



*Saving Mothers, Giving Life (SMGL)*

**Zambia Ethnographic Appraisal of  
Maternal Health Seeking Behavior:  
Executive Summary**

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# Zambia Ethnographic Appraisal of Maternal Health Seeking Behavior: Executive Summary

## I. BACKGROUND

Major challenges impede access to utilization of maternal health services including lack of transportation, long distances to facilities, out-of-pocket expenses, lack of privacy, use of traditional healing in lieu of health care services. Additionally, Zambia's health care system faces challenges, include shortage of skilled health staff, stock-out of essential medicines and essential supplies, and lack of basic medical equipment maternal health and emergency care.

Saving Mothers Giving Life (SMGL), a public-private partnership<sup>1</sup>, was launched in 2012 to prevent maternal and newborn deaths in the Government of the Republic of Zambia (GRZ). The initiative uses the District Health Network Model, to increase access, quality and demand for maternal health services. These efforts require an understanding of the community's socio-cultural norms and practices surrounding use of maternal health services. The main contributing factors associated with maternal mortality are: (1 delay in the decision to seek care; 2 delay in reaching an appropriate medical facility; and (3 delay in receiving prompt and appropriate care once at the facility.

This paper provides the results of an assessment of socio- cultural norms and practices related to use of maternal services in select rural districts in Zambia.

## II. METHODS

We conducted an ethnographic qualitative appraisal to explore the sociocultural norms associated with use of maternal health service. Data for this report was collected from Kalomo, Lundazi, Mansa and Nyimba between July and September 2012. The four districts were selected because of their poor maternal and child health vital statistics from the country's 2007 census, and because they are SMGL pilot sites. The ethnographic methods used were conceptual mapping, 80 key informant interviews (KII) and 29 focus group discussions (FGDs). Our purposive sample included women of reproductive age, and husbands or partners and family members of women who had pregnancy related death. Community informants with knowledge about maternal health seeking behavior also participated.

Using the three delays framework and the deductive application, all texts were categorized as a delay in: 1) deciding to seek care, 2) delay in reaching the health facility, and 3) delay in receiving appropriate care upon reaching the health facility.

## III. FINDINGS

### A. Delay to seek maternal care services

**Beliefs on disclosure of the pregnancy:** The disclosure of a pregnancy traditionally is the duty of an older female relative. Self-disclosure of a pregnancy can result in the loss of the pregnancy. This can lead to delays in attending antenatal care, and missed opportunities for early diagnosis of pregnancy related complications. When some women attend ANC before the pregnancy is showing or publicly announced to prevent bad pregnancy outcomes she ties herbs on the *chitenge* (traditional cloth worn by women).

*"They say that, when a woman is pregnant, people are not supposed to know that she is pregnant or when she is due because they can curse her and she may have complications and fail to deliver safely."*

Man whose wife delivered at home

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<sup>1</sup> Saving Mothers, Giving Life (SMGL) is a public-private partnership between the governments of the United States, Norway, Uganda, and Zambia, Merck for Mothers, Every Mother Counts, the American College of Obstetricians and Gynecologists, and Project C.U.R.E.

**Herbs used during pregnancy and labor:** In many communities traditional birth attendants and local healers use herbs to enhance fertility, to safe guard the pregnancy and the baby, accelerate contractions and limit bleeding during labor and delivery. Quick deliveries, 'Nselezya', is desirable, especially for first pregnancies. Women who use herbs often stay away from health facilities or hide the herbs from health providers.

*"There is also a tendency here to give especially women who fall pregnant for the first time some herbs to drink so that they don't take long to deliver."*

Woman who delivered at facility

### B. Delay in reaching the facility

Most community members raised a concern about a facility's inability to manage emergencies, especially during complications when emergency transportation is needed. Bad roads and transportation to transfer a woman urgently was expressed as a major challenge. When the ambulance was available, sometimes the patient's family was asked to pay. More remote areas can be up to 160 km from a district hospital on roads that don't provide direct access. Another challenge was the inability to make a call when there was an emergency, either due to lack of telephone or lack of cellular coverage.

