

# Determinants and Barriers to Healthcare Seeking for Pregnancy and Childbirth in Nangarhar Province, Afghanistan

This study examines barriers to healthcare seeking for pregnancy and childbirth in three districts of Nangarhar province in Afghanistan. A qualitative interview methodology that included in-depth interviews and focus group discussions was used. All interviews with key informants were recorded on audiocassette, transcribed and analyzed, applying constant comparison as well as analytical induction. Barriers at three major levels, households, communities, and health settings were explored to understand more fully the situation women face around care seeking.

The specific objectives of the research include the following:

- To analyze and record the various cultural barriers that facilitate and impede women's decisions to seek reproductive and obstetric health care services.
- To explore individuals' knowledge, attitudes and practices related to birth and women's preparation for birth, prenatal and post-natal care in order to determine:
  - How women can stay healthy during the time around child bearing
  - How decisions are made regarding family size and;
  - How decision-making power is divided between men and women within the family.

- To explain women's perceptions of barriers that prevent them from adopting appropriate health-seeking behaviors and utilizing health care services optimally in order to improve their health outcomes.

To explore individual, household and community-level strategies to facilitate women's health care-seeking behaviors especially for, pregnancy and childbirth. Key informants were selected through a convenience sampling method. Three districts were selected at the primary stage to represent various population groups with distinct cultures living in Nangarhar province. The final sampling frame was selected in urban and rural areas.

The in-depth interviews of key informants took place in rural and urban areas of Nangarhar province. In each district, at least ten in-depth interviews and four focus groups were conducted; 20 in-depth interviews were also conducted with health service providers. Each interview lasted approximately 30 to 90 minutes. The interviews were led by a survey team including a moderator, note keeper and observer.

The research results provide an evidence base for further development of Afghanistan's national reproductive health policy and strategy. For example, informants express that both husbands and wives support family planning once they have the desired number of sons. Additionally, many informants exhibit limited awareness of the benefit of family planning and birth spacing.

## Key findings:

- Volatile security situation particularly in rural areas.
- Lack of women's decision-making power to seek health services; women can only attend health facilities in the case of emergencies, otherwise they have to receive permission from the head of their household or their husband; or forego seeking care.
- Young and newly married women can only seek health care if they are escorted by a male member of their family and covered with a hejab.
- Skewed distribution of female staff in city .
- Suboptimal capacity to manage major maternal health complications such as c-sections, severe hemorrhage, obstructed labor, or shock in public health facilities
- Lack/poor availability of maternal health services at some times of the day or night particularly in rural areas.
- Recurrent shortages of drugs, medical supplies, and equipment in public health facilities.

Key findings continued

- Overcrowding and extended waiting times in public health facilities.
- Bad road conditions and difficult terrain, especially in rural areas.
- Poor economic status resulting in people's inability to afford high cost of transportation to health facilities, particularly at night in rural areas.
- Harsh behavior of health workers in public health facilities toward patients.
- Suboptimal level of trust and confidence relating to skills and knowledge of health workers in the public health facilities
- Duplicitous attitudes of health workers and lack of attention toward patients attending public health facilities.
- Unwanted interference of male health workers in issues related to treating female patients in the public health facilities.
- Under-table payment, bribe, and nepotism, as well as preferential treatment given to some clients
- Referral of cases to health workers' private clinics.
- Limited awareness of women regarding availability of range of services such as ANC, PNC, FP and vaccination in rural areas .
- Limited awareness of benefit of family planning and birth spacing.
- Insufficient knowledge of importance of balanced diet, rest, and avoiding hard labor during pregnancy.
- Insufficient knowledge regarding pregnancy and pregnancy complications
- Self-medication and preference to seek care from traditional healers and mullahs over care from public and private health facilities.
- The ideal size of a family in Nangarhar is considered to be four to five children; sons are preferred over daughters.
- Only a minority of respondents notes that they prefer having large families as defined by....(insert number of children)
- Poor economic conditions and families' inability to educate the children are key reasons for restricting the number of births in Nangarhar.
- Both husbands and wives support family planning once they have the desired number of sons.
- Almost all key informants have misinformation about the harmful effects of family planning, believing that it causes conditions such as infertility, obesity, hypertension, and bleeding

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