Research Brief: Communities and Health Extension Workers Provide Care for Low-Birthweight Babies in Amhara and Oromia Regions

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Background

The Maternal and Child Survival Program (MCSP) Community-Based Newborn Care (CBNC) project, known locally as Newborns in Ethiopia Gaining Attention, aims to reduce newborn morbidity and mortality through the implementation of high-impact interventions, demand creation for newborn services, and strengthened support systems. The project has been implemented in 136 selected *woredas* (districts) in four regions (Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region; and Tigray) in Ethiopia.

Complications during birth, prematurity, low birthweight (LBW), and infections are the major causes of newborn deaths. To contribute to the reduction of newborn deaths in Ethiopia, the Federal Ministry of Health created the CBNC project and associated training package. Frontline workers, including health extension workers (HEWs), are trained on the package and provide care to women and children in their assigned communities. Identification and provision of extra care to LBW babies is part of this package. MCSP has been supporting HEW training in its 136 *woredas*. Through its baseline and routine program monitoring system, the project observed that very few LBW babies were identified and cared for by HEWs or at the health centers. A study was conducted to assist the project to have a better understanding on identifying and caring for LBW babies in its operating areas.

Key Findings

- A high proportion of mothers (13 in North Wollo and five in Arsi Zone) were not aware that their babies were low birthweight (LBW).
- Health extension workers (HEWs) and the Health Development Army lacked the proper understanding to identify and care for LBW and preterm babies.
- In general, fathers of LBW babies believe that their role in care is to financially support the mother, rather than be directly involved in care.
- Only about one-third of HEWs appropriately categorized the baby as very LBW, LBW, or normal.

Objectives of the Study

The objectives of the study were to:

- Understand the approaches used by HEWs, Health Development Army (HDA) leaders, and community members to identify LBW babies and the associated enabling factors and challenges.
- Assess the type of care provided to LBW babies and support given to mothers/caretakers of LBW babies by HEWs, HDA leaders, and community members, and the factors influencing the support.

- Assess the attitudes toward the care practices for LBW babies by their mothers/caretakers and key community members.

Methodology

One hospital from each of the two MCSP target zones was purposively selected for the study: Weldiya General Hospital from North Wollo Zone of Amhara Region and Assela Referral and Teaching Hospital from Arsi Zone of Oromia Region. The study included 32 mothers who gave birth to LBW babies within the last 6 months before the study and the fathers of those babies. In addition, 30 HEWs, 30 HDAs, and community members from the same *kebeles* (neighborhoods) these mothers reside in were also included in the study. Mothers, HEWs, and HDAs participated in in-depth interviews. HEWs were observed, as they provided counseling for care of small babies and kangaroo mother care (KMC). Key community members and the fathers of these LBW babies participated in the focus group discussions (FGDs).

Key Findings

Identification of LBW Babies

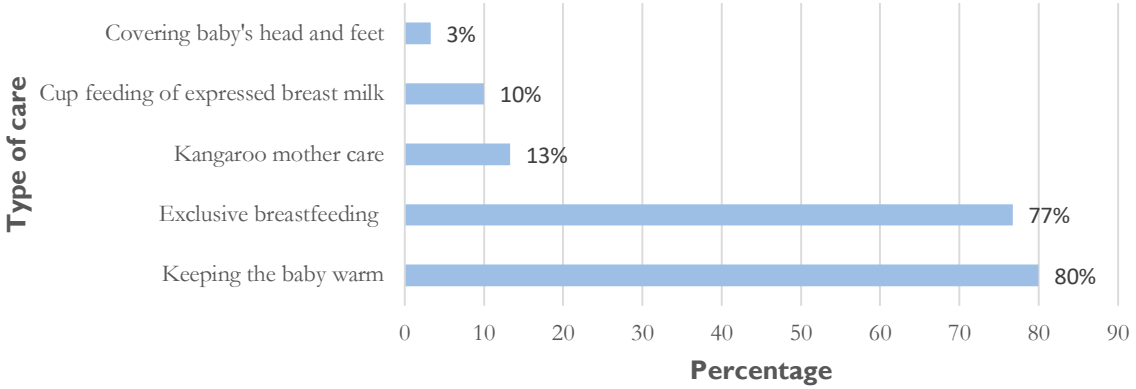
Methods for identifying LBW babies among HEWs	Methods for identifying LBW babies among HDAs
• 47% (14) of HEWs interviewed reported having identified and having had experience with LBW babies in their communities. • HEWS interviewed reported primary methods of identification as weight measurement, observing the baby and asking the mother directly how much her baby weighed at birth, or how far long she was in her pregnancy and when she had the baby. • 80% (24) of HEWs across both regions reported that they primarily identified LBW babies by weighing them during postnatal care (PNC) visits.	• About half reported not knowing how to identify them. • 20% (six) of HDAs interviewed reported that they have had experience with small/preterm babies. • HDAs with experience in identifying preterm babies reported the main approach they used for identification was asking the mother

Barriers to identification of LBW babies among HEWs can be linked to:

- A high workload among HEWs and vastness of the areas they are required to cover
- Mothers who reported not tracking their pregnancy,as mothers interviewed tended to forget when their last menstrual cycle ended, making it more difficult for HEWs to identify preterm babies
- Lack of referral linkages and communication between HEWs and the health facilities where these mothers delivered or received care

Care for LBW Babies and Support for the Mothers/Caretakers

Figure 1. Proper care for low-birthweight and preterm babies as identified by health extension workers



- Mothers have a very strong understanding of the importance of exclusive breastfeeding, keeping the baby warm, and hygiene. However, those interviewed in both regions reported their dissatisfaction with the care they received at the hospital where they delivered their babies due to cost, negligence, disrespect, and discrimination based on socioeconomic status.
- Mothers reported some common traditional practices for caring LBW/preterm babies:
    - 1. Boiling sugar and common rue or black cumin in water to give to the baby in the form of cup feeding when the baby refuses breast milk, and to treat stomach cramps
    - 2. Keeping the baby warm by burning the casing of teff seeds (*ye teff geleba*) and barley seeds (*ye gebs geleba*), then heating the baby's clothes in the smoke before putting them on the baby
    - 3. Massaging the baby with butter to improve circulation
- The role of fathers/husbands was mainly limited to handling the household finances and providing the grains and other household materials needed during this time.

