

Poverty-Related Barriers to Antenatal Care Attendance in Misungwi District, Northwestern Tanzania: A Qualitative Assessment



Pendo Ndaki¹, Dismas Matovelo¹, Denise Buchner², JL Brenner², Caroline Amour¹, Teddy Kyomuhangi³, Wemaeli Mweteni⁴, Respicious Bakalemwa⁴, Boniphace Maendeleo¹, Prosper Shayo⁴, Hadija Swai⁴, Eleanor Turyakira³, Rose Laisser¹

¹Catholic University of Health & Allied Sciences, Mwanza, Tanzania, ²University of Calgary, Alberta, Mwanza, ³Mbarara University of Science and Technology, Mbarara, Uganda
⁴Bugando Medical Centre, Mwanza, Tanzania

Introduction

- Globally and in Tanzania, maternal and newborn mortality reduction remains a priority
- Antenatal care (ANC) visits at least four times during pregnancy (ANC 4+) is a key national strategy to improving maternal and newborn health
- Maternal, newborn and child health (MNCH) status is particularly problematic in the Lake Zone, Tanzania
 - Rural Misungwi District is one particular district in the Lake Zone facing poor MNCH indicators
- A coverage household survey was conducted as part of baseline needs assessment prior to a district-wide MNCH intervention in Misungwi District
 - Demonstrated relatively low ANC 4+ attendance = 47%
 - ANC 4+ attendance by lowest wealth quintile women (45%) was somehow low compared to women of the highest wealth quintile (49%).
- **Study Objective: To consider barriers to ANC attendance in Misungwi District using a social equity lens.**

Methods

- An explorative qualitative study used:
 1. Focus group discussions (FGDs), and
 2. Key informant interviews (KIIs)
- Purposefully-selected participants were chosen to represent pre-identified stakeholder and user-groups, including
 - Community members
 - Health providers
 - Health leaders
- Trained facilitators used semi-structured FGD and KII guides and solution-based probes to illicit perceptions about care-seeking around the time of birth including ANC
- FGD/KIIs were:
 - Conducted in Swahili
 - Recorded
 - Then transcribed into English
- Data was entered and coded in NVivo software
- Thematic analysis was used

Results

- During July-August 2016, 12 FGDs and 7 KIIs were conducted
- Four poverty-related key barriers for poor ANC attendance emerged:

THEME	POVERTY-RELATED EXPLANATION
Long distance	Long distance from home to health facility may most affect poorest families who cannot obtain money for transport
Time-cost at health facility	Time-cost at health facility occurs when women must spend long time waiting for ANC (attributed by FGD participants to a shortage of health providers), complicated by hunger due to lack of money for food while away from home
Dependence by women on men for decisions and money	Dependence by women on men for decisions and money due to male dominance in decision-making and finances, which may disproportionately affect lower-resourced women
Lack of ANC education	Lack of ANC education leaves women (and partners) uninformed on why and when to attend ANC. This was linked by participants to poverty because of the inability by poorer families to attend the health facility for ANC sensitization and their lower attendance at community gatherings which emphasize ANC



Discussion

- Limits to ANC attendance include:
 - Long distance to health facilities
 - Time-cost at health facilities
 - Male dominance, and
 - Lack of health education
- While these factors may limit ANC attendance among the general population in Misungwi District, these factors are exacerbated among low-income families due to limited resources for transport, food, access to ANC sensitization education and excessive dependence on males for decision-making and finances
 - This may account for lower ANC attendance seen among women from the lowest wealth quintile compared to the highest
- Future interventions must address these barriers, with special focus on social inequity and target vulnerable low-income women

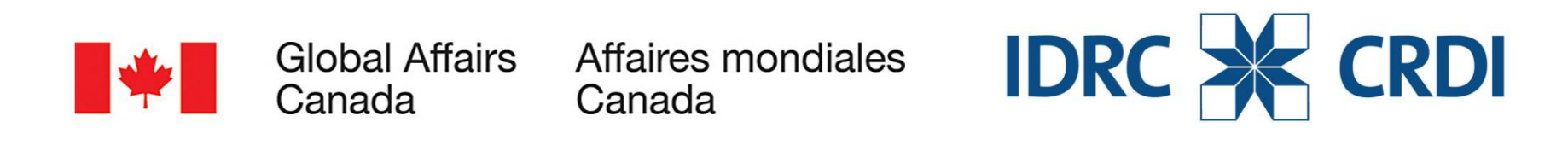


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