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POSTNATAL CARE SEEKING BEHAVIOR AND ASSOCIATED FACTORS AMONG REPRODUCTIVE AGE GROUP IN KURMUK DISTRICT WESTERN ETHIOPIA, 2018.

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A RESEARCH THESIS SUBMITTED TO INSTITUTE OF PUBLIC HEALTH COLLEGE OF MEDICINE AND HEALTH SCIENCES, UNIVERSITY OF GONDAR IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR MASTER OF PUBLIC HEALTH IN HEALTH PROMOTION AND COMMUNICATION.

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List of abbreviations

ANC: - antenatal care

APF: - Administration Public Federal

BSc: -Bachelor of Science

CI: - confidence interval

DHS: - demographic health survey

EDHS: - Ethiopian demographic health survey

HMIS: - health management information system

HIV: -Human immune virus

ICPD: - International Conference on Population and Development

MCH: - Maternal and child health

PNC: - Postnatal care

UNICEF: - United nation children's fund

UN: -United nation

UNFPA: United Nations Fund for Population Activities

WHO: - world health organization

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Abstract

Background: Maternal health has been becoming a worldwide alarm. The great number of maternal mortalities, particularly in under-developing nations has-been due to a low level of maternity healthcare-seeking behavior. The lives of billions of women in reproductive age can be safeguarded through maternity health care services. Regular utilization of maternity health care services reduces maternal morbidity and mortality.

Objective: The objective of this study was to assess the maternity healthcare-seeking behavior among reproductive-age women (15-49) in Kurmuk district, Benishangul Gumuz region, western Ethiopia, February 2018.

Methods A community based cross-sectional study was conducted from February to June.2028. A total of 596 participants were recruited using a multi-stage sampling method. The sample size has been proportionally allocated to the size of each selected kebeles. Interviewer administered structured and pretested questionnaire has been used to collect the data. The data has been coded and entered into a computer by using EPI Info version 7 and then exported to SPSS version 20 for analysis. Finally, Bivariate and backward multivariable statistical methods were carried out to identify factors associated with maternal healthcare-seeking behavior.

Result: Maternity health care service seeking of women was very low. Distance to a health facility [AOR: 0.12, 95%CI: (0.07-0.214)], Mother occupation [AOR 1.85 (1.13-3.054) were about two times more likely to seek postnatal care compared with unemployed women

Conclusion Overall, maternal health care service seeking was found to be low in the study setting. Treatment preference place, distance to health facility and occupation of women were significantly associated with after delivery (PNC) service seeking

Keywords: Maternity health care, Utilization behavior, Reproductive age, Ethiopia

1. Introduction

1.1. Background

Maternity health implies that people can have a responsible, satisfying and safe sex life and that they can reproduce and the freedom to decide if, when and how often to do so. Health seeking behavior is defined as an action undertaken by individuals who perceive themselves as having a health problem or to be ill to find an appropriate remedy[1]. Maternity Health Care seeking behavior is seeking the appropriate remedy of maternity health care services like Antenatal, delivery and postnatal care[2]. Maternal health has been becoming a worldwide alarm because the lives of billions of women in reproductive age can be safeguarded through maternal health care services. Regardless of efforts that have been made to reinforce maternal health care services, maternal mortality is still high in most of the under developing countries [3].

The great number of maternal mortalities, particularly in under-developing nations has-been due to a low level of maternity healthcare-seeking behavior for instant in Ethiopia about one fourth (25%) 74.3% of women visited health facilities at least once for maternal service. Only 62, 28 and 17% of women in Ethiopia receive antenatally, delivery and postnatal care from health professionals with a high maternal mortality ratio of 412/100,000 deaths yearly so this figure makes Ethiopia the major contributor to the global death of mothers[4]. The benefits of improving the healthcare-seeking behavior of mothers are tremendous, particularly, in settings where social services and public health resources are limited. ANC, Skilled delivery and PNC are a key component of reproductive healthcare which can help reduce maternal mortality by preventing pregnancies related deaths saving children's lives. It is a key to integrate maternal service in improving a wide range of health outcomes for women and children. It is an opportunity to provide interventions for improving maternal nutrition and to encourage maternal immunization and future family planning use. Improving the healthcare-seeking behavior of women is important because they are economic drivers and their health is critical to long-term, sustainable economic development. Healthy mothers lead to healthy families and societies, strong health systems, and healthy economies[5]. Different

factors are related to the utilization of maternal health care services. Generally, the associated factors can be categorized as socio-economic and demographic factors such as; educational status of the mother[6], maternal age occupation mothers knowledge of danger signs, marital status, women's decision-making power, birth order, religion, household income, husbands educational Status, accessibility factors and factors related with maternal health care services[7].

