself, "After how long does a woman who begin to have sexual contact get pregnant?!" But I have never asked anyone".*

### **3. Pregnancy challenges**

The participant's hardships that they faced during their pregnancy time on street are found to be the third theme in the study. All participants including the two who are currently pregnant explanation showed that homelessness puts a great burden to their pregnancy and they suffered more during their pregnancy time. Since these period needs special attention, the usual situations in homelessness including living in a plastic shade, taking care for other children and begging to have money or food become extremely difficult activity in association with various physiological and psychological changes that followed the pregnancy. Participant's pregnancy challenges are fall in to one of the three categories: (1) lack of basic needs (2) maintaining health and wellbeing (3) Lack of Social Support

### **3.1. Lack of basic Needs**

All study participants were victims of this problem they all beg to get daily food and clothing's, most of them living on plastic made shades while the others live in poor houses with two or three other beggars. Though this is their routine it became serious challenge for them in the special time of pregnancy. Lack of money laid the ground for all those unmated needs. 35 years old woman who is currently pregnant woman said:

*“Now here, I am in worsening condition than when I was in my home. I have nothing to eat or drink, as you can see me I am all naked, I am sleeping on a floor and above all I worried about my kids. Now a day I stopped begging because I am weakling, so I am all dependent on my kids they go out for begging and bring me a coin or “Bule” if they get”.*

Similarly, the other 17 years old pregnant woman explained her current challenges saying:

*“ I faced so many problems and I am still on big challenge as you have seen now my pregnancy get older I am about to finish my seventh month now but I don't have place to stay I don't know where I will give birth everything is frustrating me”*

All the participants who share the room with other beggars mentioned getting the money to pay the house rent was very difficult task during their pregnancy.

### **3.2. Maintaining Health and Wellbeing**

The participants struggle to ensure that their complete physical, psychological and social wellbeing continues to work properly by checking it regularly and following instructions given by professionals to make appropriate repairs or adjustments when required in order to sustain healthy life style during their pregnancy.

In this study, participants experienced Psychological symptoms like anxiety, confusion, uncertainty and stress about getting assistance in delivery, about coming baby and parental role as well.

17 years old pregnant woman expressed about her current status as:

*“I am very anxious I don’t know where I gave birth, who could assist me I am always thought of death while I gave birth and I feel sorry for this because of my misfortune. Sometimes I thought that if I could even give birth peacefully where I should raise my kid, for how long I continue begging as a way of life”*

Similarly, when 25 years old woman who given birth just 45 days ago asked about her pregnancy challenge she said:

*“Oh don’t even ask me it was great torment!!(she breaks up tears!) First of all I was stranger didn’t know the town, nobody to consult and since the pregnancy was unwanted, the trauma lasted for long period”*

These psychological problems had also a great effect on physical health of participants but due to the Presence of other competing priorities in the life of these women, seeking medical care had given less attention thus they couldn’t utilize available health care services. Though they had access to service point majority of participants didn’t attended the antenatal care service after they were confirmed their pregnancy in health institutions.

26 years old woman notion explain this:

*“... even after I confirmed it from health center, I was worried about other things like to manage the pregnancy, to secure daily meals, to get the money that I could pay for the rent at the end of the month and the like. I don’t even thought about follow up it was never come to my mind”*

Similarly, 17 years old pregnant also said:

*“Never! I didn’t go there even for once than to confirm it. And more over, I don’t want to have checkup because at this time I do have so many other concerns. I have to have something to eat first.”*

Two women also mentioned their complaint about the mistreatment of health care providers. Feeling of stigma associated with their homelessness added to the frustration had potential to change their attitudes toward the professionals and the service as well which in turn hindered their uptake of services. A woman of age 25 explained her interaction with the health care provider as follows:

*“...she took me to one of the health center. However, they did not treat me well. They lost my patient card somewhere in the room and told me to come back at noon after I am already waited for long hour. I tried to talk with the nurse but she wasn't interested to hear me and said to me "why you complain like a busy woman?!" From that day onwards, I never returned to them for prenatal service”.*

During observation, the two participants who were currently pregnant exhibited almost the same physical condition or appearance; they were sick looking, had cracked lips, poor personal hygiene, not alert and showed little energy while reacting which clearly indicated their poor health status.

