JIMMA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF HEALTH EDUCATION AND BEHAVIORAL SCIENCES

Experiences of Homeless Women on Maternal Health Service Utilization and Associated Challenges in Aksum Town, Northern Ethiopia

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A Thesis Submitted to Jimma University; College of Health Sciences; Department of Health Education and Behavioral Sciences in partial fulfillment of the requirements for Master of Public Health in Health Education and Promotion

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Jimma, Ethiopia

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Abstract

Background: Beyond the lack of safe and suitable home, homeless women are at high risk of poor health outcomes. They are vulnerable group for different risk factors including risks of pregnancy and childbirth related complications. They may also face multiple challenges to access and utilize maternal health services.Therefore,the aim of this study was to explore experience of homeless women on maternal health service utilization and associated challenges in Aksum Town,Northern Ethiopia.

Methods: A phenomenological study design was conducted from February to March 2016. In-depth interviews were conducted with purposively selected 12 homeless women and five key informants. Data were captured using audio recorders and field notes; transcribed verbatim and translated from local language into English then thematic analysis approach was implemented supported by Atlas ti-7.1 software. Triangulation, thick description, reflexivity and bracketing were applied to assure quality of the finding.

Results: The finding of this study reveals that most homeless women do not use any of the basic maternal health services,namely antenatal care; skilled birth attendance and postnatal care for their recent pregnancy, childbirth and post-delivery. Lack of fixed home, lack of information about the importance of maternal health service and obstetric complications; religious and traditional believes; lack of social support and decision making power; lack of previous contact with health system, financial constraints were important reasons hindering homeless women access and use of maternal health service.

Conclusions: Even though maternal health service utilization is the most crucial intervention to reduce maternal and newborn deaths, this finding shows that maternal health service utilization among homeless women was very limited and several factors contributed to non-use of these services including financial, socio-cultural and health care facility relaed challenges were the reasons for low maternal health service utilization. This call for concerned and collaborated efforts to address the underlying challenges being faced by homeless women to improve maternal health service utilization.

Key words: Lived experience; homeless women; maternal health service utilization; Aksum

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List of Abbreviations/Acronym

AIDS	Acquire immune deficiency syndrome
ANC	Antenatal Care
DHS	Demographic and Health Surveys
FMOH	Federal Ministry of Health
HEW	Health extension worker
HIV	Human Immune Virus
NGO	Non-Governmental Organization
PNC	Post-Natal Care
PMTCT	Prevention Mother to Child Transmission
SBA	Skilled Birth Attendance
STDs	Sexually Transmitted Diseases
TBA	Traditional Birth Attendants
WHO	World Health Organization

1.Introduction

1.1 Background

Home is not just a physical space for human beings, but also provides roots, identity, security, and a sense of belongingness and a place of emotional wellbeing (1).Therefore, homelessness is recognized as a condition and social category of people who are without a regular house or residence because they cannot maintain regular, safe and adequate nighttime residence (2).The actual legal definition, however, varies from country to country.

The homeless now includes women, children, young adults and families (3). Homeless women exist in every part of the world; it may be due to unemployment, poverty, political unrest, natural disasters and forced removal, and also due to personal factors such as mental disorders, substance abuse, domestic violence, and family disagreement (4). Most of these women work and live in large urban areas of developing countries including Ethiopia. They represent rapidly growing population at risk for poor health outcomes (5,6).

Homeless women face many problems beyond the lack of safe and suitable homes. They are socially, economically and nutritionally disadvantaged groups; have reduced access to private and public services, vital necessities such as maternal health service utilization, education, family and social relations (7). Eventhough, they require great attention, in less developing countries including Ethiopia, health care seeking attention is low for homeless women. They are not getting quality maternal health care service as compared to housed women (8,9).A study conducted in Pakistan suggested that the national or community-level maternal health care interventions are not reaching for women living at lowest economic status and the most social margins of society (10).

Homeless women are high-risk group for unintended pregnancy due to victimization, lack of access to contraceptives, economic factors and desire for intimacy (11,12). Most of the time, mothers experiencing unintended pregnancy face risks of pregnancy and childbirth related complications including maternal death and greater risk of low birthweight because they are exposed to substance use, poor nutrition, stress, violence and lack of support (13). All these risk factors are more prevalent among pregnant women living in challenging lives (14). Even though provision of ante natal care (ANC), skilled child birth attendance, early post-natal care (PNC) and intervention during pregnancy are important to improve maternal health,

most of women live in low economic status. Particularly, homeless women cannot access adequate service and information provision due to the difficult living Conditions (7,10,15,16)

Antenatal care, skilled child birth attendance and early post-natal care are the core components to reduce maternal and infant morbidity and mortality but they are highly stratified by poverty and other social determinants of health (17–20); this indicates homeless women continue to face limited access to such services depends on many factors like residential area, availability and quality of health services; social factors such as being illiterate, lack of access to information, poor knowledge about obstetric complications and lack of decision making power (13,21,22).

In Ethiopia, most of births take place at home in which there is poor hygienic conditions (23). pregnancy and childbirth related complications are among the leading causes of maternal mortality in the country with an estimated 676 maternal deaths per 100,000 live births; which is highest figure in the world (24). This indicates morbidity and mortality among homeless women may be highest compared to the housed women because the former lack access to maternal health service utilization, mainly skilled childbirth attendance, comprehensive and basic emergency obstetric (25).

A study conducted in Toronto on mortality rates between homeless and housed women shows that the risk of death among homeless women is 5–30 times higher than the risk among housed women (26). Another study conducted in Europe and united state shows that the risk of pregnancy and childbirth related complications among homeless women is 2–3 times higher than the risk among general populations of women (27,28). Even though, there is limited information at local or national level, studies shows that homeless women, particularly rough sleepers, have a higher maternal morbidity and mortality rate as compared to the general population of women (29).

1.2 Statement of The Problem

pregnancy and childbirth related complications remain the first cause of maternal deaths and disability worldwide; there were an estimated 289,000 maternal deaths in 2013 (30). This may higher among homeless women due to lack of access to maternal health services and information, poor knowledge about birth preparedness and complication readiness, undernutrition and having to engage in begging throughout their pregnancy (21,22).

Globally, at least 160 million women become pregnant annually, of these, 15% develop a serious complication. Over 30 million women in the developing world suffer from serious diseases and disabilities due to inadequate access to modern maternal health services and poor utilization (31). All the above compilations are more common in homeless women because they lack access to comprehensive maternal health service and other basic human needs. Therefore, they have a disproportionally higher burden of disease than the average population because homelessness and pregnancy are risk factors for poor health (32,33).

Health and health care disparities for homeless women are particularly distressing compared to the general population of women. Even though, they are vulnerable group for different risk factors they get less likely to have a regular source of care, obtained poorer quality of health services (10,34–36). This is often due to negligence by both health care providers and the health care system. Health care providers are gate-keepers to health-enhancing and health-sustaining services for low socio-economic status and homeless women (37). However, some health care providers also obstacles for mothers not to use maternal health service (35,38).

A study done in Addis Ababa Ethiopia, among street homeless people shows that the proportion of unmet needs in the social domain that includes unmet physical health needs 84% and unmet social activity needs 94% (39). Hence, homeless women find themselves difficult to find a job, a stable housing and medical care (40). Discrimination can have a significant impact on the lives of those affected women. The homeless perceived discrimination negatively affects mental, social and physical health and may increase the likelihood of risky health behaviors (40,41).

Perceived discrimination is shown to have a negative impact on maternal health seeking, access to care, poverty, and social marginalization (42). In healthcare settings, discrimination by healthcare providers can function as a key barrier to delays in treatment seeking, under diagnosis and mistreatment, nonadherence with or discontinuation of treatment, and poor

treatment outcomes; the causes of perceived discrimination are 33% due to mental illness or substance use and 30% homelessness or poverty (32,43–46).

Skilled attendance during pregnancy ,birth and early post -natal care are the most appropriate cost-effective and achievable strategy in resource-poor countries to reduce maternal and child mortality (47). However, skilled attendance in Ethiopia is still very low. Only 15 % of births are assisted by skilled service providers, and 51 % of births are assisted by relatives, 27 % of births are assisted by traditional birth attendants while 5% of births are unattended (23). This indicates that unattended birth may include homeless mothers because they deliver outside formal home or outside health care facility due to their difficult living conduction (10,16); one of the major reasons for women not coming to health facilities for delivery services are lack of birth preparedness and complication readiness (48,49).

Recent studies conducted in different developing countries identified that women's age, work status, women's educational status, inadequate household income, unwanted pregnancy children ever born and lack of exposure to media (frequency of listening to radio) ,lack of social support and religious, cultural and traditional believes are the key barriers of healthcare delivery (34,43,50–54). This indicated that homeless women almost do not utilized skilled attendance because they are living at low socio-economic status and they are not exposed to media (55).

A study conducted among general population of women in Northwest Ethiopia, about 40%, 13.8% and 6.3% of the women utilize antenatal care, delivery and post-natal care respectively and another study in western Ethiopia, shows proportion of institutional delivery was 39.7 % women's decision making power, ANC practice, Previous experience and women's awareness and problem during labor are factors for low skilled birth attendance and early post-natal care utilization (56,57).

Most maternal deaths occur in the first month after birth: almost half of postnatal maternal deaths occur within the first 24 hours and 66% occur during the first week (58). Thus, post-natal care (PNC) prevents substantial amount of maternal and child morbidity. Despite its importance, care during this period is generally the most neglected in developing countries like Ethiopia; in which the level of PNC coverage is extremely low that is 12% of mothers receive care within 2 days after birth as recommended (23).

A study conducted in Jabitena district, Amhara, Ethiopia, disclosed that only 20.2% mothers utilized postnatal care service. Educational status of the mother, final decision makes on healthcare service utilization, place of delivery and being aware of at least one postpartum obstetric danger sign are factors for low post-natal care service utilization in this district (59).

Several studies had been done on maternal health service among general population of women at local and national level (44,48,55–59) but none of the quantitative and qualitative studies addressed the lived experience of homeless women on maternal health service utilization who are economically, socially and nutritionally disadvantaged.

Therefore, the aim of this exploratory study was to dig out the experience of homeless women on maternal health service utilization and challenges faced during their pregnancy, childbirth and post-delivery; From the perspective of homeless women complement by key informants they are working in all maternal health service using phenomenological study design in Aksum Town, Northern, Ethiopian. This help to move one step forward in developing and implementing effective maternal health service intervention for homeless women in the study area.

1.3 Significant of The Study

The significant of this qualitative study was to generate meaningful information about maternal health service utilization and its challenges from the perspective of homeless women and useful to move one step forward in developing and implementing effective intervention in the study area. It also gives base-line information for policy makers and health planners, like city administration, town health office, town women and child affair office and other governmental and none governmental organizations working in the field of maternal health service. Additionally, this study can help as a base line data in the study area for next researches.

1.4 Research Questions

1. What are the experiences of homeless women on maternal health service use during pregnancy?
2. What are the experiences of homeless women on maternal health service use during childbirth?
3. What are the experiences of homeless women on maternal health service use during early PNC?
4. What challenges are faced during maternal health service utilization among homeless women?

2. Objectives of The Study

2.1 General Objective

The objective of this study was to explore the lived experience of homeless women on maternal health service utilization and associated challenges in Aksum Town, Northern Ethiopian, 2016.

2.2 Specific Objectives

- To explore the experience of homeless women on maternal health service during pregnancy
- To explore the experience of homeless women on maternal health service during childbirth.
- To investigate the experience of homeless women on maternal health service during post-natal care.
- To find out the challenges of homeless women face during maternal health service.