Mother's knowledge of danger signs and decision-making power were reported as significant determinants of care utilization[8] but efforts to improve women's health are hampered due to poor maternal health-seeking behavior. Finding the reason behind this behavior is worth doing to design interventions for better utilization. As the maternal health care seeking behavior is a complex phenomenon which can be influenced by geo-cultural settings, it needs a contextual thorough investigation. Moreover, the inconsistency of findings of various researches about the relationship between maternal health care seeking behavior and associated factors necessitates this research[9]. Thus, this study aimed to assess the maternal health-seeking behavior and its associated factors among rural women of reproductive age in Kurmuk district, western Ethiopia.

1.2. Statement of the problem

Recently, maternity health-seeking behavior and their autonomy have emerged as a focal point of investigations and interventions around the world[8].

Globally women seek maternity care 86 % of ANC1, 62% ANC4 visit with skilled health personnel respectively. In regions with the highest rates of maternal mortality, such as Sub-Saharan Africa and South Asia, fewer women received at least four antenatal visits 52% and 46 %respectively[1]. Regarding institutional delivery about 22% of birth takes place at home[3]. This translated into nearly 31 million unattended births worldwide. Coverage of skilled birth attendance across regions ranges from 99% in Eastern Europe and Central Asia and Western Europe to 52 % in West and Central Africa. The above problems were largely, responsible for the annual deaths of an estimated 303,000 mothers in 2015[10].

Similarly, 85 percent of women giving birth at home in Malawi and 70 percent of women giving birth at home in Zambia received no PNC at all, according to the most recent DHS country data[11, 12]. This problem also happened in Ethiopia, because more than 2 in 3 women (70%) report having at least one of the specified problems in accessing health care. Among these problems, getting money for advice or treatment was the leading issue (55%), followed by the distance to a health facility (50%), not wanting to go alone (42%), and getting permission to go for treatment 32%. Likewise EDHS 2016 illustrate that Pregnancy-related mortality ratio was 412 deaths per 100,000 live births which still the highest rang, 62% of women seek antenatal care for a skilled provider at least once, 26% of births are delivered in a health facility 28% of births are assisted by a skilled provider and 17% of women have PNC follow up[13]. Regionally according to Benishangul Gumuz regional health bureau 2009 HMIS report shows that 53 % of women seek ANC Care for a skilled provider at least once and 24% of births are delivered in a health facility, and 24% of women receive a postnatal checkup within 2 days of birth. Maternal deaths are caused by a wide range of complications in pregnancy, childbirth or the postpartum period. Most of these complications develop because of the pregnancy itself, and some occur where pregnancy has aggravated an existing disease[14].

Very little analysis has been carried out to understand maternity healthcare-seeking behavior of the indigenous society in the Bertha community and most of the maternal mortality and home deliveries are often under-reported. This study aims to understand the antenatal, delivery and postnatal services offered by providers and subsequent care-seeking behavior among Bertha (Benishangul) tribe indigenous community in Benishangul Gumuz Region kurmuk district in Ethiopia. There are no studies conducted in Benishangul Gumuz especially in Bertha indigenous community concerning ANC, delivery, and PNC seeking behavior except research conducted in 2012 on specific ANC utilization in Assosa district Assosa town considering only residence, ethnicity, education, and religion as influencing factor but this research looked at health-seeking behavior across religion, ethnicity, education, Social class and culture of rural Bertha community.

1.3. Review of Literature.

Universal health coverage is not possible without universal access, but the two are not the same[2]. This captures people's willingness to seek services. Acceptability is low when patients perceive services to be ineffective or when social and cultural factors such as language or the age, sex, ethnicity or religion of the health provider discourage them from seeking services[2].

Postnatal Care seeking

The world health organization guidelines on postnatal care recommend essential routine PNC for all mothers, essential routine PNC for all newborns, extra care for low birth weight or small babies and other vulnerable babies, and early identification and referral/management of emergencies for mother and baby[1]. WHO guidelines further recommend postnatal visits within six to 12 hours after birth, three to six days, six weeks, and at six months. Based on the analysis of 23- Demographic and Health Surveys; DHS, only 13 percent of these women receive a postnatal visit within two days of birth. According to DHS data in Ethiopia, 90 percent of mothers did not receive any PNC within the first six weeks. Of the few who did have a PNC contact, more than half gave birth in a health facility, [13].

