Addis Ababa University
College of Health Sciences
School of Public Health

Exploring Selected Maternity Service Utilization among Homeless Mothers in Addis Ketema Sub-City, Addis Ababa, Ethiopia: Descriptive Phenomenological Qualitative Study

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By

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Acronyms

AAU	Addis Ababa University
ANC	Antenatal Care
BSc	Bachelor of Science
CB	Childbirth
C/S	Cesarean Section
CSA	Central Statistical Agency
EDHS	Ethiopian Demographic and Health Survey
ETB	Ethiopian Birr
FP	Family planning
HC	Health Center
HCPs	Health Care Providers
HFs	Health Facilities
HIs	Health Institutions
HIDSU	Health Institution delivery Service Utilization
HS	Health Service
HIV/AIDS	human Immunodeficiency Virus/Aquaired Immunodeficincy Syndroms
HMs	Homeless Mthers
HWs	Health Workers
IDI	In _depth Interview
IDSU	Institutional Delivery Service Utilization
JSI	John Snow Inc.
HIS	Institutional Health Service
IRB	Institutional Review Board
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
NGO	Non-Governmental Organization
PCs	Pregnancy Complications
PHMs	Pregnant Homeless Mothers
PI	Principal Investigator

SPH	School of Public Health
SVD	Spontaneous Vaginal Delivery
TBAs	Traditional Birth Attendants
UHEWs	Urban Health Extension Workers
US	Ultra Sound
USAID	United States Agency for International Development
W H O	World Health Organization

Abstract

Background: - Homeless mothers who become pregnant are least prepared economically and emotionally to care for their infants. They usually lack gainful employment, as a result live in an unstable conditions and lead an economically hardship life. In addition, the problem to pregnant mothers is compounded by either lack of access or inadequate utilization of health care services before and during childbirth due to various factors. This study tried to address and understand the experiences of homeless mothers in relation to institutional delivery service utilization.

Objective: - To explore the phenomena and experiences to selected maternity service utilization among homeless mothers who gave childbirth in the last 12 months in Addis Ketema Sub-city, Addis Ababa, Ethiopia.

Methodology:-A descriptive qualitative phenomenological study was conducted among homeless mothers who gave childbirth in the last 12 months prior to the study and midwives working in Addis Ketema Sub-City health centers. In-depth interview was conducted with 25 homeless mothers mainly from and around churches and mosques. Time-location and purposive sampling technique were used to get homeless mothers. In-depth interview also was conducted with 5 midwives by using purposive sampling technique from the health centers located in Addis Ketema Sub-City of Addis Ababa City Administration. A semi structured questionnaire was used to collect data and the collected data and the in-depth interviews were tape-recorded, transcribed and then the transcripts were analyzed by using a thematic analysis method. The open code software version 3.4 was used for coding and categorization.

Result: - Homeless mothers' experience showed that barriers to antenatal care and institutional delivery service utilization resulted from themes categorized as socio-economic, socio-cultural and cognitive reasons. The major barriers identified from these categories include lack of knowledge, priority for begging and house hold chores, lack of constant income, community negative beliefs and sense of insecurity.

Conclusion and Recommendation: - An understanding of health care experiences from the homeless mothers' perspectives should guide the actions to address the cognitive, socio-cultural and socio-economic barriers.

1. Introduction

1.1. Background

Globally, the fraction of women visiting ANC clinic at least once in 2006–2013 was 81%. The number let fall to 56% for the WHO recommended minimum of four visits or more. Globally about 7 in 10 childbirths were attended by health professionals. Institutional delivery service coverage varies across countries income level from almost all birth (99%) in high-income countries compared to less than half of childbirth (46%) in low -income countries(1). The key perceived barriers to utilization of institutional antenatal and delivery service were insecurity, poverty, long distance, socio-cultural factors, poor terrain, lack of infrastructure, trust on traditional birth attendants and lack of drugs and supplies (2).

Repot in 2012 described that the lives of women are at increased jeopardy without adequate pre-natal care and the presence of a skilled birth attendant or ongoing guidance on the care. The lives of women are at amplified danger with lacking adequate pre-natal care and the absence of a trained health workers(3).

Study in Addis Ababa showed that women were experienced with difficulties on their life situations include worrying about further complication of their life by early motherhood, pregnancy, trauma during the key developmental stages, disadvantaged single-parent life. Life-style of pregnant street girl members were with a phenomena of harmful environment for giving and raising a healthy childbirths(4). Document on shelter women in 2011 showed that homelessness imposes different complications in women that influences the integral part of women's life including illiteracy, unwanted marriage, childbirth without essential resources and deprivation of general mental, physical, social and personal health of them(5).

1.2. Problem Statement

More than 800 women still pass away every day from the pregnancy and childbirth related complications, most of them were in poor Sub-Saharan Africa and South Asia because of lack of mothers' access and utilization of quality health care services, poor health infrastructure, lack of qualified health workers before and during childbirth(3).

