



Intranatal health service utilization by women of reproductive age group of kersa worda

This policy brief examines expressed preference of place of delivery and their reasons by women of reproductive age group, Kersa worada

Introduction

Women's health condition is affected because of the absences of reproductive health service in general and essential obstetric care in particular which needs the skilled man power. Most of the maternal deaths are from preventable prenatal, intra-natal and postnatal health conditions and lack of emergency obstetric health services.

An overwhelming majority of births (94 percent) in the five years before the survey were delivered at home. (EDHS 2005). Obstetric care from a trained provider during delivery is recognized as critical for

the reduction of maternal and neonatal mortality. Births delivered at home are usually more likely to be delivered without assistance from a health professional.

Study population characteristics

The characteristics of women of reproductive age group of Kersa worda were majority of them from rural area, their age falls between the age of 19-35, illiterate, their first pregnancy were at the age below 18. And it is described in table 1 below.

Table-1 Frequency and Percentage Distribution of Subjects on Selected Sample Characteristics

S.no	Demographic Variables	Frequency (f)	Percentage (%)
1	Residence		
	Urban	44	13.7
	Rural	278	86.3
2	Age		
	≤ 18	10	3.4
	19-35	200	67.3
	36-49	87	29.3
3	Educational level		
	Illiterate	270	83.9
	Literate	14	4.3
	Primary	20	6.2
	Secondary	11	3.4
	Tertiary	5	1.6
4	Age at first pregnancy		
	14-18	193	68.7
	18-35	88	31.3

Questions related to the monthly income show that majority of the mothers (50.7%) earns 91 -250 birr per month and the rest were below 90 and above 500 birr.

Preference Of place of Delivery and their reasons

296 mothers were interviewed about place of delivery of the last child preceding the data collection, of which 97.2% reported the place of delivery

were at home and health intuition accounts only 2.1%. Preference of place of delivery was asked to 296 mothers, and 87.5 % of them prefers to give birth at home and 71.9% of respondents reasoned out that they feel comfort at home followed by I need privacy which accounts 17.5%. See table 2 for details.

Expressed Place of preference for delivery and their reasons by women of reproductive age group Kersa Woreda

Preference of Place of delivery	Frequency	Valid Percent
At home	259	87.5
At health institution	14	4.7
No preference	23	7.8
Total	296	100.0

Reasons for home preference	Frequency	Valid Percent
I need privacy	46	17.5
I am comfortable at home	189	71.9
There is no health facility/ it is located distant	20	7.6
I cannot afford the service	3	1.1
It is cultural	1	.4
Other	4	1.5
Total	263	100.0

Recommendation

Basic emergency maternal services and hygienic conditions during delivery can reduce the risk of complications and infections. It is therefore mandatory to establish an environment where there is no delivery conducted without skilled man power regardless of the place of delivery. And for those who visited health institutions for delivery should consider their value and significance of others (companion) and privacy.

Kersa Demographic Surveillance and Health

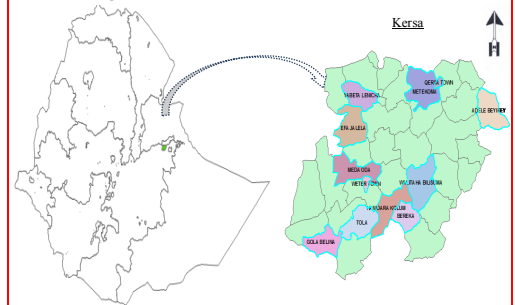
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The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/ health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