### **3.3. Lack of Social support**

Absence of family, friends or professionals around the pregnant women when they required any psychological, emotional, physical or material support was one of the challenges mentioned by participants. Almost all participants when asked for to whom they turn to when they need any support or help; they answered “No one!” Isolation from the rest of society, in trust among themselves and betrayal of spouse during pregnancy were common factors behind the lack of social support. The social interaction with other community is usually restricted to only alms giving and talking which doesn't foster building such a meaningful bond with them. During informal conversations with a researcher, most participants mentioned that it was their first time when they spend such a long time with somebody who is out of their domain. And also as observed by the researcher, this sample of population resided in villages which are found at the margins of the town so this geographical barrier had also its contribution for lacking social support. The following explanation is stated from a 23-year-old participant:

*“Me? Who do I have to consult? I had no one to visit for counseling and no one came to visit me. I move to different places to beg for money and I come back to my plastic shade to take rest. I have no one to consult”*

Despite being isolated from other society, the participants had a great chance of having bond among themselves as most of them had at least one roommate and spending their days together while performing beggary in church yards. From in-depth interview, it was identified that the relationship among the woman was superficial and lacking commitment. So they didn't trust each other and didn't discuss serious issues among themselves. A 25 years old participant stated her experience as follows

*“... If your question is about my own person or a trusted person, I answer No! I do not have one of such individuals (She puts her two hands on her foreheads) I don't like to share anything even with the lady now living with me. This is because she is not mine. Is she? Therefore, I never have been open to anybody around me. My communication always has been with God”*

Some participants were also mentioned their pregnancy state was prevented them from work. They judged by peoples as unfit for any kind of job while in fact they were healthy enough besides being pregnant.

#### **4. Hardship Verses Changing Catalyst**

This theme is emerged as participants expressed the impact of babies in their life. It was clearly shown that having a baby meant both opportunity and constraint for the participants. Participants discussed motherhood as something great; it is a natural part of life connecting them to the meaning of life. They felt gratitude towards life, at the same time, they worried about the responsibility they will have as a parent.

Though the difficulties associated with bringing up the child on street were very great, all participants acknowledged that motherhood could provide great rewards. Three categories building up the theme are (1) fail to perform parenting role (2) miss understood by the public (3) life's positive influence.

#### 4.1. Fail to fulfill parenting role

Every society has its own good mothers criteria based on which a mother examined. Failing to fulfill such role for any case has a great sociological as well as psychological impact on a mother. Fulfilling parenting role is a difficult task for homeless mothers as they are living in a situation where everything is in its compromised form.

Participants explained that they are facing difficult challenges caring for their children. They often experienced stress and burden while trying to bring up their children on street. Medical costs, poor diet, increasing need of the baby, and education were among the stressors for the homeless mother.

Getting the money is not always mandatory in the lives of these women; sometimes they may not collect one Birr for the whole day begging but may be provided with foods so when they get something to eat then they do not worry about the money. But mothers when their children's get diseased, they have to have money for medical examinations or buy some drugs from a pharmacy and this is the most challenging time for them.

A 26 years old woman who has two children talked about her children as follows:

*“The worsen time for me is when they get sick. I had never take them to the health center rather I just ask my roommates for remained medicine from their children and used it for my kids and when I didn't get any, then I gave some traditional herbal medicines like “tenaadam”. Even This week, my baby girl doesn't feel well she said that she feels pain while swallowing and she had diarrhea too but because I don't have money on my hand, I ignored her.”*

Some participants mentioned their worries and stresses about fulfilling their children's future need. The participant of age 30 and having three kids of which two are still on breast feeding said:



*“So now everything becomes very difficult for me. In addition my kids despite the poor diet arrests their growth, they are still growing up because its natural and this is also serious matter for me. Because the growth is not only about physical change but their need also increasing from time to time, So I worried every day see them growing up”*

Poor diet is also another stressor for a mother number of participants have feed their children only breast milk even though their babies are matured enough to take additional foods because it is easily affordable and cost free meal. A participant of age 19 that have ten months baby asked about whether she prepared complimentary food for her baby and she replayed:

*“No! I feed her only breast milk. From where did you think I get the money?! And even if I had money where did I prepare it I don’t have either home or cooking materials. My baby is wasted due to shortage of food. She is suffering as much as I did.(looking sad)”*

Similarly another 19 years old participant who had seven months baby boy said:

*“I have been feeding him only the breast milk so far. I didn’t give him any additional food because I could not afford to buy it in market.”*