According to a study conducted in wolaita zone, 2016 identified that women who used postnatal care service at least one time within 6 weeks after delivery were 306(77.7%). From these 196(64.1%) took service within 24 hours but only 2.6% seek the service in between 2-3 days,7.5% seek the services in between 4-7 days and 25.8% seek the service in between 8 to 42 days. The same research conducted in the Amhara region Dembecha 2015 showed that the level of postnatal care service seeking was 34.8% of which 33.7%were within 48 hours of postpartum and about 0.8% within 2-7 days of delivery. Only 41.3% had got postnatal care service. Which among home-delivered women only 4.8%received PNC service the rest 30% were women who had delivered at health institution[20].

Factors Affecting postnatal care seeking behavior

According to a qualitative study conducted on health-seeking behavior of Pregnant women in Banke District, Nepal 2015 identified the barriers to health care seeking are simply constraints or limited access to utilize particular health facilities,socio-culture norm & values, and knowledge and political instability were identified as the factors that discourage in seeking of health services[21].

But furtherly the study conducted on maternal health and health-seeking behavior in sub-Saharan Africa 2015 identified the place of delivery in a health facility is associated with postnatal care seeking[9]. Those who delivered in health facilities are 17.59 times more likely to utilize postnatal care services when compared with that mother who delivered at their home. Regarding decision-maker for PNC follow up, that mothers who decided by their own and with their husband were 14.078 and 4.738 times likely utilized postnatal compared with those for whom their husband decided to follow postnatal care services respectively .likewise study conducted in rural Haromaya stated that since the result, consistent with institutional delivery services Muslim religion follower women were 89% less likely to seek postnatal health care service than the others[6]. Results of which are demonstrated in the researches and national surveys Studies indicate the socio-economic, cultural, regional and programmatic differentials despite the certain rise of the utilization of antenatal, post-natal and delivery seeking care overtime in the world. The factors that are positively associated with these three maternity cares seeking are education and wealth status of women. The geographical, regional and distance differences in terms of this health care seeking of women are enormously evident in the literature [9].

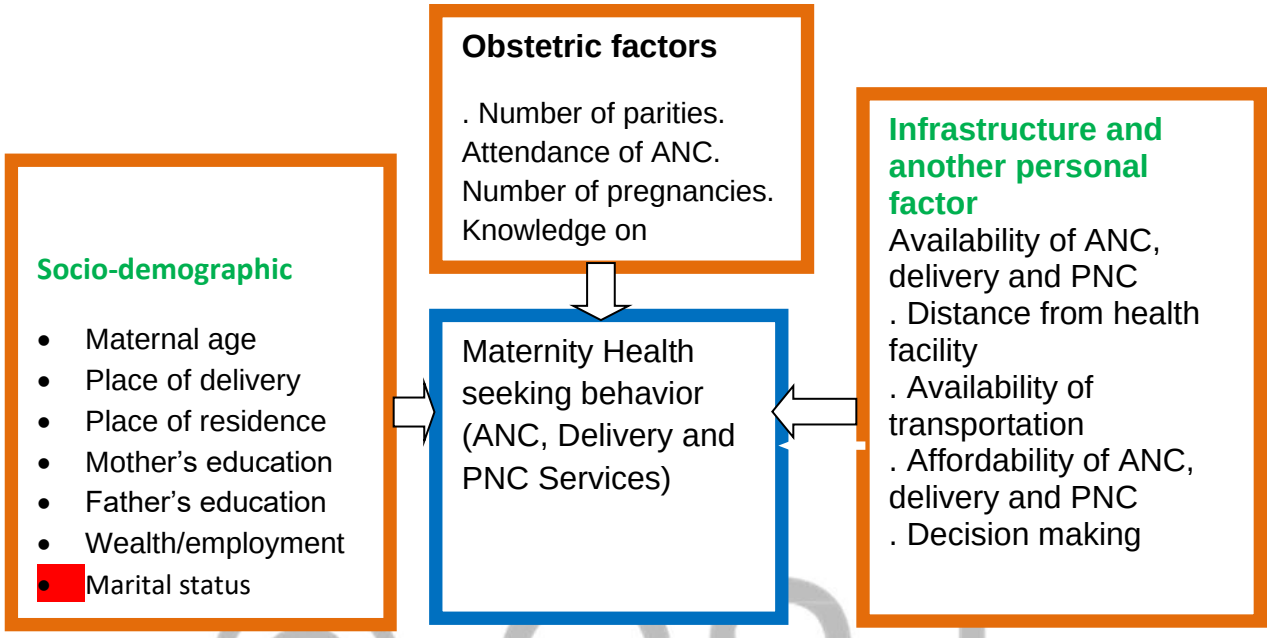

Figure 1 : Conceptual framework for assessing maternity healthcare-seeking behavior among reproductive age mothers in Kurmuk district Feb-march 2018