The homeless mothers in India worry about unwed pregnancy and they can't get the opportunities of delivery service utilization encountered with a serious mental stress disorders which occurred within a few days after childbirth like inability to sleep and psychosis problems like expressing a wish to commit suicide because of lack of social support, lack of maternal care and nutrition while they were living in the shelter (5)

The poor women and girls were died due to treatable complications of childbirth and pregnancy; from these most of them were passed away in their home; more than 80% of them were experienced with giving childbirth without a skilled birth attendant and had no access to appropriate care when a complication arose. These mortalities were occurred because of socio-economic reasons such as lack of decision making power, discrimination, violence that directly affect their right to maternity health, women were more comfortable with low fee of a traditional birth attendant and high payment before treatment in health facility (6).

Homeless mothers in Addis Ababa unable or displeasure to unite with their family experienced with unwanted pregnancies. When they were least prepared economically and emotionally to look for their infants after childbirth out of health institutions so that they had been practiced with disrespect, abuse and/ or neglect. The commonly raised problems among homeless mothers living on the streets of Addis Ababa had financial problems, not knowing the father of their babies and the environment they were living like smoking, chat chewing, mass rape and working commercial sex in front of their children and had become one of the most important problems(4).

1.3. Significance of the Study

Poor women living in Ethiopia rarely had a skilled health care professional helping with the delivery of their babies. Poor women in urban areas less than half of mothers had a trained professional assisting with antenatal care and childbirth (3). The causes of maternal deaths in Ethiopia were allied to most of developing countries like infection before and after childbirth, antepartum and postpartum hemorrhage , obstructed labor, abortion and hypertension in pregnancy(7) .

Even though in urban area institutional maternity service utilization is sound including Addis Ababa but it is still problem in poor and homeless mothers for this service utilization. Life- style of pregnant street girl members were with harmful environment for giving and raising a healthy childbirth(4).

The maternity service utilization had been highly influenced by residence place, the mother's educational level, related health problems, previous prolonged labor, attendance at ANC, transportation and the husband or relative final decisions were also the determinants for institutional delivery (8-10).

There are a lot of lactating homeless mothers around the institutions especially near to the churches and mosques experienced with begging by embracing their infants to cover their house hold domestic chores. There are also homeless mothers who are living in the dwelling of plastic shelters and verandas through my observation so that I decided to study on the institutional delivery service utilization of the homeless mothers.

The result of this study can be useful for governmental and non-governmental organizations working with the homeless mothers' related issue to put suitable resolution. Moreover, this study will bring the experiences of homeless mothers to necessary bodies on institutional maternity service utilization. During in-depth interview the study could help to dig out information about the homeless mothers. This study also showed that the phenomena that the homeless mothers made them on the street and explored lived experiences of them that may important for further researches.

2. Literature Review

2.1. Maternity Service Utilization

WHO studied in India that dramatic differences were apparent between industrialized and developing countries in terms of utilization of institutional maternity service by the help of trained professionals (11). The study on street dwellers in Bangladesh revealed also that 83-87% of the homeless mothers gave childbirth out of health institutions(10).

Document on sheltered home in 2011 in India revealed that the sheltered women who can't get the opportunities of institutional maternity services particularly ANC and childbirth encountered with a serious mental stress disorders which occurred within a few days after childbirth like inability to sleep and psychosis problems like expressing a wish to commit suicide because of lack of social support, lack of maternal care and nutrition while they were living in the shelter (5) .

Study in Tanzania in 2012 identified that almost all (99.5%) of women had delivered without assistance of trained birth attendants. Four of them wished to deliver in health facilities but they delivered at home. The reasons given by respondents were failed to afford the transportation cost to health facilities; long distance from home to health facilities; poor services at health facility; unfriendly services due to bad behavior of healthcare provider; presence of traditional birth attendants and only one had no anybody to attend her to health facility(12). Therefore; ANC and skilled birth coverage varies sharply across country-income level from almost all births in high-income countries compared to almost half of births in low-income countries(1).

USAID studied in, 2015 in Sub-Saharan countries such as in Malawi, South Sudan, Democratic Republic of the Congo, Ethiopia, Liberia, Madagascar, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, and Zambia that respectful maternal health care, high quality of maternal health care and access to affordable health services are fundamental to the survival of pregnant and childbearing women and girls. Stigma and discrimination impedes a woman from her right

access and utilize such maternity care due to economic, social, legal racial, cultural, ethnic, political and geographic and political barriers(13).