#### **4.2 Misunderstood by Public**

People’s negative reactions or responses to the mothers who are begging on street while carrying their children’s with them as expressed by the women’s themselves. Except one participant who said that she went out for begging by herself leaving the child for her husband, all other participants carried their babies to where they perform beggary. These mothers explained the reason they carry their babies because they were nursing babies and others said that there is no one to take care of their babies at home. The participants felt that they had been misunderstood by the public any time they appear on street with their babies. 25 years old woman expressed the public response in the following manner:

*“Many people blame me for the children suffering. First, they thought that it is by my choice that I had children and second, they guess that I used them for begging purposefully. Some people even insulted me saying “you are such a cruel mother teaching a shameful practice to*

*your own children! Look! How much painful to be judged like this while you are involved in something because you don't have any option"*

Similarly a 26 years old participant who have two children also said:

*"Sometimes, people didn't understand your problems they see me like I am begging because I enjoy it! They insulted me as I am lazy and do not like to work .But I would never begging here if I have no child. It is a big shame to me while begging with two children by my side."*

Despite this feeling of misunderstood by public, the participants didn't hide that peoples are being so kind for their babies. They explained that this dare them to continue carrying their child with them by forgetting what people say or think about them. For example: the same woman who gives the above explanation said:

*"Indeed many people gave coins out of pity for babies not for me and since I am also begging for them I am not complaining while people insult or hate me. Furthermore, not all peoples are bad some are very kind they saw the babies as their own gave me ten, twenty birr and saying buy milk for them."*

The other woman of age 19 also talked about peoples responses to her seven months child by saying:

*"Sometimes people may feel sorry about the woman with a child and give money. Especially on holidays, I earn more than others can earn because of my child"*

### **4.3. Life's Positive Influencer**

Beside those all hardships they encountered, most of participants showed strong commitment on raising their children by themselves. All the participants had been asked for adoption either by adopting organizations or by foster families at least once. But surprisingly, except two women (one pregnant and one non pregnant), who mentioned that they thought to give their babies to adoption for the future, all others stated their unwillingness to separate from their babies. Some saw raising their child is their natural responsibility. For example 30 years old woman with three kids said:

*“Many people have asked me to take them. They asked for all including this baby. However, I did not want to give them away. I wanted them to be with me at any circumstances. Since they are my children, they are also my responsibility.”*

Some of the participants explained that they are started to value their life because of their babies. For example: 19 years old participant with her seven month baby boy said:

*“I take care of myself. After begging, I go home around 7pm every day. This is too early to anybody to attack someone. Since my baby had no one beside me, something bad happen to me means, that my kid become a lost boy in this world. So, I take care of myself as much as I can.”*

All participants believed that they need to escape homelessness in order to parent well so they mentioned that they were started to think of working. A 26 years olds participant explanation clearly shows this. She said:

*“You know now I realized that living just like this way is impossible so, if God reset my health and protect my kids from evil, then I will work and end this miserable life of begging.”*

Similarly an 18 years old child who passed most of her life on street stated:

*“I never worked since my childhood. Sometimes I say why I should work while there are people who will provide me with things I need. You see, this is not normal thinking. But it is because my mind is affected badly since childhood. Now, because of my child, I am completely changed! I am now thinking of doing any kind of job.”*

In addition to this, almost all participants were able to articulate, hopes, and goals for the future. They feel like they got somebody whom they shared their life and they are relatively in a better feeling than before.

## **CHAPTER SIX: DISCUSSION**

In this study, ‘pregnancy experiences of homeless women’ was emerged as central theme. In which the homeless women pregnancy experiences are explored directly from the pre reflective dimensions. In the data, all participants as homeless women, inherently fraught with feelings of fear, confusion, regret and guilt as well as in times of social freedom, while their pregnancy added another dimension that placed them in a position that is bounded by time constraints which pushes them to more unstable condition. The women discussed being pregnant as something that is getting them in to more ‘turbulent’ situation which is persisted throughout the data. This finding inconsistent with quantitative studies that indicated women who reported being homeless were also more likely to report other stressors during their pregnancy(5,14,36).In another study conducted to assess pregnancy among homeless youth nearly one third of women who reported being homeless also reported going through a separation, sexual abuse, assault or feeling of insecurity(32).

This turbulent situations that the pregnant homeless women faced in the journey they had traveled so far are acknowledged from their sudden fall in to emotional reactions (like: break of tears and feel in disgust) and voices of all women interviewed when they inevitably used the words like ‘it is frustrating’, ‘it is been so hard’, ‘it is terrible’ throughout the interview.