1.4. Justification of the study

Previous few studies undertaken in Benishangul Gumuz did not address some maternity health-seeking behavior. Also, there is a difference in the study setting and time between other studies done and this study. This study site is also interesting because the desired outcome is very low compared with sister districts in the Bertha zone. The study output will contribute its part to the policymakers, to the health care providers and the beneficiaries (women of Reproductive age) at large

2 Objectives

2.1. General objectives.

The general objective of this study is to assess the maternity health-seeking behavior among reproductive-age women (15-49) in Kurmuk district, Benishangul Gumuz region, western Ethiopia, February 2018.

2.2. Specific objectives

1. To determine the magnitude of maternity healthcare-seeking behavior among reproductive-age women (15-49) in Kurmuk district, Benishangul Gumuz region, western Ethiopia, Feb-March 2018.

2. To identify factors associated with maternity health-seeking behavior among reproductive-age women (15-49) in Kurmuk district, Benishangul Gumuz region, western Ethiopia, February 2018.

3. Method and materials

3.1. Study area and period

The study has been carried out in the rural part of Kurmuk district, Assosa Zone, Benishangul Gumuz region, western Ethiopia. The district is found 782 km west of Addis Ababa, the capital of Ethiopia. According to the information obtained from the district health office, the total populations of the district 22994 of whom 11688 are men, 11305 are female. Form them 5530 are in the age group of 15-49 years. There are 14 rural and 2 semi-urban kebeles in the district. Among all the residents, 2604 of them live in semi-urban whereas the remaining 20383 are residing in the rural part of the district. There are one health center sand 11 health posts providing health care services.