3. Methods and Participants

3.1 Study Setting and Period

The study was conducted in Aksum town, which is located at 1,067km far from Addis Ababa, the capital city of Ethiopia to the north and 248km far from Mekelle, the capital city of Tigray Region, with an altitude of 2,189.91meters above sea level. The current total population of Aksum town is 63,435; among these population, 32,698 are females.

According to the information obtained from the town health office, there are two public health centers, one general hospital ,one referral hospital and four private clinics providing maternal and other health services to the population. Moreover, Aksum is a historical place; many local and foreign tourists visit the town every time. To use this, advantage, there are large numbers of homeless women in the town come from different parts of Tigray region or outside the region. This study was conducted from February 1 to March 4/2016.

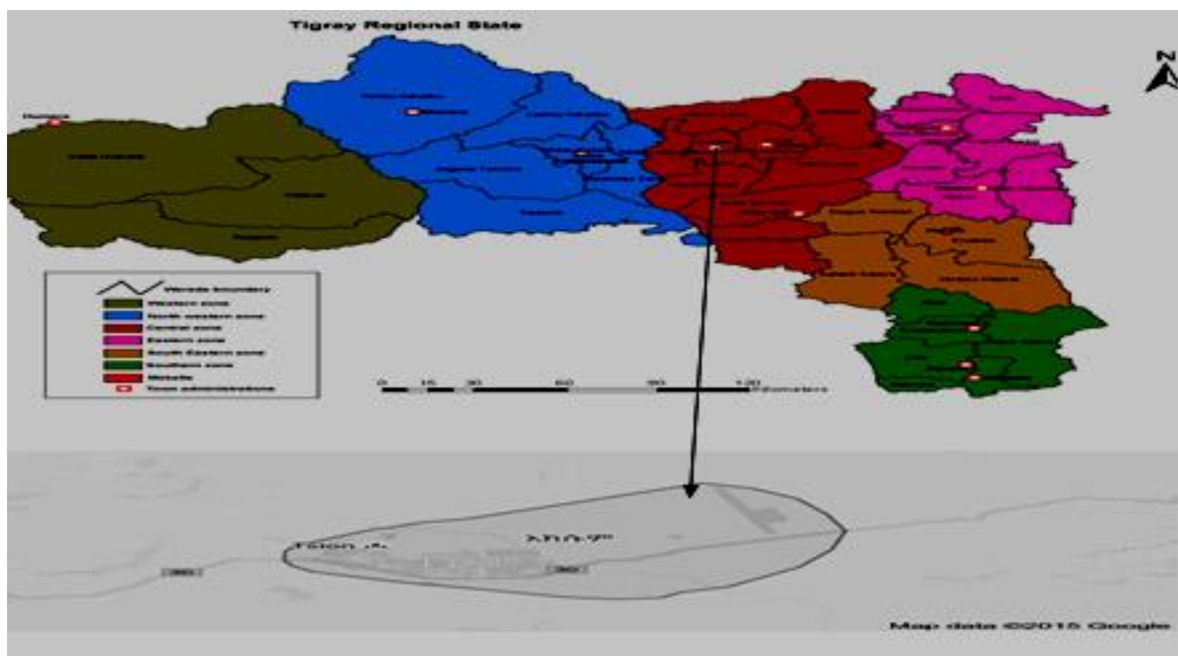

Figure 1: Map of Tigray Regional State

NB; the arrow point in figure 1 indicates the study setting (Aksum town)

3.2 Study Design/Approach

A phenomenological study design was seleced to guide the study populations; homeless women on maternal health service utilization and challenges faced during their pregnancy, childbirth and post-delivery both from the perspective of homeless women as well as from health care providers based on their phenomenal of interest.

3.3 Population

All homeless women living in Aksum town in the last 12 months and who gave birth when being homeless in the last 12 months. Thus, homeless women were purposively selected and interviewed to understand their experience as per the study objectives. In addition, key informants were purposively selected to gather information that complements the women's data. Women's and key informants who was unable to communicate due to physical or mental illness were excluded from the study.

3.4 Sample Size and Sampling Technique

In-depth interviews using interview guide were conducted with 12 homeless women and five key informants (medical doctor, midwifery, and nurse and health officer); further sampling process was stopped based on the saturation of coming ideas. After getting permission from all concerned bodies, the researcher used local guidance to locate and identify potential sampling sites where homeless women were actually live and concentrate such as churches, main roads and around other public institutions. Once, respondent was identified, sutiable and privacy place to conduct the interview was arranged through discussion with each respondent based on their interest.

Lastly, the participants were selected by criteria based purposively sampling technique such as mother who gave birth before the data collection period, duration of the mother being homeless was 12 months and above, a mother who gave birth when being homeless in the last 12 months and women with diverse background were also considered. Participants recruitment were through direct approach. Mothers who fulfill the inclusion criteria were participated in the study. Key informants were also purposively selected depending on the potential relevance of participants for the objective of the study.

3.5 Data Collection Tools

A pre-tested interview guides for respondents were developed by the researcher after reviewing relevant literatures (22,48,51,53) and guidelnes (58). The guide was first developed in English, translated into Tigrigna (local language) and then retranslated back to English by people who are proficient in both languages to maintain the consistency of the guides. The interview guide was checked for consistency and correctness by an expert in the maternal health field and pre-test was done prior to the actual study in similar setup outside the study area (in mekell town among 4 homeless women and 2 key informants) to ensure

appropratines of the interview length and clarity of guide. All interviews were conducted in Tigrigna. Interview guide, voice recorder, and field notes were used as a tool to gather relevant information in this study.

The interview guide contained open-ended questions with four key items: socio-demographic characteristics of the participants, experience of maternal health service, reasons for not seeking maternal health service (ANC, Skilled child birth and early PNC), and what constraints they faced during pregnancy, child birth and early post-natal care from the perspective of homeless women. Key informants were asked about their perceptions where homeless women accessed maternal health service from their experience; what challenges encountered during pregnancy, childbirth and post-natal care service; and suggestions for improving the provision of maternal health service to homeless women.

3.6 Data Collection Techniques

The data collection was conducted through in-depth face-to-face interview; the interviews were conducted by data collector who has knowledge about the objectives, method and procedure of the study; at the beginning of the interview, data collector explained the general aim of the interview and encouraged the interviewee to express their ideas freely. Before starting the actual interview, the data collector obtained informed both written and verbal consent from each participant, asked comfortable place and time to promote confidentiality of participants and quality of the audio-recorded data (safe for privacy, with no disturbance).

The interviews were started from general questions then were continue to more specific ones due to the sensitivity of the subjects and in order to make the participants feel comfortable. Probing questions were also asked, as needed to get a more in-depth understanding of the participants' feelings and their experiance with the situation. All participants were agreed to be audio-taped. The interviews ranged from 30-45 minutes per participant. The data collector taken notes including memos of participant behavior and contextual aspects to assure triangulation of the data with the record. This note can also be used as back up file if lost or damage of recorded data happens accidentally.

3.7 Data Analysis

The analysis was done simultaneously with data collection which helped to know what to ask in the next interview and to cross check information from each interview with next participants. This process made it possible to recognize the saturation point at which no new information emerged from the data. Translated, transcribed of the field notes and audio records were immediately done following each interview verbatim in English. All transcriptions were read and reread independently by the researcher and listening to the audio recorders to ensure completeness, accuracy and correct labeling of the transcripts.

The individual transcript data were imported into ATLAS.ti version 7.1computer software program as a separate primary documents in a new hermeneutical unit; was used to code the transcripts and store the data. After reading and re-reading the transcriptions line by line, data coding was done and these grouped simlar codes were created families; a thematic analysis approach was implemented to identify categories of themes and sub themes which represented the central core of the data collected. An inductive approach was implemented to identify themes and sub-themes.

3.8 Maintaining Research Trustworthiness

To assure the quality of the research finding the researcher was consider the different set of criteria to focusing on the credibility, dependability, transferability and Conformability of the study using different techniques. Data collection tools were pretested prior to the actual study in similar setting and popultion to ensure that the interview length and clarity of guide is appropriate for the actual participants. In addition to this the interview guide was checked for consistency and correctness by an expert in the maternal health field.

The interviews were open ended and respondents were allowed to discuss the questions in an uninhibited manner while being guided to remain focused to the topic of interest. Appropriate probes were used to obtain detail information on responses. Detailed field notes audio recordings were done for all interviews during data collection (thick description). During each interview the data collector was observed participants their body movements; facial expression, eye gaze, tone of speech each and every thing was recorded (persistent observations), two data sources were used for deeper understanding of the practice experience such as from homeless mothers, from key informats (data triangulation). Throughout the study reflectivity and bracketing methods were employed in order to

minimize respondent bias and the risk of reactivity where by holding back researchers' preconceived ideas about the issue under study.

3.9 Ethical Consideration

Ethical clearance was obtained from Institutional review board (IRB), Jimma University college of health sciences, (reference No.1029/2016). Permission was obtained from Tigray regional state health bureau and women and child affairs office, Aksum Town health office and women and child affairs office respectively. Participants were provided with both oral and written information about the purpose of the study, the data collection procedure, confidentiality and privacy; no names were mentioned when sharing information and personal experiences; numbers were assigned to participants to be used when quoting information during data analysis. Participants were also informed that they could withdraw from participation at any time, for any reason and without any negative consequences. Both written and verbal audio record consent were obtained from each participant before the interview. All participants agreed to allow the interviews to be audio recorded. The tapes and transcribed data were saved on a password protected- computer.

4. Results

The result of this study is presented as socio-demographic characteristics and maternal health services utilization of homeless women described under three themes namly antenatal, skilled birth attendance and post-natal care service. Moreover, barriers associated with the above themes are described one after another in detailed.

The age of homeless women who participated in the study ranged from 25 to 44 years, with mean (±SD) age of 33.6 ±4.52(Table 1). The participants of the study were a composition of 5 divorced, 4 married, and 3 widowed women. Most participants (8 out of 12) were unable to read and write. Out of the 12 participants , 9 participants gave their recent birth homelessly whereas 3 participants delivered at health institution. The Participants stated that their time of homelessness ranges from one year to eleven years with mean of 5.25 years and the reported number of children ranged from 2 to 4 children. The background characteristics of key informants also presented in the table 1 in detailed.

Table 1: Socio-demografic characteristics of study participants and key informants

Background characteristics of homeless women	No	Background characteristics of key informants	No
Age (mean±SD:33.6±4.5)		**Age (mean±SD:35.6±5.55)**	
25-29	2	30-34	2
30-34	5	35-39	2
35-39	3	40-44	1
40-44	2		
Marital status		**Marital status**	
married	4	Single	1
divorced	5	Married	4
Widowed	3		
Duration of being homelessness in year (mean =5.25)		**Work experience in year**	
1-5	7	≤10	3
6-10	4	≥11	2
>=11	1		
Educational status		**Profession**	
No education	8	Nurs	2
Primary	3	Midwifery	1
Secondary	1	Health officer	1
Number of children (mean =2.6)		Medical doctor	1
2	8		
3	2		
4	2		
Place of recent delivery		**Working facility**	
homelessly	9	Hospital	3
at health care facility	3	Health center	2

4.1 Antenatal Care Service Utilization and Barriers

In this study, most of the homeless mothers (11 out of 12) did not attend antenatal care service during their recent pregnancy. Lack of information, fear of disclosing pregnancy, lack of permanent place, religious and traditional believes; lack of decision making power and social support during pregnancy, Financial problems and lack of previous antenatal care visits were found reasons hindering homeless mothers not to use ANC services. Each barrier is separately described as below.