This current study is documented some incidents that leads the women in to street life and the finding shows that the majority of women path to homelessness is connected to family related issues. More than half of participants expressed the marriage break dawn were the immediate cause to leave their home and join street life. This finding is supported by a study done to show the extent and nature of homelessness that showed homeless women are most often the victims of family abuse and their poor economic standing places them at greater risk of homelessness in order to escape abusive situations(5). Except two women who are currently in marriage, all the interviewed women are separated from their husbands due to the abusive relationships which they encountered in the past.This finding indicated that though Ethiopia adopted legislation to protect women’s rights, cultural attitudes to women mean that they may be thrown out of their homes if their husband abandons them. A recent qualitative study on

intimate partner violence against women in Ethiopia reported that women use temporary or permanent separations as one strategy to take a break from the violent husbands or partners(30).

In the study, there is a concern about how homeless women get pregnant. And It is clearly identified that all the pregnancies experienced by the participants were un intended; occurred by some circumstances that are beyond the women's control such as sexual violence, misconceptions and lack of awareness. Studies conducted by different researchers indicated that many homeless women already have experienced physical abuse and have been victims of violent crime by the time they become pregnant. Partnerships with fathering men are often characterized by instability, exploitation, abuse, and economic dependency(21,26,33). Thus, the circumstances surrounding conception do not always reflect a woman's conscious preference or control.

Sexual victimization was very common contributing factor for un intended pregnancies among homeless women. A recent qualitative study reported that majority of the women (11/20) who experienced pregnancy also reported sexual victimization as the cause for their pregnancy(41). One important aspect of the routine activities of homeless people, one plausibly related to their victimization, is the daily struggle for overnight shelter. Some Women reported that they are raped by someone while they were sleeping out door. Possible explanation for this finding is that many of the places where homeless people sleep render them easy targets for victimization. This finding is consistent with routine activity theory, as scholars typically posit that people who are outside have higher risks for violent victimization because they are in closer proximity to potential offenders in locations where guardianship is compromised. In addition to this, some interviewed participants also mentioned that their dependence on male partners either for economic need or issue of protection exposed them to intimate partner victimization. While the presence of a male partner may reduce the risk of sexual victimization from other men, the resulting relationship may increase the likelihood of an unintended pregnancy when coupled with a lack of contraception. Similarly, Findings from the WHO multi country study on women's health and domestic violence described the structural vulnerability of homeless women that they engaged in sexually exploitative

relationships in which they have little power to negotiate contraception to prevent unintended pregnancy (42).

The current study showed that number of participants got pregnant while using some birth control methods. In the interview session, it is observed that the women still blame the specific method that they have used for its ineffectiveness. This shows that there is a remarkable knowledge gap among homeless women in understanding scientific facts about contraceptives like: Individual factors contributing to method failure. Study showed that given the challenges that homeless women face in managing the most basic demands of day-to-day life, contraceptives may have higher failure rates than they or their providers might anticipate(41). Similar Study done on homeless pregnant youth described that the infrequent and ineffective use of contraception reinforced the high probability of pregnancy among them (43).

In addition to this, some women do not understand how reproductive system works and causing them to underestimate their risk of pregnancy. This is especially seen in between a woman's who were chronically homeless and passed their child hood on street. This seems that for one thing those who are homeless in their early child hood have limited chance to join formal education class so that they couldn't access the knowledge from school and the other thing is the general anti socializing street culture hinder them from reaching potential information sources.

This manuscript also identified challenges that homeless women encounter while being pregnant. All the women's are reported they faced problems to fulfill their basic needs they mentioned lack of money to pay rent, to buy food and lack of shelter were their added stressors during their pregnancy time. All other homeless women face the same problems to fulfill basic needs but the effect on pregnant is sever as this is the time when additional care including rest, safety and food required. So,economic problems should never be considered as routine for pregnant since it has high potential to put the mother and fetus at risk.

Lack of basic needs added to their pregnancy state, all participants faced many challenges in maintaining their health and well-being. All participants explained that they faced some sort of physical or psychological problems during their pregnancy.

The WHO's Social determinants of health stresses reported that economic and social conditions shape the health of individuals and communities(28). Majority of women mentioned that they experienced at least one of the psychological symptoms like anxiety, confusion, uncertainty, and stress. This finding aligned with other countries research results where psychological disorders are higher in pregnant homeless individuals than their housed peers.(13,15,25,32).Another study also shows the stress reported by women can compromise the immune system over long periods of time and makes them more susceptible to a range of other health conditions. High rates of depression, anxiety, and suicide attempt are a reflection of the extremely harsh reality of homeless women's lives and the lack of hope that many homeless women experience(34).