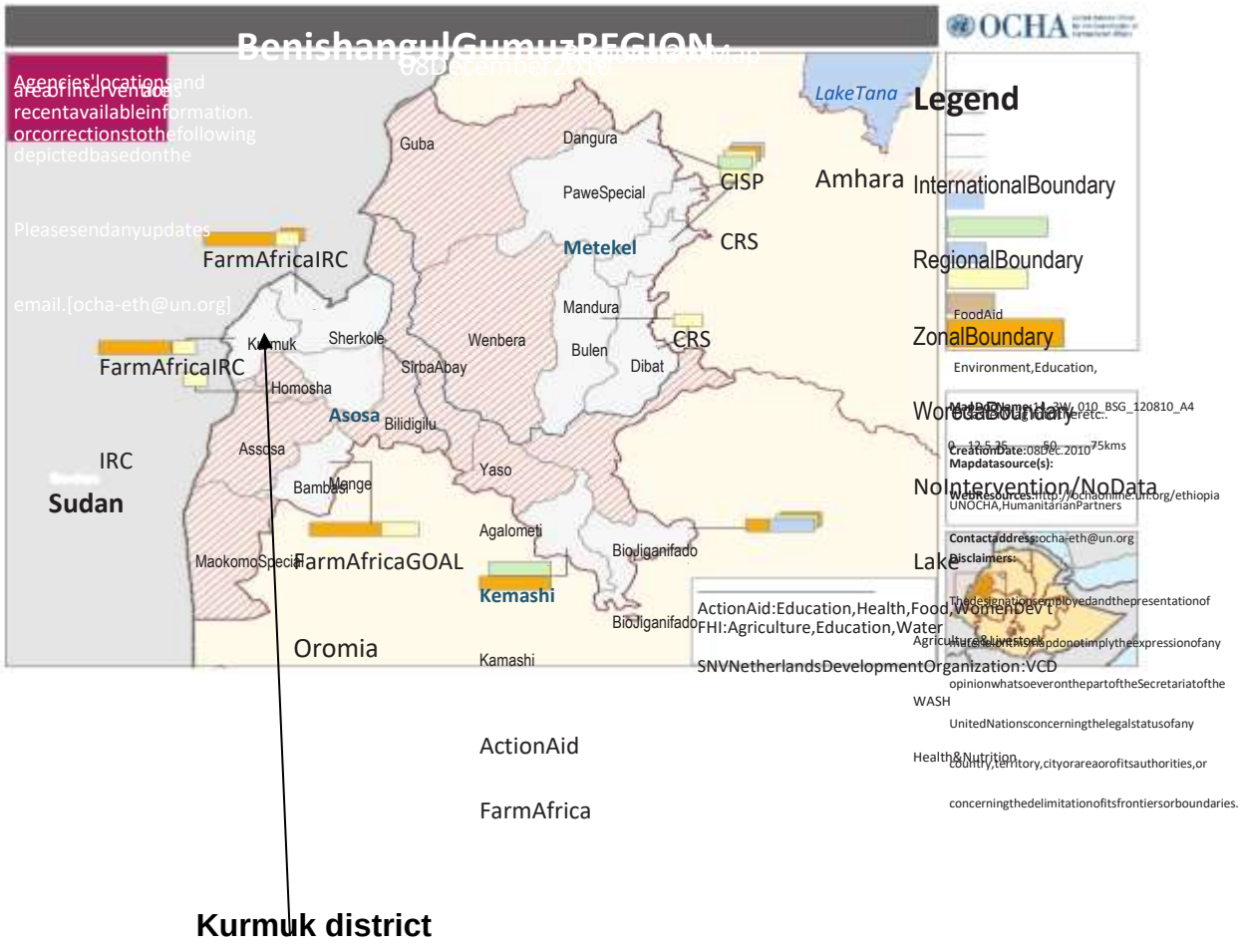

Figure 2: Illustration Map of Benishangul Gumuz

3.2. Study Design and period

A community-based cross-sectional study was carried out from Feb-March 2018 for data collection.

3.3. Study Variables

Outcome variable: -was the maternity healthcare-seeking behavior of PNC.

Independent-variable: -Socio-demographic, obstetric, Infrastructure, and other Personal factors, health system factors and Health worker's behavior.

3.4. Source population:

All reproductive age women who gave at least one birth in rural villages of Kurmuk district.

3.5. Study population

The study population was all eligible reproductive age group who gave birth in the last one years and residing in the rural villages of Kurmuk district for at least 6 months.

3.6. Inclusion criteria

All reproductive age women who gave birth in the last one year irrespective of their alive child at the time of study and residing in study district for at least 6 months were included in the study

3.7. Excluded criteria

Those who were critically ill could not talk or listen and mothers who gave birth beyond one year were excluded from the study.

3.8. Sampling size determination and sampling procedure

The sample size of this study was calculated using a formula for estimating a single population proportion. Taking the proportion of maternal health-seeking behavior p=79 % [6]. The maximum allowable error (4%), n=398, adding a non-response rate of 10% and 1.5 design effect the final sample size was 656. This figure was calculated as follow.

n = ((Zα/2)2Xpq⁄d2) +10%At CI 95%, Zα/2

=1.96 and maximum error 4% in this d was (0.04)2

p = Taking proportion of MHSB p=79% [6]. This is 0.79

q= will be 1-p then which equals to 0.21 is

When it was calculated ((1.96)2(0.79x 0.21)／(0.04)) = 398 x1.1 non-response rate x1.5 design effect =656

Finally using population correction formula

$$n_f = \frac{n_0}{1 + \frac{n_0}{N}}$$

656

1+656/5530 =596 participants

Table 1: Factor calculation for assessing maternity health care-seeking behavior among reproductive age mothers in Kurmuk district Feb-march 2018

Data from Women's Autonomy and Reproductive Healthcare-Seeking Behavior in Ethiopia 2013							
PNC seeking							
Women who gave their last birth at the health facility	80	1	21	44	2.95	1	146
Knowledge of pregnancy complications	80	1	19.07	37	2.5	1	218

3.9. Sampling techniques

The study had recruited a multi-stage sampling method to select the study participants. From 16 kebeles in the district 5 of them were selected by lottery method. The sample size was proportionally allocated to the size of each selected kebeles. The sampling frame of households was obtained from each kebeles EPI registration book. A household in selected kebeles was selected using a simple random sampling technique. Closed

households during data collection were revisited three times at different times. The next nearest households were included for unsuccessful visits. The eligible women were randomly selected when more than one woman is in a single household.

The Proportionate allocation was done by the formula: $n_i = \frac{n}{N} \times N_i$