4.1.1 Lack of Information

Based up on the interview result, there is lack of information dessemination among homeless women about antenatal care service. Consequently, most of the participants do not know where and when they should seek ANC service, and they do not seem aware of the importance of ANC services during their pregnacy. Likewise, they do know the potensial risks of pregnancy, so they overlooked the role of antenatal care follow up. The pushing factor for this scenario to happen is their misleading perception that dictates “ANC service is only recommended for richest women”.

Besides, most of the key informants who participated in the study noted that homeless women do not get information about ANC service. Because they are not involved in maternal health related sessions. They are not also exposed to social media like television, radio and others. All these reasons negatively affected homeless mothers’ awareness of ANC service and risks of pregnancey. Some of the participants stated that pregnancy is natural, so they perceive antenatal care services have no advantage. The quoted response of the participants of the study is presented here in after:

> *“During my last pregnancy I did not use antenatal care services since I had not any information about the service including the time, place, for whom the service is allowed, its advantages and cost. Rather, I perceive that God keeps I and my pregnancy at all”* (30 years old widowed woman).

> *“When I was pregnant, I did not use ANC service because I feel healthy, and I did not face any complication through out my pregnancy”(*30 yrs. old married woman).

> *“From my experience most homeless mothers are not utilizing ANC service during their pregnancy. Because, they do not have information about the importance of the service during their pregnancy from health care workers and other social Medias“ (31years old nurse from hospital).*

4.1.2 Fear of Disclosing Pregnancy

The result obtained from the interview shows that most homeless women tend to hide their pregnancy from their relatives, community and health care providers. The reasons for their denial were distorted self-image, shyness, and afraid of ridicule from early stage of pregnancy. In additon to this, the health care providers participated in this study noted that most homeless women have poor perception about their pregnancy. Thus, they were unwilling to share pregnancy related issues specially for health care providers because they associated every thing with their poverty. They also perceive that pregnant homeless mothers are discriminated by health care providers and communities. Moreover, they feel as if they do not have the rigth to be pregnant. The quoted response of the participants of the study is presented here in after:

> *"I did not go to health care facility for ANC attendance during my recent pregnancy because my relatives were mentioning that if health care providers know a pregnant mother is homeless, they give medications to induce the pregnancy, and they regited and reported to other bodies (police) " (40 year's old divorced woman).*

> *"When I was pregnant my recent child I did not want to go health care facility because I fear health care providers verbal abuse or shouted me because I am poor"(* 36 years old divorced woman).

> "Homeless mothers have poor perception about their pregnancy. If a women *exposé their pregnancy they perceived that I stigmatized by community and health care providers. So, they are afraid of showing themselves as pregnant and seeking ANC"* (32 years old midwiferi from hospital)

4.1.3 Lack of Permanent Place (mobility)

This result shows that homeless mothers did not use ANC and discuss with local health extension workers, women development army and other health care providers due to their lack of permanent addresses and lack of identification documents in near health care facilities; they were mostly living in isolated places like compound of the church, at streets and other open spaces. In addition to this, key informants who participated in this study supported by even it is difficalt for health care workers to give health education in organized way.The directly quoted response of the health care provider is summarised as follow:

> *"From my experience most homeless mothers are not utilizing health care facility for ANC follow up because they have no permanent place; they move from place to*

place to find their own daily foods. Consequently, they do not receive ANC service" *(31year's old nurse from hospital).*

4.1.4 Religious Influence and Traditional Believes

Most of the homeless women reported that traditional and religious believes hinder them to use antenatal care services. In this regard, most of the participants mentioned that God protected their pregnancy at all. Likewise, the pregnant mothers due to their traditional and religious belifs, use holy water (Tsebel), abdomen massaging using local butter, pray to God, and traditional medication prepared by relatives, elder mothers , religious leaders to prevent them from evil. In addition to this, key informants participated in the study noted that there was beliefs discourage homeless women from seeking ANC; such as there is an evil spirit with in the mother that will never be exorcised. Thus, they should always be loyal to that spirit, and they said that the pregnant mother should not go anywhere. It is believed that the evil spirit will punish the mother for her wrong actions. The quoted response of the participants of the study is presented as follow:

"Pregnancy is the gift of the St.Marry; therefore, instead of antenatal care service follow up, I always use local butter for messaging my abdomen to well improve my pregnancy and to prevent me from illness"(30 years old married woman). Another participant added reason why she does not use ANC service as follow:

"I believe that disclosing pregnancy to health care providers at a health care facility is sinful according to my religion, so I did not visit health care facility for ANC attendance during my recent pregnancey" (36 years old divorced woman).

4.1.5 Lack of Decision Making Power

The finding of this study disclosed that most of the participants (homeless mothers) do not have decision on their pregnancy instead their relatives, elder mothers living around the churches and husbands usually decided from them when and where to seek care?. They also pointed that they have to ask a permission from their mothers to attend ANC. This finding is also consistent with the result found from the key informants they reported that almost all homeless women living around the churches respects mothers rather than any health care providers. In this case, the homeless women have the inclination to consider mothers as a souces of emotional and physical soppurts. The direct quoted response of the participants of the study is presented as follow:

"I did not use ANC during my recent pregnancy. My elder mother told me it is not recommended by our religion. Because pregnancy is the gift of St. Marry, the of pregnancy is usuall safe on the will of St. Marry faith; pregnancy remains protected. Therefore, there is no need to go to HCPs support"(30 years old married woman). Another women also seem to have similar assumption as follow:

"When I was discussing with my elder mother, she told me ANC is not recommended by our religion. Because pregnancy was the gift of St. Marry, St. Marry protects mother's pregnancy; consequently,there is no need to seek health care providers support" (30 years old married woman). Unlike to the above respondent, anoter participant of the studuy reacted as follow:

"During my recent pregnancy, I was ill and tired hard, so I want to go to the health facility and when I asked my relatives to support me, but they were not willing to take me to the health facility. I was sick for about three months at homelessly and finally I faced a difficult delivery at homelessly. I lost too much blood .Finally they saved my life by preyed to the God and gave me holy water" (36 year's old divorced woman).

4.1.6 Lack of Social Support During Pregnancy

The finding of this study revealed that Most homeless mothers experience lack of physical,emotional and material support during their pregnancy, and they underlined this reason as a cause for their non-attendance of antenatal care service. This result was also found consistent with the finding obtained from key informants. The directly quoted idea is presented as follow:

"I spend my time caring my children and in begging practices; therefore, though I know the provisions of ANC service in heath care facility, I do not follow ANC on shedule. Because I have three children, I can not go to the health care facilities leaving my children alone at open space. After all, who can prepare food for me and my children if I go to visit health service facilities ?" (32 years old divorced woman). One key informant from hospital respondent also added more detail idea on the matter as follow:

"from my observation most homeless women did not attend ANC service. This could be due to lack of assisstance during their pregnancy like caring their children, assisting them to visit health care facility for ANC and giving them advice related to

pregnancy and importance of ANC follow-ups because they lack permanent neighbor, relative and cloth families near them" (35years old nurse from hospital).

4.1.7 Financial Problems

the finding of this disclosed that almost all of the participants always engaged in begging and other activities to find a daily food for their survive, and they faced transport problem to visit health care facilities for ante-natal care and other treatments. This result is also consistent with the result obtained from the key informants who participated in the study. The directly quoted idea of the participants is presnted as follow:

"Though I know ANC was important, I did not use ANC service during my recent pregnancy. I am poor enough unable to pay all the transport and medication costs. Hence, I choose not to utilize antenatal care. Instead, I was using holy water (Tsebel) for my pregnancy"(30 years old married woman).

"I spend my time caring my children and in begging practices; my life is hand to mouth. Therefore, though I know the presence of HCF, I do not have time to go there. I have three children, so how could I go to the health facilities leaving them alone at open space?"(32 years old divorced woman).

4.2 Use of Skilled Birth Attendants and barriers

The finding of this study shows most homeless women do not have acccess to appropriate place of delivery. In this regard, majority of the participants that accounts 9 out of 12 women gave their recent delivery homelessly where as the remaining 3 of them gave birth to their recent children at health care facility. The participants shared different experiences during their recent place of delivery.

4.2.1 Reasons For Homelessly Delivery

The participants who delivered their children homelessly suggested different reasons for not used health facility as a place of delivery. Thus, the reasons for homeless mothers to give birth outside health care facility were lack permanent home, lack of information, religious influence and traditional believes, lack of birth preparations and socil-support during child birth, lack of decision making power, previous experience, financial problems, poor approches of health care professionals and sudden onset of labor were reasons hindering homeless mothers from use skilled birth attendat at health care facility.

4.2.1 Lack of Information

Most of the mothers lack clear information about the advantages of intuitional delivery. Most women mentioned that giving birth outside health care facility is normal and natural not need especial attention(SBA). they did not know the benfits of delivery at health care facilty with under spervision of skilled attendant; did not know complication durig child birth and role of skilled attendant to reduce such risks. Some women also percived that institutional delivery is only recomeneded or concerned for richest women who have family or accompany rather than homeless women.

Key informants also noted that homeless women are not know the advantages of institutional delivery because they are not involved in maternal health related sessions due to their difficult living conditions. In addition, they were not exposed to social media like television, radio and others. More over,homeless women found with wrong assumptions that when women die after homelessly delivery, they believed that the death happened due to the unwillingness of God; they cannot see the advantage of institutional delivery, and they simply associate it with their chance and poverty. The direct quotation of the respondents is presented as follow:

> *"I gave my last birth in church compound, and all my children were born at homelessly assisted by my relatives. Though I faced many difficulties, I did not give value to health facility delivery because I always live around the churches. Besides, I thought that health care delivery is left for wealthier mothers; I didn't have awareness about free service"(36 years old divorced woman)*

4.2.2 Religious Influence and Traditional Believes

Participants of the study shared common traditional and religious believes that hinder them from using of institutional delivery. Since almost all of the participants were Orthodox, they mentioned that St. Marry had helped them to have a safe birth and to tolerate the pain during labor. All their relatives and elder mothers believe in praying rather than going to health care facility. They believed the pray will help the mother to have an easy delivery without the need of skilled birth attendant. Some elder mothers still believe that there is an evil spirit in side the mother that will never be exorcised. Consequently, the pregnant mother always obliged to be loyal to that spirit, and she should not go anywhere for delivery. It is believed that the evil spirit will punish the mother for her wrong actions. In connection to the above claim participants of the study reflected their assumption as follow:

"My recent child was born around the church assisted by my child; she was 8 years old. I know how much homelessly delivery is dangerous specially for poor mothers like me because giving birth homelessly without vital necessities and assistance is terrible, but I always believe in St. Marry and God. Therefore, I feel delivery becomes safer by the will of God instead of health workers assistance"(35 years old married woman).

"Most homeless women in Axum town are living around the church (Tsion). Some elder mothers are also living with them, and they do not allow visiting the health care facilities seeking maternal health service because of religious beliefs. In this regard, homeless women cannot ignore their elder mothers' decision, and the cannot express their opinion on the matter because they consider it as sinful''(35 years old nurse from hospital).