This study also found that utilization of existing health care services among homeless pregnant women was very low. The participants interview explanation showed that for homeless pregnant health is among the least priority issue because they believed that their situation needs more concern than the health care, having something to eat and finding a place to pass the night were more important issue than seeking health care. This is similar with the studies that showed seeking attention for health care becomes a low priority for women who do not know where they or their children will sleep that night, or where they will find their next meal(22,24). In this study homeless pregnant didn't attended antenatal care service even though most of them confirmed their pregnancies in health institution. This is may be due to Antenatal care service providers more emphasized biomedical assessments rather than counseling, health advice and promotion.

In addition to those factors, some of the mothers in the current study also indicated that their experiences with service providers contributed to their feelings of being judged and misunderstood which is consistent with the findings of previous studies of homeless single adults.

When asked for to whom they turn to when they need any support or help; almost all participants answered "No one!" and this imposes a great challenge on their pregnancy they all reported about recurrent worry and stress. This finding is supported by the UN-Habitat Urban Inequity Survey (UIS) Report of Addis Ababa, which showed, almost 7 out of 10

homeless people (67.5%) have no one to turn to when they need help, most of these live alone(10). Similarly another study also reported that lack of emotional and instrumental (e.g.financial, transportation, physical assistance) support from family, friends, or mental health professionals can aggravated the negative effects of stress(24).

All mother participants stated that bringing up a child on street was very devastating thing that affected their life and their children's life as well. They explained that they are depending on external aid as a result of inability to work because of the responsibility they had as a child care taker. This means that having an infant child is one reason for their inability to engage in a work other than begging because they have no one with whom the child will. Study on parenting and homelessness stated that like all parents, those who are facing homelessness seek to provide basic necessities for their children—shelter, food, clothing, medical care, and access to education. However, unlike housed parents, mothers and fathers facing homelessness and poverty must seek assistance within public systems just to provide basic need(29).

Despite those challenges that mother's facing by having a baby, majority of participants decided to parent their children themselves. They mentioned about some positive effects of mothering like it changed that the way they perceived life. Havingbaby give meaning to their life and made them dream about better future. The participants described that they started to value their life because of their babies and believed that they need to escape homelessness. Similar findings were reported on study done on street mothers there was evidence of an increased optimism. The majorities were able to articulate hopes and goals and reduced incidence of self-harm and suicide attempts among women after they became mother(35)



## **CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION**

### **Conclusion**

The current study paved the way to understand experiences of pregnancy among homeless women .In this study, it is clearly indicated thatthe current situation for homeless woman who becomes pregnant is complex and unsatisfactory. Pregnancy was an emotional experience for homeless women that offered painful recollections of pregnancy experiences for which they were not prepared physically, emotionally, or economically. Majority of pregnancies occurred beyond the conscious will of the women. This study also showed that adequate standard of living, including adequate food, clothing and housing are absent from this women's life which clearly indicates that homeless women found themselves in a situation that snatches their human rights where all human beings expected to enjoy equally no matter how much the individual deference is. Maintaining health and wellbeing is found to be very difficult issue during their pregnancy that was manifested by low antenatal care service utilization among the participants. Findings reveal the challenges that many women faced throughout their lives, and the role that their pregnancy played in eventually leading them to express feelings of optimism about moving through homelessness and in addition, the study confirming that becoming a mother is a significant turning with the potential to drive positive change in the lives of homeless women. Generally speaking, in the context of their lives as a whole, these women are likely to be estranged from their family, to have slept rough, to have experienced poor parenting themselves and to be on their own with the baby. Therefore, there is a cogent case for examining the issue and planning for the care and support they need

### **Recommendations**

1. Hawassa Town Health Department should provide free access to sexual health advice and contraception counseling for homeless at times and locations that are accessible to them
2. It is crucial that agencies working with homeless mothers develop ways to improve service delivery by enhancing health care providers' understanding of homeless women through training and volunteer opportunities to heighten awareness and develop appropriate strategies to working with marginalized population.

