

# Communication Gap: Barrier for Illiterate Women in Accessing Maternal, Newborn and Child Health in Misungwi, Tanzania



Victoria Yohani<sup>1</sup>, Pendo Ndaki<sup>1</sup>, Dismas Matovelo<sup>1</sup>, Respicious Bakalemwa<sup>2</sup>, Rose Laisser<sup>1</sup>, Edgar Ndaboine<sup>2</sup>, Hannah Faye Mercader<sup>3</sup>, Jenn Brenner<sup>3</sup>

<sup>1</sup>Catholic University of Health and Allied Sciences (CUHAS), Mwanza, Tanzania, <sup>2</sup>Bugando Medical Centre, Mwanza, Tanzania, <sup>3</sup>University of Calgary, Calgary, Canada

## Introduction

- Globally the illiteracy rate is 13.7% which is higher in developing countries including Sub-Saharan Africa
- Of the 775 million illiterate people in the world, 493 million are women (UNESCO, 2013)
- The illiteracy level in Tanzania is 20 (UNESCO, 2017)
- Illiterate women are associated with poor health outcomes and less of utilization of health services (Mugo et al, 2015, Gilder et al 2019)
- In baseline; 38% women were illiterate
  - 59% don't attend 4+ANC
  - 47% deliver outside HF
- Communication is important channel for access to quality health services (Vermeir, 2015)
- There is poor utilization of health education due to ignorance and poor infrastructure of communication (Mboera et al. 2007)

## Objective

- To explore barriers for illiterate women in accessing maternal, newborn, and child health

## Methods

- Qualitative data collection
- Semi structured interview guides were used
- Field notes and audio recorded transcribed and translated
- Quality checks done to ensure accuracy

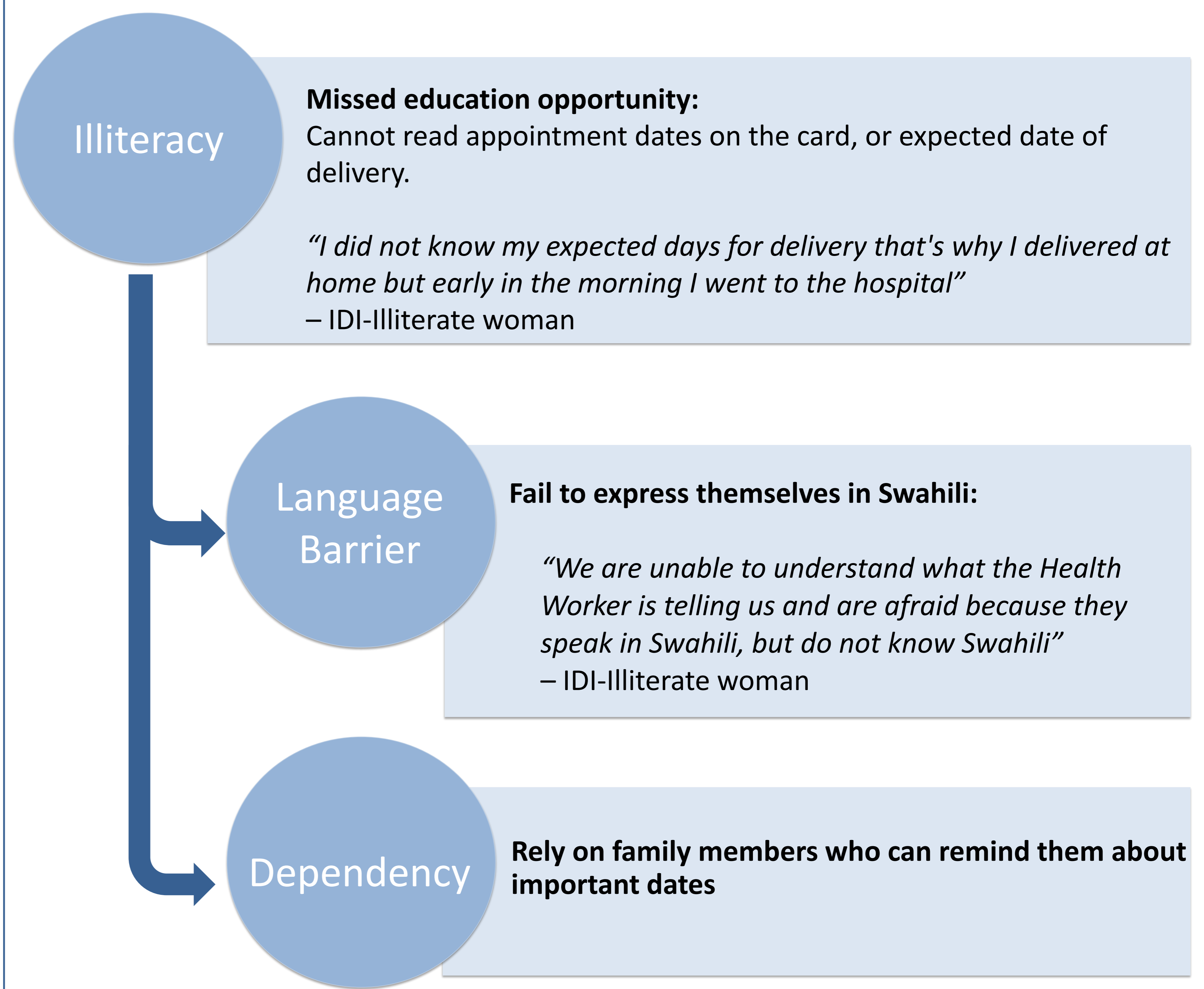
### Analysis

- Coding done using Nvivo 12
- Initial codebook developed using 4 transcripts
- Code collapsed to form themes and sub-themes

### Data Collection Summary:

| Team         | In-Depth Interviews (IDIs) | Key Informant Interviews (KIIs) | Focus Group Discussions (FGDs) |
|--------------|----------------------------|---------------------------------|--------------------------------|
| Interviews   | 13                         | 11                              | 8                              |
| Total Number | 13                         | 11                              | 65                             |

## Results



## Highlights

- Early dissemination conducted to District leaders and Health workers
- Dignified and respectful care was done to develop strategies of including illiterate vulnerable women
- Very few facilities started teaching in Sukuma language



## Conclusion

- In rural areas, women are often vulnerable and face barriers due to illiteracy
- We need an innovation to facilitate health workers – illiterate women communication especially one-on-one communication

## Acknowledgements

Mama na Mtoto implementation was undertaken with the financial support of the Government of Canada provided through Global Affairs Canada. Mama na Mtoto research was also carried out with the aid of a grant from the Innovating for Maternal and Child Health in Africa initiative, a partnership of Global Affairs Canada, the Canadian Institutes of Health Research, and Canada's International Development Research Centre.

Special thanks to Hadija Swai, Edgar Ndaboine, Lusako Mwaikasu, Prosper Shayo, Julieth Kabiligi, Research Assistants, and the Mama na Mtoto project field teams for significant contributions to this project.