"I faced prolonged painful labor for three days with the absence of home. However, my problem was solved by the help of the God and his mother 'St. Marry'. When my relatives prayed to God and massaged my abdomen using local butter, gave me holy water and sop mixed with White onion, my pain got lighten" (30years widowed woman). *Most participants had similar experience in this traditional practice. the quotted idea of the participant is presented as follow:*

4.2.3 Lack of Birth Preparations and Assistance

Lack of birth preparedness and social-support from health care providers oblige homeless women to disregard health service during their delivery. The finding of this study, in this case, revealed that lack birth preparation activities among the homeless women in their recent delivery or postnatal period. They homeless women also faced lack of assistance from health care providers, health extention workers, relatives and from communities at large in facilitating transportation and directing them to go to health care facilities during their labor. The quoted idea of the participant of the study is presented as follow:

*"My labor started during night time suddenly without any preparation; no one was with me during this difficult time (...dark time). Though I was willing to visit health care facility, I was unable to reach without support;...no one shared my pain. The next morning, I delivered with difficult conditions, and my child died after a few hours;...she was crying" (*34 years old married woman).

4.2.4 Decision Making Power and Selection of Delivery Place

Most of the participants stated that their relatives, elder mothers living around the church and those who allowed their home for delivery were the decision makers for their selection of delivery place. They pointed out that a woman should ask support and permission for her relatives or voluntary mothers or house owners in order to go to health care facility. All the participants reported that most decisions were made by their relatives and mothers; otherwise, they may be obliged to deliver without any assistance from any one. The quoted idea of the participants of the study is summarised as follow:

> *"During my recent pregnancy, I was begging home for my delivery, so one elder mother gave me one small house, and she agreed to support me during my labor. As the labor started and become intensified, I did not asked her to take me hospital, because she said 'don't worry God will bless this house.' Finally, I delivered there, but I lost too much blood though later on I recover "*(28 years old divorced woman).

4.2.5 Financial Problems

Most key informants who participated in this study mentioned that transport cost and other facility costs unavailable at governmental health facilities were the reasons for homeless mothers not utilizing health care facility. lack of transport after discharge, referral without accompany, lack of food, cloth (incentive) were another challenges mentioned by all homeless mothers who delivered at health care facility. This also mentioned by key informants. The detailed reflection of the participants is presented here in after:

> *"I faced economic problems during delivery of my recent child. people took me to a health center by their own contribution, and I was again referred to hospital by ambulance. I delivered safely, but during discharge no transport was arranged. It was difficult for me to go back, and the nurses begged some birr from the hospital workers, and they gave it me. In this regard, health service delivery for poor mothers is bad because the government do not give attention for poor mothers like me"(27 years old married woman). The hospital nurses added more informotion on the matter as follow:*

> *"Most homeless mothers come to our hospital after they have developed serious complications which makes it difficult to manage. I think, this occurred due to lack of assistance and transport since most homeless women live alone"(35year's old nurse from hospital). Another homless women strenthen this idea as follow:*

"during my recent delivery, I had long labor which lasted for two days homelessly around the school building. I had no money during that time, and I was unable to go anywhere. Later on, Elder mothers walking in the surrounding came and took me to a nearby health center. However, the labor was past-term, and I was reffered to hospital where I safely delivered(...she laughed)" (30 years old married woman).

4.2.6 Previous Place of Delivery (previous experience)

Women who had negative or positive experiences on the previous place of delivery influnce their recent place of delivery. In this regard, lack of attendance, excessive waiting times, misdiagnoses or unclear communication with health professionals in health care facilities and uncomfortable physical examinations, discrimination and successful previous homelessly delivery can hinder homeless mothers to use institutional delivery. Quoted idea from the participant of the study is presented as follow:

*"During my frist pregnancy, I experienced a severe crampy abdominal pain, and my relatives approached me to go to hospital. Health care provider too advised me to take medications only, and they informed me to come back when my labor starts. Lately, I realized that I was actually in true labor and forced to deliver at around the street and my child was died . That experience eroded my confidence and trust on health professionals as a result of which I decided to deliver at open house for my recent child"(*30years widowed women).

"My last child was born homelessly because I did not face any complication during my first deliver except my personal challenges related to my poverty"(28years divorced women).

4.2.7 Approches of Health Care Providers

Homeless women who experienced or heard from their relatives about poor approches of health care providers (disrespect, unclear communication, verbal abuse, misdiagnosis, discrimination and negligencey) prefer to deliver homelessly. In addition, lack of especial support (counseling, advice and health education) by health care providers at health care facility during delivery service was another reason for homelessly delivery as reported by key informants. The idea quoted from the homless participants is presented as follow:

"I had labor the entire day; I was terribly ill, and my husband and other people took me to a hospital. At the hospital, we got a doctor, but he was angry. During examination, he was not listnening to me, and he was aggressive at all. The delivery

was difficult, and I lost too much blood. Since my child was kept quiet, I was very painful, and I was trying to see her, but he shouted at me; I was afraid of him, and I kept quiet. Finally, he said 'your daughter is died. I lost my child this way(…she cried)"(42 years old married woman). Another homeless women added as follow:

"My recent child was born homeless; during my first labor, I experienced severe pain for two days. After that, volunteer people took me to a health center. However, the health care providers were not respecting me when they were taking my history. Their approach was cruel with me as compared to other mothers, and there was no special support like food, drink and cloth. That experience eroded my trust to health professionals; as a result, I decided to deliver my last child homelessly "(35 years old divorced woman). The following result obtained from one key informant is consistent with the result obtained from the aformentined homeless women:

"Sometimes homeless mothers were coming to our hospital being helped by volunteers. However, some HCPs did not treat them with special attention as they expected because of their work load and other personal issues, so homeless women associated everything with their poverty or assumed as negligence. Due to this reason, they are not always coming to health care facilities"(35years old nurse from hospital). Another HCP from hospital also supported the above idea as follow:

"Some economically poor mothers including homeless mothers come to our hospital for delivery supported by volunteers, and they *want to stay more in the hospital. However, due to lack of beds, we do not have any other option than to discharge them immediately as other mothers"(*45year's medical doctor from hospital).

4.2.8 Reasons for Facility Delivery

Participants who delivered at health facility reflected their experience about the facilities the offored. Some participants described the presence of assistance during labor while others described the absence of assistance to care them. For most of the homeless women, lack of home for delivery were reasons for their preference to use health facility delivery. On the other hand, few of the homeless women reported that their previous experience of delivery facility use enabled them to choose delivery at health service. The direct quoted response of the participants of the study is presnted here in after:

"I delivered my recent child at health facility; I preferred this place because I didn't have assistance and fixed home for delivery. I delivered my first child at open house

without any help, and finally I lost my child;…she feels sadness. Hence, in my recent pregnancy, I planned to deliver at a health facility, and I did it; it was safe and substituted my bad memories"(27 years old married woman).

"I recommended other mothers to deliver at health care facility because my beloved relative has died recently during her first child birth; the labor started in the evening, and She suffered the whole night and day. In the second day, she told us to take her to hospital. However, we kept quite because we had not money for transport. We were simply praying to God. Finally, she lost too much blood, and she died leaving her child behind" (30 years old divorced woman).

4.3 Post-Natal Care Service Utilization *and Barriers*

In this study, 8 out of 12 participants mothers did not utilize post-natal care service during their recent delivery. Likewise, the remaining four participant mothers recived inadequate postnatal care service for themselves and their children. Lack of information, relgious influence and traditional believes, economical and transport problems, lack of special support during their stay at health care facilities (incentives) and fear of side effects of vaccination were reasons hindering homeless mothers from post-natal care service use.

4.3.1 Lack of Awarness

Most of the participants(homeless women) have lack of awareness about the importance of post-natal care service for themeselves and their babies. Some homeless mothers reported that post-natal care service are only necessary to a mother or a child who has post-delivery complications while other homeless mothers do not take their children to the health facility for post-natal care because they believe that immunization is not important for children (an injection could harm their children). This reason is also noted by key informants who participated in this study. In this regard, the health service providers confirmed that homeless mothers have negative attitude towards child immuniation. Thus, homeless women have the assumption-immunized children usually to result in swelling on their hands, abscess, child cry and sick. Consequently, these reasons hinder mothers from use post-natal care service. The direct quoted idea of the participants is summarized as follow:

"The word 'PNC' by itself is new for me. I did use any PNC services so far. When my child was sick, I was giving him holy water"(42 years old married woman).

"When I delivered my recent child, I felt healthy and my child was health. If I am not sick, why should I go to the health care facilities after my delivery (post-natal care service)? I do not want to waste my Eenergy"(28years old divorced woman).

*"I did not use PNC for my recent child because when I was discussing with my relatives; they mentioned their children suffered from fever after immunization. Consequently, I do not dare about 'PNC' because I do not want my child to get sick too" (*35 years old divorced woman).

4.3.2 Place of Delivery and Lack of Permanent Place

Place of delivery influenced post-natal care service utilization of homeless mothers; most homeless mothers who gave their birth outside health care facility for their recent children did not go to health care facility for post-natal care service for themselves and their children. On the other hand, participants who delivered at health care facility for their recent children received post-natal care service in some extent. In addition to this, key informants who participated in this study noted that most homeless mothers do not receive home to home visiting postnatal care service due to their lack of permanent home, and lack of identification document in one health care facility. The directly quoted response of the homeless women is summarised as follow:

" My recent child was delivered outside of health care facility (homelessly), and I didn't go to HCF for post-natal care services"(40 year's Old divorced woman). Unlike the the above respondent, however, another participant responded as follow:

*"I was receiving post-natal care service from health care professional immediate after the delivery of my recent child at the hospital. The nurse gave me medications; she immunized my child and advised me about PNC. Besides, I was going to hospital when I face any health related problems''(*34 year's Old divorced woman).

4.3.3 Financial Problems

Lack of daily food for survival and transport cost have effecte on homeless mothers to follow post-natal care service utilization. Because they are always engaged on begging and othe activities in order to get their daliy food .The directly quoted response of the homeless women is summurised as follow:

"After I delivered at hospital, I get discharged, and I was told to come back at any time. After four days, I suffered from severe abdominal pain and vaginal bleeding,

but I didn't go back to the hospital because I did not have enough energy and money for transport'' (34 years old divorced woman).

4.3.4 Lack of Special Support and Negligence

Though homeless mothers deliver at health care facility, they experienced some problems like lack of special support in health care facility (food, clothing and waiting rooms). This makes them disappointed and dicouraged not to continue post-natal care. In addition to this, key informants who participated in this study noted that health care workers neglected homeless women during home-to-home immunizations and other postnatal related educations. The participants' idea is represented as follow:

"I believe PNC is important for wealthier mothers. I am saying this from my own experience. When I was delivering at a hospital, the rooms were very crowded; they moved me here and there several times and dressings were limited. In addition, the doctors were advising me to take enriched foods, but the food that has been supplied by the hospital was limited in variety. I was unable to order foods or buy on my own"(35 years old divorced woman).

5. Discussions

The discussions of this study is clasified into three themes: experiences of homeless women on Antenatal care, skilled birth attendance and postnatal care services. Moreover, barriers assciated with the above themes are discussed one after another.
According to the finding of this study, most homeless women (11 out of 12) did not attend antenatal care service during their recent pregnancy. Several reasons influenced homeless women not to use the ANC services. Lack of information about ANC services, lack of permanent place, lack of social support during pregnancy and decision making power highly affected homeless women to attend ANC services. Moreover, fear of disclosing pregnancy, religious and traditional believes, financial problems and lack of previous experiences of ANC visit also restricted homeless women's ANC services attendance.