*"...others cross the river to come here...The roads on which these people travel on are very bad...if a pregnant woman traveled on such a road, she may end up giving birth on the way."*

Man whose wife delivered at a facility

### C. Delay in receiving care at the facilities

**Health care providers** - Community members had mixed sentiments about health workers with some

*"If we could ask....we need more [health] workers. You will find he goes to help deliver and again leaves behind some patients. So, they are overwhelmed with work."*

Man whose wife delivered at a facility

expressing appreciation while others complained about the attitudes and uncaring approaches. Concerns were also raised about the absence of staff at facilities due to official and non-official reasons. Yet some community members empathized with the health workers; stating that despite the staffing shortages; some providers worked very hard and long hours, especially when

there were too many patients or when deliveries occurred during their non-scheduled working hours. Furthermore, women perceived the presence of Safe Motherhood Action Groups (SMAGs) as a welcome alternative, especially since some of them are traditional birth attendants.

*"Health workers are quite few....So that's the biggest challenge that is having a negative impact on the program because you cannot expect someone to work 24hrs";*

Public Health Official

**Facility infrastructure, supplies and equipment challenges** - The community had expectations for

*"...the maternity ward is not situated in a good place....we were about to enter the labor ward, the water broke. This was happening in full view of everyone."*

Man whose wife delivered at a facility

maternal health care and facilities, including space for services, privacy, ease of access to toilets, sufficient beds and adequate space for beds. Often these expectations were not met.

*"The toilets are very far from the [maternity] ward."*

Man whose wife delivered at facility

Concerns were raised about the quality of services and lack of supplies. Some reported that women were asked bring supplies needed during or after delivery, such as gloves, sanitary napkins, a bucket,

*"...they [nurses] even chase you back if you don't have these things [supplies for delivery]."*

Woman who delivered at home

soap, bleach, and plastic bag. Furthermore, some reported failure to bring the required supplies at times subjected mothers to abuse or not receiving care by the health workers.

*"...it is even better to deliver at the clinic...because at the hospital...you have to buy everything which is needed for delivery."*

Facility Staff

### D. Other

**Sexual behavior during pregnancy** - Cultural norms dictate that couples should abstain from extra marital affairs to ensure a safe and healthy delivery. *Inchila* is the term given when there is suspicion that either the husband or wife has been unfaithful. It is perceived that *Inchila* leads to prolonged or

obstructed labor, difficulties in having a normal vaginal delivery, and can result in death of the mother or the baby. The perceived “wrong doer” has to confess in public to alleviate any risk to the mother or baby.

*“They teach us as that when your spouse is pregnant and if I leave my wife and start looking for girlfriends... it is not right, because you will get different blood and bring it to your wife and she could die during pregnancy and delivery.”*

Man whose wife delivered at facility

#### **IV. DISCUSSION AND RECOMMENDATIONS**

This appraisal adds to the body of knowledge related to maternal and neonatal mortality in Zambia. Narratives suggest that socio-cultural norms and practices play a role in women seeking and using of maternal health services. Some of these norms contribute to the three delays, such as women delaying seeking antenatal care services until an older family member announces to the community that she is pregnant; and use of traditional healers and use of herbal treatments instead of health care services. There are also infrastructure and service issues that impede women from accessing services, such as lack of transportation, poor roads, long distances to health facilities, lack of sufficient number of beds, lack of privacy, lack of adequate service space, out-of-pocket payments for purchase supplies and for transportation, etc.

These findings will inform SMGL implementing partners and the GRZ Ministry of Health in their program design and implementation. Recommendations for them include:

- Community outreach should address the importance of early announcement of pregnancy to encourage women to come in early for antenatal care.
- Demand generation activities need to address the importance of services provided by skilled health care providers, and not rely on traditional healers.
- There is a need for better planning and investments to ensure proximity of maternal health services close enough to where women reside, sufficient beds, adequate essential equipment and supplies, emergency transportation, privacy in service units, improved communications necessary for referrals and emergencies, etc.