3. The study confirmed that, homeless women with babies have high initiation and commitment to engage in any type of income generating activities so, considering this opportunity, The Regional Labor and Social Affairs Agency (LSAA) in collaboration with other stakeholders; should develop appropriate education and training opportunities to help homeless mothers achieve their goals and emerge from poverty.
4. The best way to improve the health of homeless women is to remove them from the world of homelessness. So, the government should invest in an adequate supply of affordable and supportive housing that homeless women can access.
5. Future research that is able to follow women longitudinally would be of great benefit in coming to a fuller understanding of the experiences of homeless mothers.

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## APPENDIX

### Appendix A: English version letter of IDI participants

My name is Simret Girma; I am from Jimma University College of Public Health and Medical Science in the Department of Health Education and Behavioral Sciences where I am studying for my Master's degree in public health. I am interested in studying lived experiences of pregnancy among homeless women. The purpose of the study is to gain better understanding of the aforementioned issues. The interview will be approximately for 60-90 minutes. The information you provide is confidential and will be limited for this use or other research related usage with the recognition of the university. The interview will be recorded for accurate capturing of the insights. A code or ID number will identify every participant and no names will be used. The participation in this study will be on a voluntary basis; there is a full right to withdraw from the participation in any time and information would be canceled upon request. Besides taking a participant's time while they are interviewed, there is also a possibility of being upset since the issue raised during discussion is related to a personal story.

Do you have any questions? Would you like to participate in the study?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have any questions & concerns about the study you should contact:

Simret Girma

Jimma University, college of Public Health & Medical Sciences Dept. of Health Education & Promotion

✓ Mobile Phone: +251912058127

✓ Email: [sin4goda@gmail.com](mailto:sin4goda@gmail.com)

If you agree to partake in the study, please put your signature on the informed consent form below:

**APPENDIX B:English Version Statement of Informed Consent for IDI Respondents.**

I \_\_\_\_\_ have been asked to participate in a study by Simret Girma;student at Jimma University College of Public Health and Medical Science. I understand that thepurpose of the study is to gain a better understanding of the ways in which pregnancy isexperienced by women during a period of homelessness. I acknowledge that the study has beenexplained to me and that my questions have been answered. I understood that I will participate inan interview that will take 60-90 minutes.I understand that all information will bekeptconfidential and care will be taken to protect my identity. I am aware that I can withdraw fromthe study at any time. I also understand that I am underno obligation to theresearcher toparticipate. I freely and voluntary agreed to participate in the project, and I agreed to participatein the project, and I agreed up on audio taping the discussion I will have with the researcher. Iascertained my agreement by signing this document.

Signature of the participant \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX C: Interview Guide for Participants

This list of topics and questions will guide the researcher. It doesn't have to be adhered to completely: instead the participant's response will guide the question.

- Project Name:-----
- Interviewer:-----
- Fake Name (ID):-----
- Date:-----
- Start Time:-----
- End Time:-----
- Location:-----

### 1. Demographic information

Can you please tell me some identifying information about yourself?

- Age:-----
- Marital status:-----
- Educational status:-----
- Number of children:-----
- Place of origin:-----

### 2. Homelessness related questions will be forwarded

- a) How did you come to live on street and what were your pushing factors to left your home first?
- b) For how long you have been leaving on street?

### 3. Pregnancy related issues

- a) How hasit been for you to bepregnant?
- b) What is like living here on street while you are pregnant?
- c) What are the challenges associated with your pregnancy?
- d) What health services you received during your pregnancy?



- e) How are you coping (managing) at this point? What are your concerns?
- f) Who do you turn to for guidance or support?

4. Issues related with babies

- a) Can you tell me how you feel when you think about your baby?
- b) How do you manage to provide some necessities for your child? (e.g. Vaccinations, schooling and other basic needs)
- c) Can you tell me your reasons to parent?
- d) What benefits you got from having baby and carrying them while begging
- e) What are the challenges of raising baby while living under this situation?

5. Looking Ahead

- a) What do you picture when you think about the future?
- b) What are your dreams and wishes?

6. Anything else you would like to add?

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**THANK YOU FOR YOUR COOPERATION.**

## APPENDIX D: Observation Guide

- Project Name: -----
- Observer: -----
- Location: -----
- Date: -----
- Start: -----
- End: -----

1. How homeless street women physical condition -appearance look like?
2. What social elements (interaction among themselves) do they have?
3. What pictures does the living condition of homeless street women have?
4. How babies born to homeless street women physical condition look like?
5. How do mothers carry their babies?(Lied them on ground, holding them, elder child carry)