Though the government of Ethiopia introduced and is currently implementing a policy that provides free charge maternal health services to all pregnant women and new babies in all governmental health facilities, it is uncommon for homeless women to attend ANC services due to their difficult living condition. In this study, most of the participants perceived that ANC service is only for abnormal pregnancy, and they strongly emphasized that pregnancy is the reward of St. marry. In their case, God protected their pregnancy; it does not require special attention (ANC).

Although there is limited studies about ANC services utilization and barriers among homeless women at national and local level, the findings of this study is consistent with other qualitative studies carried out in different developed and developing countries. This finding is consistent with previous qualitative study conducted in United State among homeless women that revealed lack information about ANC services, lack of especial support from governmental health care facilities during pregnancy, financial limitation as main reasons for pregnant homeless women to receive very limited ANC services at health care facilities (13).

Another study conducted in United State among pregnant homeless women also supported this finding in that lack of provider-client relationship, lack of permanent place, lack of social support, fear of pregnancy disclosing and financial limitations were reasons for pregnant homeless women to receive very limited antenatal care services at health care facilities (15)

In this finding, most of the participants did not know where and when they should seek care ANC services. They were asking permissions from their relatives, elder mothers living around the churches and other house owners where mothers reside during delivery.

This finding is also comparable with previous qualitative study conducted in Pakistan showed that women's restriction from husbands or mother-in-laws to visit a health facility and lack of previous ANC visit experience were among the barriers for pregnant women not to visit healthcare facilities for ANC services (50). This finding is also supported by an earlier qualitative study conducted in Indonesia reported that lack of information about importance of the ANC services for the health of the mother and pregnancy, some traditional and religious misconceptions about ANC services use, lack of knowledge about risks of pregnancy and role of ANC to reduce these risks hindered women from receiving antenatal care services (18).

Skilled attendance during labor and delivery is the most appropriate cost-effective and achievable strategy in resource-poor countries to reduce maternal and child mortality (47). However, the finding of this study revealed that most homeless women did not use health facilities during their delivery. In this regard, majority of the participants that accounts 9 out of 12 women gave their recent delivery homelessly. Lack of permanent home during labor, lack of information about skilled child birth and risks of child birth related complications, lack of birth preparations, religious and traditional believes, mothers' discouragement not to use health facility for delivery, lack of social-support during labor and less decision making power to use health facility for delivery, previous experience, financial problems, poor approaches of skilled attendants at health facility and sudden onset of labor were the barriers to homeless women not use skilled child birth at health facility.

Despite limited studies about skilled birth attendants and barriers among homeless women at national and local level, the finding of this study is consistent with other inernational qualitative studies conducted elsewhere. Qualitative studies conducted in China, for example, homeless women reported that inequities in term of income level and place of residence were key barriers for pregnant homeless women not to deliver at health facility assisted by skilled attendants(34). Another qualitative study conducted in Malawi showed that lack of information about the quality of skilled delivery at health facilities under supervision of skilled birth attendants, poor approaches of skilled birth attendants at health care facility, poor knowledge about danger signs of pregnancy, lack of ANC follow up during pregnancy

and negative previous experience at health care facility delivery (delayed assessment during labor and shortage of supplies) were the barriers for pregnant women not deliver at health facility (52).
A qualitative finding in Jabi Tehinan Woreda of Amhara Region, North West Ethiopia also disclosed that lack of information about importance of skilled child birth and child birth related complications, poor approaches from skilled attendants in terms client-provider interaction (respect, dignity, and equity), lack of social support during labor and delivery health facility, previous place of delivery and suddenly onset of labor were among the barriers that prevent pregnant women not deliver at health facility assisted by skilled attendants (53).

Most maternal deaths occur from the first 24 hours up to first week of a child birth; therefore, world health organzation recommended every mother to receive post-natal care service with in 24 hours even when a mother gave birth at home (58). However, the finding of this study is not consitent with WHO's recommendetion. This in implies that most homeless women (8 out of 12) do not utilize post -natal care services during their recent post- delivery. Likewise, the remaining four homeless women received inadequate postnatal care service for themselves and their children.

Lack of information about the importance of post-natal care service, religious and traditional practices, financial limitations, place of delivery, lack of ANC follow up, lack of special support during their stay at health care facilities (incentives) and fear of side effects of vaccination were reasons hindering homeless mothers from post-natal care service use. Even though there is limited studies about PNC services utilization and barriers among homeless women at national and local level, the findings of this study is consistent with other qualitative studies conducted elsewhere.

A qualitative study conducted in United States among homeless women suggested that lack information about the importance of PNC services for the mother and new child, lack of especial support from governmental health care facilities after delivery, financial limitation were main reasons for Homeless women to receive very limited post-natal care services at health care facilities (13). This finding is also supported by an earlier qualitative study conducted in Indonesia that showed lack of knowledge about key danger signs of obstetric complication after delivery, financial difficulty, traditional and religious misconceptions

about child immunization and fear of child vaccination hindered women from receiving post-natal care services (18).

As to a study conducted about post-natal care in Northwest Ethiopia among general population of women, there are problems associated with women and husbands awareness about PNC services, ANC follow up, place of delivery, previous experience of post-natal care service utilization and attitudes of women for health care providers hindered women from post-natal care service (59). This finding is also supported by another study conducted in Jabitena District, Amhara Region Northwest Ethiopia; Factors Affecting Utilization of Postnatal Care Service showed that lack of information about the importance of PNC service, transport problems, lack of knowledge about key danger signs during labor and lack of ANC follow up also affected women not to use post-natal care service (17).

6. Conclusions

Though maternal health service utilization is the most crucial intervention to reduce maternal and newborn deaths, this study shows that most homeless women do not use antenatal, delivery and postnatal care service for their recent pregnancy, childbirth and post-natal period. Lack of permanent place, lack of information about the importance of maternal health service and obstetric complications; religious influence and traditional believes; lack of decision making power and social support; previous experience of maternal health service utilization, financial problems were reasons hindering homeless mothers from using maternal health service.

Severe vaginal bleeding before and after delivery, prolonged labor, retained placenta and child death were reported by most participants as obstetric complications during their recent pregnancy, childbirth and post-delivery. Drinking holy water, praying to their God and massaging abdomen using local butter were traditional, cultural and religious practices used as treatment during obstetric complications to save mothers' and new babies' lives. with such very limited antenatel care attendant,high birth unattended by skilled personnel and very limited post-natal care service pegnancy and child birth related complications will remain one of the first cause of maternal deaths and disability among homeless women in the study area.

7. Recommendations

Policy makers and health care planners at national and regional levels need to consider homeless mothers and their challenges in maternal health service utilization.

Aksum Town Women and Child Affair Office in collaboration with the town's administration (municipality) should make efforts in organizing homeless women in one permanent place, establishing database, creating linkage with the community, governmental and nongovernmental organizations to give basic life skill training programs for homeless women.

Aksum Town Women and Child Affair Office in collaboration with the town's small scale enterprise should also create job opportunities for homeless mothers, so that they can be economically empowered.

Aksum Town Health Office should make efforts to provide comprehensive health information about the importance of maternal health service utilization and causes of obstetric complications.

Aksum Town Health Office should also design in-service refresher trainings for healthcare providers on professional ethics and interpersonal communication skills to build healthy relationships with homeless mothers.

Health extension workers in collaboration with women's development army should mobilizing the general public including homeless women, elder mothers and religious leaders, and they should raise awareness about some traditional and religious believes that discourage mothers' maternal health service utilization.

Finally, additional studies should assess the infant feeding practices among homeless mothers and how the practices affect overall health of the infants.

8. Strengths and Limitations of the Study

Participants recall bias might have occurred during interviews. Despite these limitations, this study makes a valuable contribution to the literature as frontline study to consider marginalized and neglected group of population about whom the experience on maternal health service utilization and challenges they face during pregnancy, childbirth and their post-delivery.

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Annexes

Annex I: Information sheet consent for participants

Name of research institution: Jimma University; College of Health sciences

Research topic: Experiences of homeless women on maternal health service utilization and its associated challenges in Aksum town, northern, Ethiopia.qualitative study

Objective of the study: To explore the lived experience of homeless women on maternal health service utilization and its associated challenges in Aksum town, Northern Ethiopian

Significance of the study: To generate meaningful information about maternal health service utilization and its challenges for policy makers to designed effective strategies for appropriate intervention in the study area.

Budget: Covered by Jimma University; College of Health sciences

Investigator: Hailay Gebreyesus Adhane (MPH student on Health education and promotion)

Study procedure: Ethical clearance and the information sheets will be explained by the researcher to the study participants and other responsible individuals. Study participants are require to give their Consent and data will be collected from those who give their Consent and fulfilled the inclusion criteria using interview guides by researcher.

Participation role: As I had explained you/as expressed in the significance of the study, your participation is valuable for the success of the study and achieving its objectives. Based on your agreement you are ask to give personal information and experience of maternal health service utilization and its challenges face during your recent pregnancy,child birth

Participation advantages and disadvantages: There is no any financial incentive for your participation. Instead it is important for your own health and you are contributing your own for all because there will be no intervention without scientific studies.

Participant's rights: you have the right to participate based on the study's inclusion criteria and the right not to participate on the study without any consequences or stop at any time.

Confidentiality: your information is confidential between you and the responsible researcher.No name will be mentioned and data collection will be based on your unique identification numbers given for the particular interview.

Contact: you can ask or contact me as needed

- Name of contact: Hailay Gebreyesus
- Phone number: +251946252966
- E-mail: ghailay2015@gmail.com

Thank you very much for your participation!

ቅፅል 2: ናይዚ ፅንዓት ሓበሬታ መውሃቢ ቅጥዒ ትግርኛ ቅዳሕ
ፅንዓት ዘካይድ ትካል:- ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮለጅ

ፅንዓት ዘካይድ ኣካል:-ሃይላይ ገ/የሱስ (ኣብ ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮለጅ ናይ ማስተርስ ተምሃራይ)

ናይዚ ፅንዓት ዋና ዓላማ:- ሂወት ልምድን ተጋንፎን ገዛ ኣልባ ኣዴታት ከተማ ኣክሱም ኣብ ኣጠቃቅማ ግልጋሎት ጥዕና

ናይዚ ፅንዓት ጥቕሚ: እዚ ፅንዓት ምስ ተወደአ ነዚ ፀገም ኣብ ምፍታሕ ንዝግበሩ ፃዕርታትን ዝሕንፀው ፖሊሲታትን ሓጋዚ ኮይኑ የገልግል፡፡

ወፃኢ ዝሸፈነ ኣካል፡- ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮለጅ

ናይዚ ፅንዓት ኣካይዳ:-ናይዚ ፅንዓት ሕጋውነትን ሓበሬታን ብቀጥታን ብተዘዋዋርን ኣብቲ ፅንዓት ንዝሳተፉ ኣካላት ግልፂ ይግበር፡፡ናይ ተሳተፍቲ ስምምዕነትን ናይቲ መፅናዕቲ መስፈርትን መሰረት ብምግባር ካብ ተሳተፍቲ ዘድሊ ሓሬታ ይውሰድ፡፡

ናይ ተሳተፍቲ ግደ:- እዚ ፅንዓት ንኽፍፀምን ዓላምኡ ንኽሳኽዕን ተሳትፎክን ወሳኒ እዩ፡፡ብፍቓድክን መሰረት ድማ ሓደ ሓደ ምስግልክን ዝተሓሓዝ ሓበሬታ ማለት ከም ዕድመ፣በዝሒስድራ ዝኣመሰሉን ምስቲ ኩነታት ዝተሓሓዙ ካልኦት ሓበሬታታት ክትህባ ኢክን፡፡ ብተወሳኺ ድማ ዘጋጠመክን ዝኾነ ይኩን ጉድኣት ሓበሬታታት ክትህባ ኢክን፡፡