Barriers to Care of LBW Babies

- Talking about LBW babies or offering counseling on the possibility of having a LBW baby during pregnancy is considered a bad omen by the mothers. Therefore, the HEWs are reluctant to bring up the subject during antenatal care (ANC) visits.
- Fifty-six percent (18) of mothers reported not being told that their baby was LBW following delivery. Of the 14 mothers who were told, four stated that they were not counseled or informed of the implications of having a LBW baby.
- The burden of care lies largely with the mother/primary caregiver. Mothers from both regions reported that it was not feasible for them to hold their baby in KMC position throughout the day, as they have other household responsibilities, such as cooking, cleaning, and looking after other children.
- The vastness of the *kebeles* covered by HEWs and the multitude of responsibilities they undertake as HEW was a limiting factor to providing care to LBW babies.
- The lack of HDA training on identification and care for LBW and preterm babies was also a barrier to providing appropriate care.

Attitudes, Beliefs, and Perceptions of LBW Babies by the Community and Fathers

Community members in the FGDs expressed a belief that if the baby is born in the seventh or ninth month of pregnancy, it will survive; if the baby is born in the eighth month of pregnancy, it will not. The belief that babies born at eight months are not likely to survive will influence mothers' unwillingness to seek care for LBW babies.

> "The seventh-month pregnancy will grow, but not the eighth-month, as it is said from our forefathers. The seventh-month becomes different because the family and people around him/her give love for such babies, and in return, they become different. Their love and thinking is far beyond the term babies."
> –Community member, Arsi Zone

No one in the communities stigmatizes mothers/couples with LBW or preterm babies because they understand it to be an act of God. Both fathers and community members state that the community does not stigmatize these mothers and couples.

> "No negative attitudes are practicing against the family or parents who have low-birthweight or preterm babies. But some families themselves may not even bring the baby to the vaccination site for fear of cold, and few of them feel shame to expose the baby in front of many mothers because of their small size."
> –Community FGD participant, North Wollo Zone

Skills Observation among HEWs

Identification and management of LBW babies: Ninety percent of health posts have a functioning baby weight scale. However, only 14% were equipped with behavioral change communication (BCC) materials pertaining to KMC. Seventy-eight percent of the HEWs correctly weighed the baby, while 42% of them appropriately categorized the baby as very LBW, LBW, or normal weight. About 22% of HEWs identified proper management for the classification of the baby. Most HEWs (90%) provided counseling to the mothers during the skills assessment component of the study, but few (18%) scheduled a follow-up appointment for the mother/baby.

Exclusive breastfeeding and cup feeding: Over 90% of HEWs counseled the mother on exclusive breastfeeding for the first 6 months. In contrast, 43% of HEWs washed their hands before initiating the cup feeding demonstration, and only about one-third asked the mothers to demonstrate the skills again.

Knowledge of KMC procedures: Thirty-five percent of HEWs showed the mother how to wrap the baby to her body, and 22% ensured that the mother is able to perform the same process in securing the baby.

Conclusion

- Although HEWs and HDAs understand theoretically how to identify and care for LBW and preterm babies, they are not identifying them in practice. This is due to the lack of early pregnancy identification and immediate PNC visits by HEWs. HDAs had not been trained or oriented on LBW/prematurity.
- A high proportion of mothers reported not being informed of that their babies were LBW. However, majority of them were able to mention proper care practices for LBW babies.
- Community members stated that stigma against preterm/LBW babies does not exist in their communities.
    - However, effects of unintentional stigma are seen through the community's expressed understanding of the causes of LBW/preterm babies and the distinction that babies born at 8 months are not likely to survive. These perceptions and beliefs have led mothers to not want their LBW babies to be seen by others and to resistance to counseling for LBW babies at ANC.
- Fathers of LBW babies understand their role in care to be financially supporting the mother, rather than be directly involved in care.
- The skills observations conducted among HEWs illustrate that while nearly all HEWs observed across both regions knew how to correctly weigh a baby, only about one-third of them appropriately categorized the baby as very LBW, LBW, or normal.

Recommendations

- Systems for counter referral and proper recording of births (term, preterm, and LBW) should be implemented to ensure that HEWs are aware when women who have delivered in a health facility give birth to LBW or preterm babies.
- Educate fathers on all the ways they can directly help in the care of their baby to reduce the burden of the mothers and to ensure proper care of the baby, including adherence to KMC.
- Increase mothers' awareness of the importance of ANC and preparing for delivery, including being open to receiving counseling on LBW/preterm babies and how to care for them during ANC visits.
- Education and awareness raising through the dissemination of KMC and BCC materials are needed among community members to understand proper care practices and reduce stigma.

Photo by Karen Kasmauski, MCSP.

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