Where-

n =total sample size to be selected

N =total population

N_i = total population of each stratum

n_i =sample size from each stratum

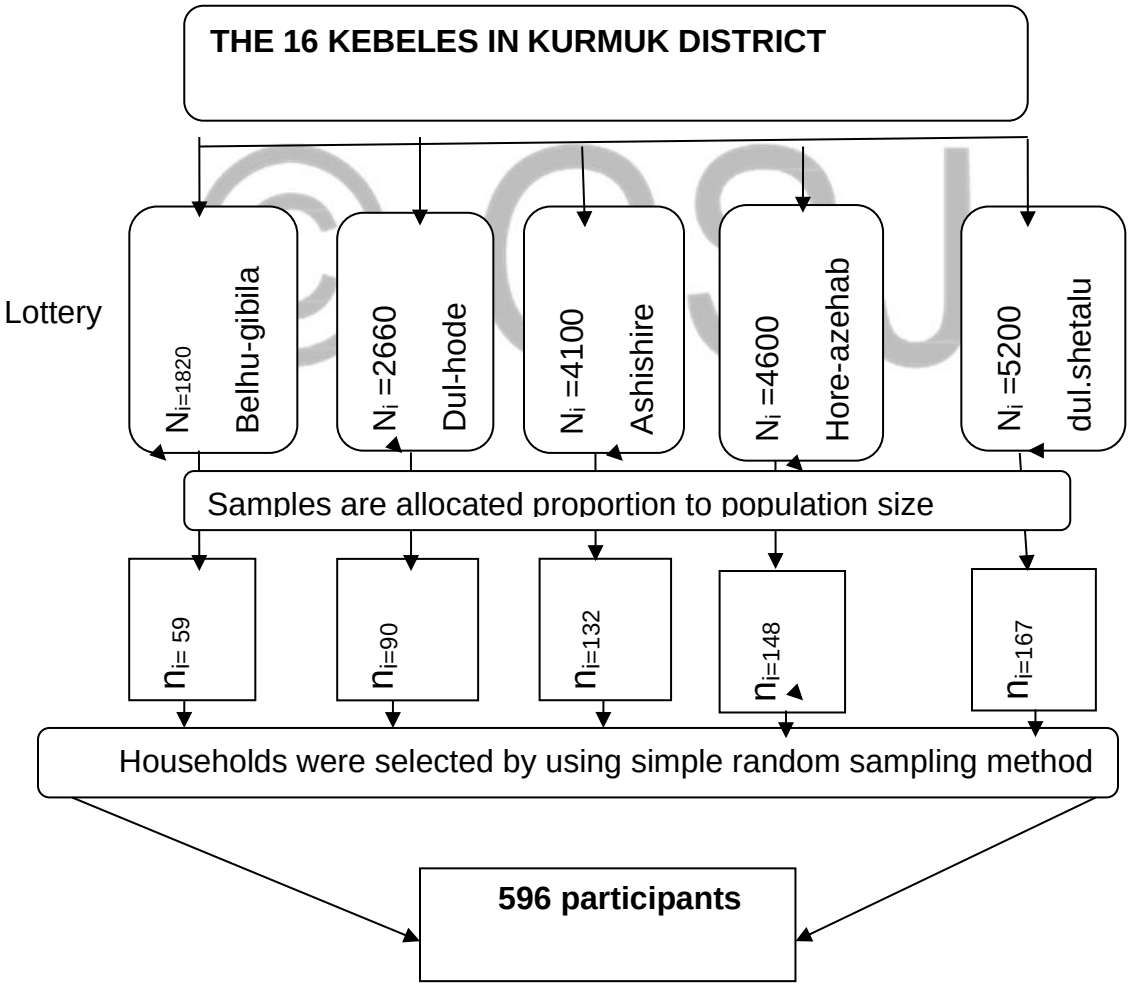

Figure 3 :schematic presentation for assessing maternity healthcare-seeking behavior among reproductive age mothers in Kurmuk district Feb-March 2018

3.10. Operational definition

Maternity health care seeking behavior: Health or care-seeking behavior has been defined as any action undertaken by individuals who perceive they have a health problem or to be ill for finding an appropriate remedy. This is based on an explanatory model that represents a coherent picture of specific cultural

Features that affect people's health behavior. The explanatory model of a particular illness consists of signs and symptoms by which the illness is recognized; presumed cause of the illness and prognosis established. These are in turn interpreted by individuals and or significant others and on labeling the problem, proceed to address it appropriately through recommended therapies

Postnatal care: PNC involves the care of the mother and baby for 40 days following birth and provides the opportunity to assess the mother for any medical, mental, emotional and social issues, and early assessment of risk factors and physical problems in the baby. In this study, postnatal care is considered as the service after delivery on breastfeeding, measuring the weight of baby, vaccination of baby, treatment for childhood diseases and advice of contraceptive use.