ካብ ተሳትፎ ዝርከብ ጥቕምን ጎድኣን:-ብምስታፎክን ዝጥየቕዎ ክፍሊትን ዘወሃበክን መበረታትዕን ኣይህሉን፡፡ ንሓደጋ ዘቃልዕ ነገርየብሉን እካደኣስ ንባዕክን ጥእና ፅቡቕ ኮይኑ ንካልኦት እውን እጃምክን ተበርከታ ኣለክን ማለት እዩ ምኽንያቱ ብዘይ ምርምር መፍትሒ ስለዘይህሉ፡፡

ናይ ተሳተፍቲ መሰል:-ኣብዚ ፅንዓት ናይ ምስታፍን ዘይምስታፍን መሰል ኣለክን፡፡ እንትሳተፉ ድማ በቲ ናይዚ ፅንዓት ረቑሓታት መሰርት ይኸውን፡፡ብተውሳኺ ድማ ኣብ ዝደለየኦ ናይ ምቁራፅ መሰል ኣለወን፡፡

ሚስጥራዊነት: ሓበሬታክን ኣብ ሞንጎኹምን ፅንዓት ዘካይዱ ኣካላትን ብሚስጥር ዝተሓለወ ይኸውን፡፡ኣብቲ ከይዲ መፅናዕቲ ዝጥቀስ ስም ኣይህሉን፡፡ ካባክን ዝውሰድ ሓበሬታ ድማ ብዝወሃበክን ናይ ሚስጥር ቁፅሪ (ኮድ) ይልለ፡፡

ተፀዋዒ:- ኣድላዪ እንተኾይኑ በዚ ዝስዕብ ኣድራሻ ምድዋል ወይ ብኣካል ምዝርራብ ይከኣል እዩ፡፡

ስምምዕነት

ናይዚ ፅንዓት ዋና መካየዲ ስም--------------ፊርማ------------ዕለት---------------

ናይዚ ፅንዓት ተሳታፊት/ተሳታፊ ስም--------------ፊርማ------------ዕለት---------------

ፅንዓት ዝተካየደሉ ዕለት---------------------

ዋና ተፀዋዒ:- ሃይላይ ገ/የሱስ ኣድሃነ(ናይዚ ፅንዓት ዋና መካየዲ፤ካብ ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮልጅ)

- ስልኪቑፅሪ:- 0946252966
- Email: ghailay2015@gmail.com

ንተሳትፎክን ኣዚና ነመስግን!

Annex II . Interview Guide for Participants

Part 1.Socio- demographic characteristics of participants

No	Age in years	Marital status	duration of homeless in year	Religion	Causes of homeless	educational status	Number of children	Place of delivery
P1								
P2								
Px								

Part 2: Interview Questions: Antenatal care, childbirth and post-natal care service

1. Would you tell me your experience about your pregnancy? (Probes;

- ✓ Did you use ANC services during your recent pregnancy? (Probe: At what stages of your pregnancy did you start the ANC follow up?
- ✓ Please tell me what service did you received during your follow up?
- ✓ How frequent was the follow up? Why?
- ✓ If no what was the reason didn't use ANC (probes: lack of awareness, lack of support, distance from health facility, lack of transport, believes, if any……).
- ✓ What preparations did you accomplish for your recent births?
- ✓ Who informed you the birth preparedness activities? (Probes: health extension worker, relatives, other elder women's if any….).
- ✓ Who assisted you during your birth preparedness? (probes; health care workers, relatives,elder mothers, if any…….).
- ✓ What was the role of the people who assisted you during your birth preparedness?

2. Would you tell me about your labor experience? (Probes:

- ✓ How did you know when your labor starting? (probes; vaginal fluids, painful constraction,if any…..).
- ✓ Where did you go when your labor was starting?(probes; open field buildings, around institution, pray home from volunteers, around the churches, health care facility, if any..).
- ✓ Who provided you physical and emotional support during your labor?(probes; relatives, elder mothers, health care providers if any…).
- ✓ What were the roles of people who support you during labor? (probes; nurs, midwifery, doctor, traditional birth attendance, health extention workers if any….).
- ✓ What challenges have you been faced during your labor time? (Probes: lack of transports, lack of assistance, stress, and fear of complication, loss of control if any …).
- ✓ If you faced challenges how was it solved?(probes; use modern medication by health care professionals, traditional medication if any…).

3. Would you tell me your experience about your place of delivery? (Probes:

- ✓ Where did you gave your recent child? (Probes; at home/homelessly, at health facility)
- ✓ If you delivered your recent child at home/homelessly around the church or other public institutions,
- ✓ Why did you delivered at this place? (Probes; lack of adqute information about institutional delivery, lack of assistance, lack of fixed home for delivery, lack of transport, suddenly onset of labor if any….).
- ✓ Why you did not go to health facility for delivery?
- ✓ Who assisted you during delivery at this place? probes; nurs, midwifery, doctor, traditional birth attendance, health extention workers if any….).
- ✓ What were the roles of the people who supported you during your delivery?
- ✓ Did you experience any complications during delivery? (probes; yes/ no
- ✓ If so, what was the complication? (probes; severe bleeding, prolonged labor, retained placenta if any….).
- ✓ How was it managed? (probes; use modern medication by health care professionals, traditional medication if any…).
- ✓ How did you evaluate the overall birthing process? (Probes: approaches of the people they give support, the service she can get during delivery, the place comfortable for delivery, the communication process with your care givers)
- ✓ If other pregnant women asked you an advice about place of delivery, where will you recommend them? Why?
- ✓ If you become pregnant in the future, where will you give birth? Why?
- ✓ If you delivered your recent child at health facility (probes:
- ✓ Why did you go there for delivery? How did you reach there? (Probes; Way of communication, transport, initial support in transport if any…..)
- ✓ Who decided for you to go to the health facility for delivery? (probes; Husband, Relatives, HEW, TBA, elder smothers, religious leaders)
- ✓ Who attended you? (Nurse, midwife, doctor, gynecologist)
- ✓ Did you experience any complications during delivery?
- ✓ If so, what was the complication? How was it managed?
- ✓ How do you evaluate the quality of the services you had in the health facility? (probes: the availability of infrastructure; the accessibility for essential obstetric care;the referral system for emergency obstetric care; the competency of the attendant; the availability of

the attendants; the suitability of delivery room, beds, sheets; the emotional support provided during delivery; the cost of service; if any…..?)

- ✓ How do you think others reacted to the use of facility for delivery?
- ✓ If you become pregnant in the future, where will you give birth? Why?
- ✓ Do you recommend the service for other pregnant women? Why?

4. Would you tell me your experience about PNC service for you and your child? (Probes:

- ✓ Counseling on baby care,
- ✓ Support breastfeeding and counseling the importance of exclusive breast feeding,
- ✓ Counseling on maternal nutrition, and supplementation if necessary,
- ✓ Educating about personal hygiene including breast nipple
- ✓ Counseling and service provision family planning
- ✓ Immunization of the infant
- ✓ Check if any sign of complication related to pregnancy and child birth
- ✓ Counseling how to prevent sexually transmitted infections including HIV/AIDS, PMTCT service, and use of ITN for mother and baby (malaria areas)
- ✓ Gentle exercise, rest if any…?
- ✓ Did you experience any challenge during post-natal care?
- ✓ If so, what was the challenge? How was it managed?
- ✓ Do you recommend the service for other pregnant women? Why?

Thank you very much for taking the time to talk to me/us

Annex III: **Information sheet consent for *keyinformants***

Name of research institution: Jimma University; College of Health sciences

Research topic: Experiences of homeless women on maternal health service utilization and its associated challenges in Aksum town, northern, Ethiopia.qualitative study

Objective of the study: To explore the lived experience of homeless women on maternal health service utilization and its associated challenges in Aksum town, Northern Ethiopian

Significance of the study: To generate meaningful information about maternal health service utilization and its challenges for policy makers to designed effective strategies for appropriate intervention in the study area.

Budget: Covered by Jimma University; College of Health sciences

Investigator: Hailay Gebreyesus Adhane (MPH student on Health education and promotion)

Study procedure: Ethical clearance and the information sheets will be explained by the researcher to the study participants and other responsible individuals. Study participants are require to give their Consent and data will be collected from those who give their Consent and fulfilled the inclusion criteria using interview guides by researcher.

Participation role: As I had explained you/as expressed in the significance of the study, your participation is valuable for the success of the study and achieving its objectives. Based on your agreement you are ask to give personal information and experience of maternal health service utilization and its challenges face during your recent pregnancy,child birth

Participation advantages and disadvantages: There is no any financial incentive for your participation. Instead it is important for your own health and you are contributing your own for all because there will be no intervention without scientific studies.

Participant's rights: you have the right to participate based on the study's inclusion criteria and the right not to participate on the study without any consequences or stop at any time.

Confidentiality: your information is confidential between you and the responsible researcher.No name will be mentioned and data collection will be based on your unique identification numbers given for the particular interview.

Contact: you can ask or contact me as needed

- Name of contact: Hailay Gebreyesus
- Phone number: +251946252966
- E-mail: ghailay2015@gmail.com

Thank you very much for your participation!

ቅፅል 3: ናይዚ ፅንዓት ሓበሬታ መውሃቢ ቅጥዒ ትግርኛ ቅዳሕ

ፅንዓትዘካይድትካል:- ዩኒቨርስቲ ጅማ ጥዕናሳይንስ ኮለጅ

ፅንዓትዘካይድኣካል:-*ሃይላይ ገ/የሱስ* (ኣብ ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮለጅ ናይ ማስተርስ ተምሃራይ)

ናይዚ ፅንዓት ዋና ዓላማ:- *ሂወት ልምድን ተጋንፎን ገዛ ኣልባ ኣዴታት ከተማ ኣክሱም ኣብ ኣጠቃቅማ ግልጋሎት ጥዕና*

ናይዚ ፅንዓት ጥቕሚ: *እዚ ፅንዓት ምስ ተወደአ ነዚ ፀገም ኣብ ምፍታሕ ንዝግበሩ ፃዕርታትን ዝሕንፀፁ ፖሊሲታትን ሓጋዚ ኮይኑ የገልግል፡፡*

ወፃኢ ዝሸፈነ ኣካል:- ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮለጅ

ናይዚ ፅንዓት ኣካይዳ:-*ናይዚ ፅንዓት ሕጋውነትን ሓበሬታን ብቀጥታን ብተዘዋዋርን ኣብቲ ፅንዓት ንዝሳተፉ ኣካላት ግልፂ ይግበር፡፡ናይ ተሳተፍቲ ስምምዕነትን ናይቲ መፅናዕቲ መስፈርትን መሰረት ብምግባር ካብ ተሳተፍቲ ዘድሊ ሓሬታ ይውሰድ፡፡*

ናይ ተሳተፍቲ ግደ:- *እዚ ፅንዓት ንኽፍፀምን ዓላምኡ ንኽሳኽዕን ተሳትፎ ኩም/ክን ወሳኒ እዩ፡፡ብፍቓድኩም/ክን መሰረት ድማ ሓደ ሓደ ምስግልኩም/ክን ዝተሓሓዝ ሓበሬታ ማለት ከም ዖታ ፣ዕድመ፣ ስራሕ፤ሓላፍነት ዝኣመሰሉን ምስቲ ኩነታት ዝተሓሓዙ ካልኦት ሓበሬታታት ክትህባ/ቡ ኢኩም/ክን፡፡ ብተወሳኺ ድማ ዘጋጠመኩም/ክን ዝኾነ ይኩን ሓበሬታታት ክትሀቡ/ባ ኢኩም/ክን፡፡*

