

Safe motherhood

Citation for published version (APA):

Sialubanje, C. (2016). *Safe motherhood: determinants of the utilization of maternal healthcare services in rural Zambia*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20160913cs>

Document status and date:

Published: 01/01/2016

DOI:

[10.26481/dis.20160913cs](https://doi.org/10.26481/dis.20160913cs)

Document Version:

Publisher's PDF, also known as Version of record

Document license:

Unspecified

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Valorisation

This section describes the social and economic value of the research presented in this dissertation. It highlights the relevance of the findings and the target group, describes implications for intervention development to improve utilization of maternal healthcare services in rural Zambia and other sub-Saharan African countries, suggests areas for future research, and highlights social and economic implications for future interventions and research.

Relevance and knowledge value

Given the prominence of maternal health at the global level, we feel this research, focusing on the factors affecting utilization of maternal healthcare services in rural Zambia, is relevant and its findings make an important contribution to the global maternal health agenda. Our research was firmly grounded in theory, such as the PRECEDE part of the Green and Kreuter's (2005) PRECEDE/PROCEED model, as well as socio-cognitive models, including the Theory of Reasoned Action Approach (Fishbein & Ajzen, 2010) and the Health Belief Model (Conner & Norman, 2005). These models were used to guide the exploration and investigation of the phenomenon under consideration. Moreover, we used mixed methods – that is, qualitative and quantitative – approach to data collection and used different investigation techniques such as in-depth interviews, focus group discussions and questionnaires. We also made sure to include a variety of respondents, ranging from mothers and fathers, to health workers and community leaders. We feel that these factors have increased the external validity of our findings.

Innovation

Much research in Zambia has been conducted in urban areas, and currently, little is known about women's experiences in rural areas of the country. The research reported in the current dissertation aimed to fill part of this gap by focusing on one of the poorest areas in rural Zambia: Kalomo district.

In addition to replicating earlier studies which reported low utilization of maternal healthcare services in rural Zambia and other developing countries, we believe our findings are innovative and make an important contribution to the understanding of maternal healthcare-seeking behaviour. The findings highlight an intention-behaviour gap regarding the use of maternal healthcare services in rural Zambia – that is, although women express a positive attitude towards maternal healthcare services and a willingness to use them, most do not actually utilise these services, due to various factors. Further, our findings provide

insight into the factors that affect (non) use of maternal healthcare services, and clearly show that a lack of knowledge about pregnancy and labour complications is *not* the reason for the low utilization of maternal healthcare services. Most women are aware of the benefits to be gained from the use of maternal healthcare services provided by skilled attendants in health care facilities. Rather, our findings show that several other factors prevent women from acting on their intentions. In addition to physical and economic barriers, our data showed that perceived social norms regarding the use of maternal healthcare services – such as a lack of family support, a lack of decision-making autonomy and dependence on husbands for decision-making and financial support – all prevent women from using maternal healthcare services. Thus, our findings highlight the complexity of maternal healthcare use and the interplay of different factors in determining women’s health seeking behaviour. By publication of our findings in peer-reviewed international journals, we believe we have contributed to the global pool of knowledge in the field of global maternal health.

Our findings are targeted at a wide audience such as the multilateral, bilateral and national organizations including the World Health Organization, World Bank, UNFPA, and UNICEF. Other target groups include public health policy makers in the Ministries of Health and Ministries of Finance, health planners, implementers and practitioners and, and, of course, service users such as the pregnant women and their families, and the communities in which they live.

Implications for implementation and research

Our findings have implications for policy and intervention development, provide a basis for future research directions in maternal health in Sub-Saharan Africa, and can serve as a basis for the systematic development of theory- and evidence-based interventions using a framework such as Intervention Mapping (described in Chapter 9). Such interventions should focus on mitigating the factors leading to the intention-behaviour gap highlighted in this dissertation – including long distances to the health centres – for example, through the establishment of more maternity waiting homes where women can stay and wait for their labour, and which are situated close to the health centre where they can receive skilled birth attendance. Moreover, for optimal use of maternity waiting homes, our findings suggest that interventions should focus on improving the social services and living conditions in these facilities, by providing beddings, bathing and cooking facilities, and ensuring privacy.

In addition, where possible, interventions should focus on mitigating economic barriers, such as providing pregnant with resources to enable them to meet transport costs and enable them to buy requirements during delivery at the clinic, such as baby and mother packs. The current findings also suggest a need for the establishment and implementation of community-centred interventions which could be modelled on the Safe Motherhood Action Groups (SMAGs). Given the influence of social norms, the establishment of such community groups could lead to an increase in women’s risk perception about pregnancy

and childbirth-related complications, and motivate them to use facility-based maternal healthcare services. Moreover, such programmes could mitigate the various socio-cultural inhibiting norms highlighted in this dissertation, by encouraging husbands to get involved in maternal healthcare services and empowering pregnant women with the skills necessary to use their decision-making capacity and negotiate with their husbands. Further, husbands should be motivated to support their wives to use facility-based antenatal, delivery and postnatal care. Moreover, our findings suggest that community-centred interventions could strengthen the relationships and trust between the formal health system and other important stakeholders such as the traditional birth attendants, headmen and neighbourhood health committee (NHC) members. Finally, our findings suggest a need to improve the quality of basic and comprehensive obstetric care (EmONC) in healthcare facilities in rural Zambia, and other sub-Saharan African countries, to improve staffing levels for nurses and midwives, and to put effort into constructing and equipping of maternity blocks, operating rooms, laboratories, staff houses and installation of solar panels, standby generators, and water supply systems. However, we suggest a need for further research to ensure the generalisability of these findings to other areas within the country, and to evaluate the effectiveness of the above-mentioned interventions.

Socio- economic value and risk

The findings of this research have both an economic and a social value as they clearly highlight important factors that lead to low utilization of maternal healthcare services. Moreover, mitigating these barriers is likely to lead to an improvement in maternal and newborn health outcomes, which will ultimately result in the improved quality of life for women and their families. This improved quality of life is likely to result in an increased national productivity, reduction in individual and national expenditure on maternal and newborn health complications, and ultimately lead to national socio-economic growth and development.