3.11. Data collection method

A structured and pretested questionnaire was used to collect the data via face to face interview technique. The questionnaire adopted after reviewing different literature. The questionnaire prepared in English and translated to the Amharic but the question was forwarded for those who can't read by the bertha language which is underdeveloped yet, and then to be checked by other individuals for consistency. Ten diploma holder nurses and those who are fluent in speaking Bertha language was recruited and supervised by two **B**Sc nurse and the investigator has been involved in supervision during data collection

3.12. Data Quality Control

To ensure the quality of the data training was given to the data collectors and supervisors on basic skills, ways of obtaining consents and objectives of the study by the principal invigilator. The pretest was done for 5% of the sample size in unselected kebeles. The definition of concepts and terms was made clear with a common language of the district to avoid ambiguity. The principal investigator has done on-site supervision during the data collection period and reviews all filled questionnaires during the next morning of each data collection to identify incomplete and incoherent responses.

3.13. Data processing and analysis

Each completed questionnaire was checked for completeness before data entry. Then the data was coded and entered into a computer by using EPI Info version 7 and then data was exported to SPSS version 20 for analysis. Descriptive statistics were carried out to describe the study participants according to different characteristics. Binary logistic regression models were fitted to each; ANC, place of delivery and PNC, (P-value<0.25) were entered into multiple logistic regression using 'Enter' to identify the association of factors. Odds ratios (OR) with 95% confidence intervals were calculated. Statistical significance was accepted at the 5% level ($p<0.05$). Results were summarized and presented by tables,

5. Ethical clearance

The research proposal for this study was submitted to the Regional research ethical committee. The ethical board of the University of Gondar has approved the proposal and they provided the research with an introduction letter which was introduced to the local administrative representatives. The study was carried out after getting permission from the ethical clearance committee of the University of Gondar College of medicine and health Science Institute of Public health. Then, data was collected after getting written consent from Benishangul Gumuz's health Beau. Informed consent was obtained from all study participants. Each respondent was informed about the objective of the study and privacy during the interview was insured.

6. Dissemination of the research finding.

The findings of the study were submitted to the University of Gondar College of Medicine and the health science institute of public health. It was also communicated to the Assosa Zonal Health Department, Benishangul Gumuz regional health Beau. Efforts will be made to publish the finding in peer-reviewed journals.

4. Result

Socio-economic and demographic characteristics of women

From a total sample of 596 respondents, the response rate of the study was 100 percent. About two hundred fifty-six of respondents were in the range of age25-35(43 %) and all of the respondents (five hundred ninety-six) were Muslim(100%) and five hundred ninety-four were Berta/Benishangul/ ethnic group(99.7%). Abut three hundred forty-one (57.2%) of respondents were unable to read and write and four hundred seventy-nine were unemployed(80.4%). The majority of respondents 590(99%) were married. Almost all of respondents were living in rural 580(97.3). Regarding the monthly income of households, the majority of respondents 456(76.5%) had household monthly income less than1620 ETB per month in Table2.

Table 2: Socio-economic and demographic characteristics of the mother in reproductive age in Kurmuk district, west Ethiopia Feb-March 2018

Variable	Number	Percent
Age		
1-24	207	34.7
25-35	256	43.0
>35	133	22.3
Religion		
Muslim	596	100
Ethnicity		
Berta/Benishangul	594	99.7
Other	2	0.3
Marital status		
Married	590	99.0
Unmarried	5	.8
Widowed	1	.2
Residence		
urban	16	2.7
rural	580	97.3
Educational status of the mother		
able to read and write	255	42.8
Unable to read and write	341	57.2
Occupation of mother		
un employee	479	80.4
Employee	117	19,6
Household incoe in ETB		
<1620	456	23.4
>=1620	140	76.6
Obstetric factors		

Three hundred twenty-one (54%) of women visited health facilities at least once for antenatal care. Only eighty-two (13.8%) had four and above antenatal care visits. Only 203 (34%) of women had attended institutional delivery with skilled health professionals. Moreover, 200 (33.6%) of women utilized PNC service.

Infrastructure factors

Four hundred thirty-three (72.7%) of the respondents live out of 10 Kilometers radius from the health facility and 491 (82.4%) of respondents get transportation to health facilities. Only one fourth 148(24.8%) of mothers decide on their own to seek health .

Table 3: Infrastructure and other personal factors among mothers in reproductive age in Kurmuk district Feb-March 2018.

Variables	Number	Percent
ANC visit		
Yes	321	54
No	275	46
ANC frequency		
Not utilized	275	46
1	254	42.6
2-4	43	7.2
>4	24	4.2
Delivery service		
Institution	203	34
Home	393	66
PNC visit		
No	396	66.4
Yes	200	33.6
Transport availability		
Yes	491	82.4
No	105	17.6

Distance from the health facility		
less than 10 KM	163	27.3
>10KM	433	72.7
Decision making for service		
my self	148	24.8
husband and relative	373	62.6
another family	75	12.6

Factors associated with maternity health care seeking behavior

The models were fitted to assess maternity health care service utilization.