ካብ ተሳትፎ ዝርከብ ጥቕምን ጎድኣን:-*ብምስታፎኩም/ክን ዝጥየቕዎ ክፍሊትን ዘወሃበክን መበረታትዕን ኣይህሉን፡፡ ንሓደጋ ዘቃልዕ ነገርየብሉን እካደኣስ ገዛ ኣልባ ኣዴታት ጥእና ፅቡቕ ኮይኑ ንካልኦት እውን እጃምኩ/ክን የበርክቱ/ታ ኣለዋ/ዉ ማለት እዩ ምኽንያቱ ብዘይ ምርምር መፍትሒ ስለዘይህሉ፡፡*

ናይ ተሳተፍቲ መሰል:-*ኣብዚ ፅንዓት ናይ ምስታፍን ዘይምስታፍን መሰል ኣለኩም/ክን፡፡ እንትሳተፉ ድማ በቲ ናይዚ ፅንዓት ረቖሓታት መሰርት ይኸውን፡፡ብተውሳኺ ድማ ኣብ ዝደለይዎ/የኦ ናይ ምቁራፅ መሰል ኣለዎም/ክን፡፡*

ሚስጥራዊነት: *ሓበሬታኩም/ክን ኣብ ሞንጎኹምን ፅንዓት ዘካይዱ ኣካላትን ብሚስጥር ዝተሓለወ ይኸውን፡፡ኣብቲ ከይዲ መፅናዕቲ ዝጥቀስ ስም ኣይህሉን፡፡ ካባኩም/ክን ዝውሰድ ሓበሬታ ድማ ብዝወሃበኩም/ክን ናይ ሚስጥር ቁፅሪ (ኮድ) ይልለ፡፡*

ስምምዕነት

ናይዚ ፅንዓት ዋና መካየዲ ስም--------------*ፊርማ*------------*ዕለት*---------------

ናይዚ ፅንዓት ተሳታፊት/ተሳታፊ ስም--------------*ፊርማ*------------*ዕለት*---------------

ፅንዓት ዝተካየደሉ ዕለት---------------------

ዋና ተፀዋዒ፡- ሃይላይ ገ/የሱስ ኣድሃነ(ናይዚ ፅንዓት ዋና መካየዲ፤ካብ ዩኒቨርስቲ ጅማ ጥዕና ሳይንስ ኮልጅ)

- *ስልኪቑፅሪ*:- 0946252966
- Email: ghailay2015@gmail.com

ንተሳትፎክን ኣዚና ነመስግን!

Annex IV. Interview Guide for key informants

Part 1.Participant Introduction and Listing

S. No	Age in years	Sex	Marital status	Religion	Profession	Work experience in year	Working facility /HC/hospital	Types of working HCF/privet /public
P1								
P2								
P3								
P4								

Part 2: Interview Questions: for health care providers

1. In your perception do you think homeless women get maternal health service during pregnancy? (Probes: adequate ANC services, preparations? If no what was the reason didn't use (probes: lack of awareness, lack of support, distance from health facility, lack of transport, if any……).

2. In your perception where homeless women are going when starting labor? (Probes:

- ✓ Open field buildings, around instructions, rent people volunteer to give house, informal house made in local plastics around churches, health facilities, if any… ?
- ✓ What is your expectation who assisted them during your labor? What is your role to support them during labor?
- ✓ What challenges you expect faced during labor time? (Probes: lack of transports, emotional distress, and fear of complication if any…?)

3. Would you tell me where homeless women gave birth? (Prove: at home, at health facility, around the church, around buildings.

- ✓ Do you think they need support?
- ✓ How do you give support during your birth?
- ✓ If they delivered at home/at small plastic home around the church or other public institutions what do you think? Probes:
- ✓ Why did they deliver at this place?
- ✓ Why did not they go to health facility for delivery?
- ✓ What is your expectation who assisted them during delivery at this place?
- ✓ Did you have experience any complications during delivery of homeless women?
- ✓ If so, what was the complication? How was it managed?
- ✓ Could you expect obstetric complications that a woman might face during delivery?

- ✓ If yes why?

- In your perception If the homeless women delivered their child at health facility(prove
  - ✓ Why did they prefer this place of delivery?
  - ✓ How did they reach them? Means of transport means of support etc.).
  - ✓ Who decided for them to go to the health facility for delivery?
  - ✓ Who attended them?
  - ✓ How was the birthing process managed in the facility?
  - ✓ How do you evaluate the quality of the services you had in the health facility? (the competency of the attendant; the availability of the attendants; the suitability of delivery room, beds, sheets; the emotional support provided during delivery; the cost of service; if ..
  - ✓ Do you expect the obstetric complications that a woman might face during delivery? Why?
  - ✓ How do you think others reacted to you use of facility for delivery?
  - ✓ If you become get pregnant homeless women in the future, what is your advice about place of delivery? Why?
  - ✓ Do you recommend the service for other pregnant homeless women? Why?

4. In your perception do you think homeless women get post-natal care? (Probes:
  - ✓ Counseling on baby care
  - ✓ Support of breastfeeding
  - ✓ Counseling on maternal nutrition, and supplementation if necessary
  - ✓ Counseling and service provision family planning
  - ✓ Immunization of the infant,
  - ✓ Check if any sign of complication related to pregnancy and child birth,
  - ✓ counseling how to prevent sexually transmitted infections including HIV, PMTCT service,)
  - ✓ Do you think what challenges are faced for homeless women during post-natal care? How was it solving?
  - ✓ Do you recommend the service for other pregnant homeless women? Why?

  If you have any additional question, recommendation for us you are welcome if no

Thank you very much for taking the time to talk to me/us

ቅፅል 2: መሕትት ትግርኛ ቅዳሕ

ዓላማ፡ገዛ ኣልቦ ኣዴታት ኣብ ጥዕና ኣዴታት ዘለወን ልምዲ ምፅናዕ ይምልከት

1. ማሕበራውን ስነ ህዝባውን ሕቶታት

መፅናዕቲ ዝተኻየደሉ ቦታ፡ ኣክሱም ከተማ ዕለት-------------------

ዕድመ--------------------- ሀይማኖት/እምነት----------------

መጠን ስድራ ቤት------------------- ኩነታት ሓዳር-------------------

ትምህርቲ ደረጃ-----------------------

ገዛ ኣልባ ዝኾንክሉ እዋን ---------------------

ገዛ ኣልባ ዝኾንክሉ ምኽንያት-----------------

ውላድ ኣለውኺ ዶ? ሀ) እወ ለ) የብለይን፤ መልሲ እወ እንተኾይኑ ናብ ዝስዕብ ሕቶ ይቐፅሉ

ኣበይ ትወልዲ ነይረኪ-----------------------

2. •ናይ ቅድመ ወለድ ክትትል፤ሕማም ሕርሲ፣ ኣብ ገዛ ዝግበር ሕርሲ/ምውላድ፣ ኣብ ጥዕና ትካል ዝግበር ሕርሲ/ምውላድን ናይ ድሕረ ወሊድ ክትትልን ዝምልከቱ ሕቶታት

1. ብዛዕባ •ናይ ቅድመ ወለድ ክትትል ዝነበረኪ ልምዲ ክትነግርኒ ትኽእሊ ዶ?

- ✓ ጥንሲ ምሓዝኪ ከመይ ትፈልጥዮ ነይርኪ?፣ ንምንታይ? •
- ✓ ናይ ቅድመ ወለድ ትገብሪ ዶ ነይርኪ? መዛዝ ጀሚርኪ ተከታቲልኪ?
- ✓ እንታይ ዓይነት ኣገልግሎት ትረክቢ ነይርኪ?
- ✓ ክንደይ ጊዘ ዝከውን ተመላሊስኪ/ክሳብ መዓዝ? ንምንታይ?
- ✓ እንድሕር ዘይትከታቲልኪ ምክንትኪ ብዝርዝር ንገርኒ(ናይ መጋዓዝያ ፀገም፣ ናይ ሓገዝ ፀገም፣ ናይ ስነልቦና ፀገም/ምርብባሽ፣ ዝኽፍአ ጉድኣት ከይበፅሐኒ ዝብል ፍርሒ፣ ውነኻ ምስሓት ካልእ………)
- ✓ ቅድሚ ምውላድኪ እንታይ ዓይነት ምዝግጃው ትገብሪ ነይርኪ? መን ከ ሓገዝን ክትትልን ይገብረልኪ ነይሩ?
- ✓ ናይ ዝሕግዙኪ ሰባት ግደ እንታይ ነይሩ?

2. ብዛዕባ ሕርሲ ዝነበረኪ ልምዲ ክትነግርኒ ትኽእሊ ዶ?

- ✓ ሕማም ሕርሲ ከመፀኪ ከሎ ከመይ ትፈልጥዮ ነይርኪ?፣
- ✓ ክጅምረኪ ከሎ ኸ ናበይ ትኸዲ ነይርኪ? (ኣብ ዝኾነ ክፍቲ ህንፃ፣ ናይ ሰባት ገዛ፣ ኣብ ጥቓ ቤተ እምነት ዝርከቡ ዘይሰሩዕ ጉጂታት፣ ናብ ጥዕና ትካል ካልእን……….)
- ✓ መን ከ ሓገዝን ክትትልን ይገብረልኪ ነይሩ?
- ✓ ናይ ዝሕግዙኪ ሰባት ግደ እንታይ ነይሩ?
- ✓ ኣብ እዋን ሕረሲ ዘጋጠሙኺ ፀገማት ከ እነታይ ነይሮም? (ናይ መጋዓዝያ ፀገም፣ ናይ ሓገዝ ፀገም፣ ናይ ስነልቦና ፀገም/ምርብባሽ፣ ዝኽፍአ ጉድኣት ከይበፅሐኒ ዝብል ፍርሒ፣ ውነኻ ምስሓት ካልእ………)
- ✓ ዘጋጠሙኺ ፀገማት ከመይ ተፈቲሖም?

3. ስለ ትወልድሉ ዝነበርኪ ቦታ ዘለኪ ልመዲ ክተካፍልኒ ዶ ትኽእሊ?

- ✓ ናይ ቀረባ/ዳሕረዋይ ውላድኪ ኣበይ ወሊድክዮ? (ኣብ ገዛ፣ ኣብ ጥዕና ትካል ወይስ ካልእ….)
- ✓ ዝወለድክሉ ቦታ ኣብ ገዛ ወይ ኣብ ቤተ እምነት ኣብ ዝርከቡ ዘይ ስሩዕ ገዛውቲ እንድሕር ኮይኑ
- ✓ ንምንታይ ኣብኡ መሪፅኪ? ንምንታይ ከ ናብ ጥዕና ትካል ዘይከድኪ?
- ✓ ኣበዚ ቦታ እንትትወልዲ መን ሐገዝ ገይሩልኪ? ናይ ዝሓገዙኺ ኣካላት ግደ ኸ እንታይ ነይሩ?
- ✓ ዝኾነ ይሁን ዝበኣሰ ጉድኣት ኣጋጢሙኪ ይፈልጥ? ከመይ ከ ተኣልዩ/ተፈቲሑ?
- ✓ ብሓፈሻ እቲ ዝነበረ ናይ ወሊድ ከይዲ ከምይ ትግምግምዮ? (ናይ ዝሓገዙኺ ሰባት ኣቀራርባን ምርድዳእን፣ ዝረኸብክዮ ግልጋሎት፤ ናይቲ ቦታ ምቹውንት)
- ✓ ካልኦት ኣዴታት ኣበይ ክወልዳ ከም ዘለውን ተዝሓታኺ ኣበይ ትምዕድየን ንምንታይ
- ✓ ኣብ ቀፃሊ እንተ ጠኒስኪ ኣበይ ክትወልዲ ትደልዪ ንምንታይ
- ✓ ናይ ቀረባ ጊዜ ወሊድኪ ኣብ ሆስፒታል እንተድኣ ነይሩ ንምንታይ ናብኡ ከይድኪ፤ ብከመይ ኣበቲ ቦታ ክትበፅሒ ክኢልኪ (ዝነበረኪ ርክብ፣ መጋዓዝያ፣ ኣብቲ ምኩዓዝ ዝተገበረለኪ 1ይ ደረጃ ሓገዝ/ረዲኤት…..)