Pregnant women living in rural areas of Ethiopia rarely had a skilled health care professional helping with the delivery of their babies while urban areas, less than 50% of mothers and babies were often placed in danger because of lack of mothers' utilization of quality maternity services, poor health infrastructure, lack of qualified health workers before and during childbirth (3).In this country 10% of women gave childbirth in public and 1% in private health facilities(9). In Sidama Zone, Southeast Ethiopia, safe institutional delivery service utilization was almost a quarter of the respondents gave childbirth at health institutions and largest part of these women were attended by health professionals with 13.9% mothers encountered a minimum of one complication of childbirth and 12.1% of them were referred(14).

Study in Sierra Leone and Ethiopia showed that more than half had a history of a previous health facility childbirth and respondents experienced a phenomenon of one or more categories of disrespect and abuse such as discrimination, violation of the right to get information, informed consent, and choice/preference of position during childbirth were stated by 89.4% of women who gave deliveries in the health facilities (6, 15).

While mothers became pregnant, violated as physically and their partners were not accepted their pregnancies. Accordingly, they encountered disagreement between partners who about termination of the pregnancies. Homeless mothers were enforced to give childbirth due to fear of the unsafe abortion complications that they saw on their peer though they actually need to abort (16).

Study in Sierra Leone and Ethiopia revealed that pregnant women experienced Practices such as early and forced marriage and female genital mutilation surge the women to face pregnancy and childbirth. These complications were aggravated by home delivery. Because of mothers' relatives nearby(58.7%), they were more trust on TBAs(51.1%), they were apparently healthy(25.4%), they disliked behavior of health workers(19.8%) and 13.9% of them were due short labor (6, 17) .

2.2. Socio-Economic Reasons

Study in Bangladesh and Uganda showed that physical barriers like financial barriers and distance from health facilities, lack of infrastructure, drugs and supplies often interlinked with maternal health care in the health facilities (2, 18).

Homeless people are living without essential resources to health; encountering barriers to receiving health care; and developing disorderly resourcefulness. Social triaging; being categorized and stigmatized; the non-care health system; being treated with disrespect; and feeling invisible to health care providers are socio-economic barriers to receive health care for homeless people(19).

Study in Ethiopia the main dominant features that added to the decisions of out of health institution deliveries and prevent women from accessing care during childbirth were the lack of decision maker's awareness; the absence of accessible roads, harsh topography and weather conditions, distance of health institution and high transport costs to reach the facilities; and facilities' high cost of treatment (20-22).

The economic and educational status that inter related with health facility delivery service utilization are annual income, the working status of the women like begging and picking wastes to cover house hold domestic chores, household daily and monthly income, mothers' and husbands' occupation and educational status. The presence of opportunistic and hidden costs such as health facilities required women to buy cotton wool, soap, clothes and polythene paper to use during or after delivery (2, 8, 9, 22).

Study in Addis Ababa revealed that the public reasons such as absence of transportation, inappropriate communication, poor infrastructure, insufficient training, and weak supportive supervision, lack of women power on decision making, friends and relatives enforcement were a direct relation to poor provision of quality of institutional delivery service utilization (23, 24).

The social possessions that were affecting utilization of skill childbirth care include grandmothers, mothers and mothers- in- law, they only sent laboring mothers to health

institutions for childbirth if there were a severe complications. Many mothers and mothers' husbands, relatives, neighbors and friends preferred giving childbirth in the comfort of their own homes. (20, 25).

2.3. Obstetric Reasons

Women in poor countries encounter with inadequate and poor obstetric care due to low coverage of emergency obstetric care such as lack of magnesium sulphate, medical equipment, blood and blood products predispose the mothers to childbirth injury, fistula and suicide (5-7, 11).

Study in Uganda revealed that health institution deliveries were likely when mothers encountered with problems during home deliveries, mothers said that decisions to attend ANC were made by themselves and mothers preferred lying on back(supine) as delivery position (26).

The other influential reasons such as, pregnancy intention status , the number of previous births ,the older generation of women (grandmothers, mothers and mothers- in- law), husband, neighbors/ friends ,social support like close relatives , antenatal care, gravidity, multi-parity(24-27) , history of intra partum complications, absence of health problems, previous short duration of labor, community expectations, access to radio and other selected obstetric behaviors of the respondents (6, 28).

The significant factors such as the right to have and spacing children, care during and after childbirth, practices such as early and forced marriage and female genital mutilation, birth order, year of childbirth, pregnancy intention status, number of childbirths(17, 29), the rapid onset of pregnancy complications, early labor(20) ethnicity, religion, cultural tradition and rituals (30)also affecting maternity service utilization.

2.4. The Gaps

More studies were done globally on housed mothers on institutional delivery service utilization which is by far more in developed countries than in developing countries. Again supplementary studies were conducted on socio-economic aspects of homeless mothers. Nonetheless, there is scarcity of information on homeless mothers on institutional delivery service utilization especially in developing countries. Therefore; this study may help to show the gap and could be used as a clue in the case of the of institutional delivery service utilization of homeless mothers for both developed and developing countries.