The model was fitted for postnatal care-seeking. Household monthly Income, mother occupation, treatment preference place and distance to health facility were candidates based on their P-value less than 0.25 and fitted to multi-logistic regression. Mother occupation and distance to the health facilities were strongly significant with PNC. But transport availability and household monthly income were not statistically significant after the multi-logistic regression was fitted. Women who live within the radius of greater than ten KM had 88% [AOR: 0.12, 95%CI: (0.07-0.214)] less likely to attend PNC compared to those living in a radius less than ten KM. unemployed women were about two times [AOR 1.85 (1.13-3.054) more likely to seek postnatal care compared with Employed women.

Table 4: Factors associated with postnatal care utilization among mothers in reproductive age in Kurmuk District, western Ethiopia Feb- March 2018

Explanatory variable	PNC service seeking			
	No	Yes	COR	AOR
Household income				
<1620	320	136	1	1
>=1620	76	64	0.504(1.35-2.92)	0.46(0.93-2.3)
Age of mother				
1-24	83	124	0.02(0.023-1.03)	0.2(0.13-0.23)
25-35	184	72	0.08(0.05-0.21)	0.3(0.12-1.45)
>35	129	4	1	1
Education of mother				
Able to read and write	196	59	0.42(0.2-5.66)	0.601(0.5-6.09)
un able to read and write	200	141	1	1
Mother occupation				
unemployed	335	144	2.14(1.42-3.23) **	1.85(1.13-3.54) **
employee	61	56	1	1
Distance to health facility				
<10KM	135	28	1	1
>=10KM	261	172	0.32(0.21-0.49) *	0.12(0.07-0.214) **
Treatment preference place				
traditional healing	252	167	0.35(0.23-0.53) *	0.34(0.21-0.55) **
health institution	144	33	1	1

Discussion

This research found that maternal health care service utilization in the rural setting is low. According to the results of this study, showed postnatal health care service in the study setting was 33.6% CI (29.9-37.1) which was also very low. This was lower than the study done in Dembecha district, Northwest Ethiopia 34% [25]. This could be explained in three reasons, low institutional delivery in the study setting, low antenatal health coverage, lack of knowledge about the importance of the service, due to distance and lack of knowledge about the importance of the service.

Regarding factor associated with maternity health-seeking behavior, different studies showed that factors affecting postnatal care services seeking are educational level, of women, husbands" occupational status, awareness of postnatal care services, attendance of antenatal care service, distance to health facility and place of delivery as statistically significant, but in this study, only occupational status of women and distance to health facility were showed statistical significance in the postnatal care services seeking. The women who dwelling within long-distance and dispersed geographical areas were also 88%less likely to seek postnatal care compared with women who dwelling in a near and accessible geographical areas. This finding also agrees with a cross-sectionall study conducted in the southern region of Ethiopia and a study conducted in Jimma and a community-based cross-sectional study conducted in the Amhara region[30].

The reason for the similarity may be due to similarity in, socioeconomic status, geographical location and similarity government concern. [20] and [20, 25].Women's occupation also was a statistically significant predictor of postnatal service seeking among women in the study area. The possible explanation to this result is when women became employed, they became economically empowered to decide about themselves, developed self-confidence and these self-confidence made them seek postnatal care services more likely than other mothers who didn't have the job of their own. The other possible reason for the above finding is gender equal opportunity which is very vital to Women to have own occupation. But this study is contradicting with study conducted in rural Haromaya [6] that concluded that women with occupation were less likely to follow postnatal care having reason that mother with occupation have time constraints to attend

postnatal care service. Possible reason may be the quality of data management that leaded to misinterpretation.

4.1. Limitations

This study may have been prone to recall bias, and it does not show temporality. This study didn't consider the role of the husband for maternal health service.

4.2. Conclusion

Overall, maternal health care service seeking was found to be low in the study setting. Treatment preference place, distance to health facility and occupation of women were significantly associated with after delivery (PNC) service seeking

4.3. Recommendation

We recommend

1. ministry of health

- To work closely and to recognize traditional healers
- Continues and sustainable awareness creation on maternity health care-seeking.
- Health coverage and service accessibility
- Working continuously effectively and collaboratively with stakeholder on women education and women income generation activity

2 . regional health Beau

- Fee waves all maternal service including transportation
- Working with regional education Beauro and women affair in improving maternal care service.
- Redesigning women affirmative action in women recruitment giving attention and focus on health service pocket and hard to reach areas

Acknowledgment

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