ናብቲ ጥዕና ትካል ንክትከዲ መን መኺሩኪ(በዓል ገዛኪ፣ ኣዝማድ፤ ናይ ጥዕና ኣስተመህሮ ዝሕቡ ሰባት፤ ዓበይቲ ዓዲ፤ ናይ ሃይማኖት መራሕቲ……)

- ✓ ኣብቲ ጥዕና ትካል መን ክትትል ገይሩልኪ? (ነርስ፣መዋልዳን፣ ጠቕላላ ሓኪም፤ ናይ ማህፀን ሓኪም)
- ✓ ኣብቲ እዋን ዝኾነ ይኹን ዝበኣሰ ጉድኣት ኣገጢሙኪ ይፈልጥ እወ እንተኾይኑ፣ እንታይ ዓይነት ጉድኣት ከምይ ከ ተሓኪሙ /ተኣልዩ?
- ✓ ኣብቲ ጥዕና ትካል ዝነበርኪ ግልጋሎት ከመይ ትምዝንዮ? (ኣቕርቦት ናውቲ መዋልዲ፣ናይ መዋልዳን ምህላውን ብቕዓትን፤ ናይቲ መዋልዲ ክፍሊ፣ዓራት፣ምንፃፍ ማቻ፤ ዝተገበረልኪ ስነልቦናዊ ሓገዝ፤ ክፍሊት…..)
- ✓ ኣብ ጥዕና ትካል ብምውላድኪ ካልኦት ሰባት ዘለዎም ኣራእያ እንታይ ይመስል?
- ✓ ኣብ ቀፃሊ ጥንሲ እንተድኣ ኣጋጢሙኪ ኣበይ ክትወልዲ ትመርፂ? ንምንታይ?
- ✓ እዚ ግልጋሎት ንካልኦት ጥኑሳት ኣዴትት ትመኽርየን ዶ? ንምንታይ?

2.3 ብዛዕባ ዝነበረኪ ናይ ድሕረ ወሊድ ክትትል ክትንግርኒ ዶ ትኽእሊ? (

- ✓ ምኽርን ሓገዝን ብዛዕባ ናይ ከንክን ቆልዓ ዝምልከት ፤ ፀባ ኣዶን ሓገዚ/ተወሳኺ ምግብን ዝምልከት ፣ ኣመጋግባ ኣዶን ተወሳኺ ንጥረ ንገራትን ዝምልከት፤ ውልቃውን ከባብያውን ፅሬት፣ ምኽርን ግልጋሎትን ምጣነ ስድራ፣ ክታበት ህፃን፣ ምስ ጥንስን ወሊድን ዝተታሓሓዙ ጉድኣታት ከይህልዉ ኣብ ምርግጋፅ፣ ብግብረ ስጋ ዝመሓላለፉ ሕማማት ኣብ ምክልኻል፣ ንኣብንት ከም ኤችኣይቪ ኤድስ፣ ካብ ኣዶ ናብ ህፃን ምትሕልላፍ ንምክልኻል ዝወሃብ ግልጋሎት፤ ኣዶን ህፃንን ----- ክጥቀሙ ምክባር (ዓሶ ኣብ ዘለዎ ከባቢ)፣ ቀሊል ኣካላዊ ምንቅስቓስ………………)
- ✓ ኣብ እዋን ክትትል ድሕረ ወሊድ ፀገም ኣጋጢሙኪ ይፈልጥ? እንታይ ዓይነት ፀገም? ከምይ ከ ተኣልዩ/ተፈቲሑ?
- ✓ እዚ ግልጋሎት ንካልኦት ትምዕዲ/ትመኽሪ ዶ? ንምንታይ?

ንዝነብረና ፃኒሒት ኣዚና ነመስግን!

Annex 4. ቃለ መሕትት፣ ን ሓበሬታ ወሃብቲ (ሰብ ሞያ ከባብያዊ ጥዕና ፣ ነርስ፣ መዋልዳን፣ሓካይም)

1. ብናትካ/ኪ እምነት መንበሪ ዘይብልን ኣዴታት/ጎደና ሓደር ሕርሲ ክመፀን ከሎ ናበይ ዝኸዳ ይመስለኩም? (ኣብ ዝኾን ክፍቲ ህንፃ፣ ናይ ፍቓደኛታት ገዛ፣ ኣብ ጥቓ ቤተ እምነት ዝርከቡ ዘይሰሩዕ ጉጂታት፣ ናብ ጥዕና ትካል……….). ኣበቲ ግዘ ሕርሲ 1ይ፣ 2ይ፣ 3ይ ደረጃ ሓገዝ መን ገይሩልን ይመስለካ/ኪ? ኣብ ምሕጋዝ ዘለካ/ኪ ግደ ከ እንታይ ይመስል?
2. ኣብ እዋን ሕርሲ እንታይ ዓይነት ፀገም የጋጥመን ኢልካ ትግምት? (ናይ ስነልቦናዊ ፀገም/ምርብባሽ፣ ፀገም መጋዓዝያ፣ ዝኸፍአ ጉድኣት ከይበፅሓኒ ዝብል ፍርሒ………)
3. ገዛ ዘይብለን/ኣብ ጎደና ዝነብራ ኣዴታት ኣበይ ከም ዝወልዳ ዶ ክትነግረኒ/ርኒ ትኽእል/ሊ? (ኣብ ገዛ፣ ኣብ ከባቢ ቤተእምነት፣ ኣብ ጥዕና ትካል፣ ኣብ ከባቢ ህንፃታት) ሓገዝ የድልየን ኢልካ ዶ ትኣምን? ክተዋልድ ከለካ ክመይ ትሕግዝ?
4. ኣብ ገዛ፤ኣብ ከባቢ ቤተእምነት ኣብ ዝርከቡ ጉጅታት ወይ ድማ ኣብ ካለእ ናይ ህዝቢ ትካላት እንተድኣ ወሊደን እንታይ ይስመዓካ? ንምንታይ ኣብዚ ቦታ ክወልዳ ኪኢለን? ንምንታይ ናብ ጥዕና ትካል ዘይከዳ? ኣበዚ ቦታ እንትወልዳ መን ሓጊዙወን ኢልካ ትግምት? ገዛ ኣልባ ኣዴታት እንትወልዳ ዘጋጥመን ዝኸፍኣ ጉድኣት ተዓዚብካ/ኣጋጢሙካ ዶ ይፈልጥ? እወ እንተኾይኑ፣ እንታይ ዓይነት ጉድኣት ነይሩ? ክመይ ከ ተኣልዩ/ተፈቲሑ?

ኣብ ግዘ ወሊድ ሓንቲ ኣዶ ምስ ወሊድ ዝተሓሓዝ ጉድኣታት ክበፅሓ ይኽእል ኢልካ ዶ ትፅበ? እወ እንተኾይኑ ንምንታይ?

5. ብናትካ እምነት እዘን ገዛ ኣልባ ኣዴታት ኣብ ጥዕና ትካል እንድሕርዳኣ ወሊደን ነይረን ንምንታ ኣብዚ ቦታ ምውላድ ከም ዝመረፃ ክተረጋግፀለይ ትኽእል? ክመይ ኣብዚ ቦታ ክበፅሓ ኪኢለን? (ብክመይ ተጋዒዘን፣ ብክመይ ሓገዝ ወዘተ…)
   ኣብ ጥዕና ትካል ክወልዳ ከም ዘለውን መን ወሲኑ? መን ክትትል ገይሩለን? እቲ ናይ ምውላድ ከይዲ ከ ክመይ ነይሩ?
   ኣብቲ ጥዕና ትካል ዝነበረ ፅሬት ግልጋሎት ክመይ ትግምግሞ? (ናይ መዋልዳን ምህላውን ብቕዓትን፣ ናይቲ መዋልዲ ክፍሊ፣ ዓራት፣ምንፃፍ ምቹውንት፣ ኣብ ግዘ ሕርሲ ዝተገበረ ስነልቦናዊ ሓገዝ፣ክፍሊት ወዘተ………)
6. ኣብ ግዘ ወሊድ ሓንቲ ኣዶ ምስ ወሊድ ዝተሓሓዝ ዝኸፍአ ጉድኣት ክበፅሓ ይኽእል ኢልካ ዶ ትፅበ? ንምንታይ?
   ካልኦት ሰባት ኣብ ጥዕና ትካል ምስ ምውላድ ዘለዎም ኣራኢያ እንታይ ይመስለካ
7. ኣብ ዝቕፅል ገዛ ኣልባ ጥንስቲ ኣዶ ምስ ዘጋጥመካ ብዛዕባ ናይ ወሊድ ቦታ እንታይ ትመኽራ? ንምንታይ?
   እዚ ግልጋሎት ንካልኦት ገዛ ኣልባ ጡኑሳት ኣዴታን ከ ትምዕደን ዶ? ንምንታይ?
8. ብናትካ እምነት ገዛ ኣልባ ኣዴታት ናይ ድሕረ ወሊድ ግልጋሎት ይረኽባ ኢልካ ዶ ትኣምን? (ምኽርን ሓገዝን ብዛዕባ ናይ ክንክን ቆልዓ ዝምልከት ፤ ፀባ ኣዶን ሓገዚ/ተወሳኺ ምግብን ዝምልከት ፣ ኣመጋግባ ኣዶን ተወሳኺ ንጥረ ንገራትን ዝምልከት፤ ውሊቃውን ከባብያውን ፅሬት፣ ምኽርን ግልጋሎትን ምጣነ ስድራ፣ ክታበት ህፃን፣ ምስ ጥንስን ወሊድን ዝተታሓሓዙ ጉድኣታት ክይህልዉ ኣብ ምርግጋፅ፣ ብግብረ ስጋ ዝመሓላለፉ ሕማማት ኣብ ምክልኻል፣ ንኣብንት ከም ኤችኣይቪ ኤድስ፣ ካብ ኣዶ ናብ ህፃን ምትሕልላፍ ንምክልኻል ዝወሃብ ግልጋሎት ……….)
   ገዛ ኣልባ ኣዴታት ኣብ ድሕረ ወሊድ ክትትል ፀገም የጋጥመን ኢልካ ደ ትኣምን? ክመይ ከ ይፍታሕ?
   እዚ ግልጋሎት ንካልኦት ገዛ ኣልባ ጡኑሳት ኣዴታን ከ ትምዕደን ዶ? ንምንታይ?

ንዝነበረና ፃኒሒት ኣዚና ነመስግን!