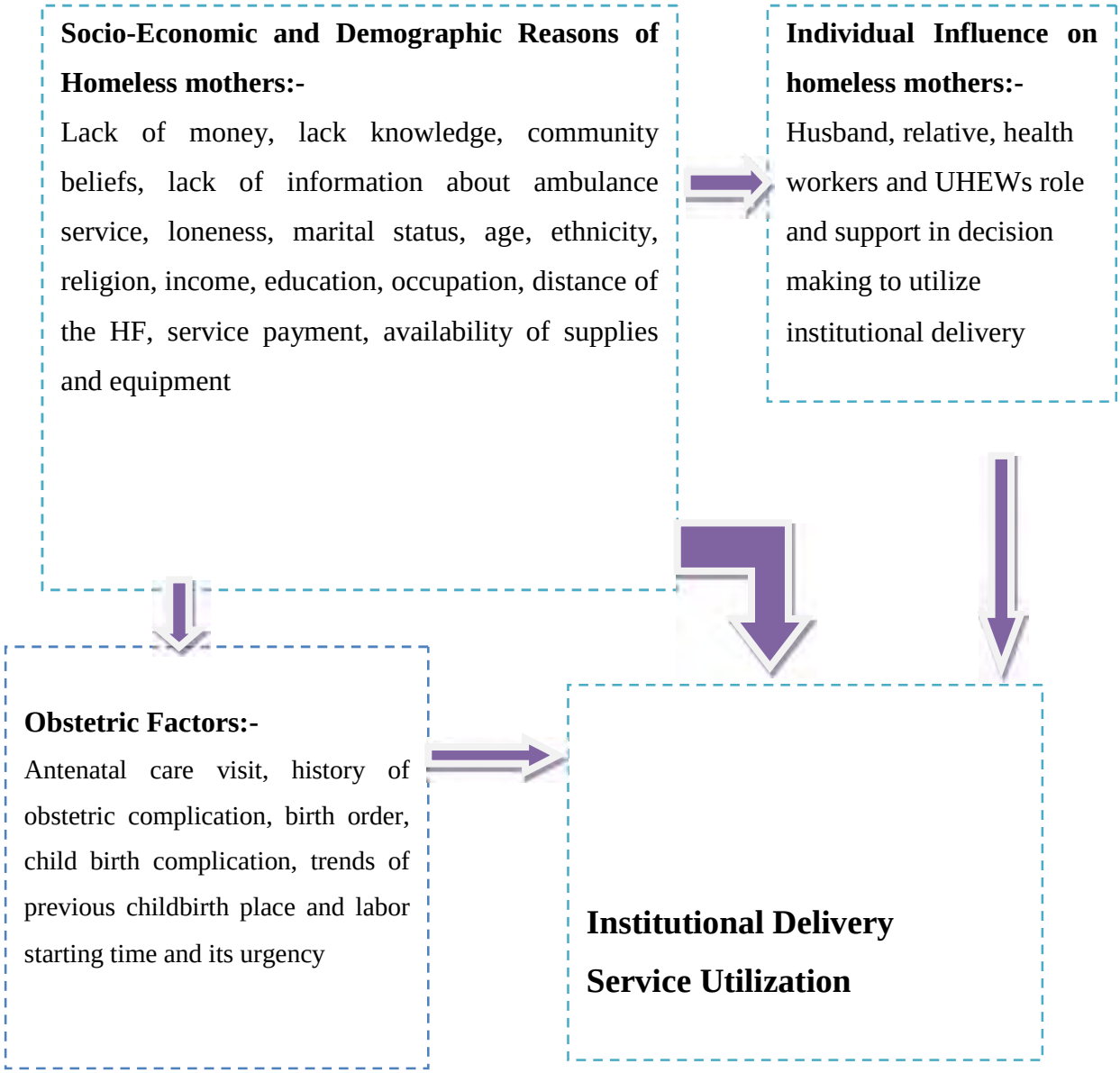

Figure 1: - Conceptual Frame Work

3. Objective

3.1. General Objective

To explore the phenomena and experiences to selected maternity service utilization among homeless mothers who gave childbirth in the last 12 months in Addis Ketema Sub-city, Addis Ababa, Ethiopia.

3.2. Specific Objectives

- To examine the essence of phenomena that affecting antenatal care as experienced by homeless mothers
- To explore the phenomenon preventing institutional delivery service utilization as experienced by homeless mothers
- To explore perceptions and practice of health care providers and homeless mothers to overcome obstacles to institutional delivery service utilization

4. Methodology

4.1. Study Design

A descriptive phenomenological study approach was used in this study.

4.2. Study Period and Area

The study was conducted from February 2015 to June 2016 in Addis Ababa which is a capital city of Ethiopia. The 2015/16 Strategic Plan of Addis Ababa Health Bureau Document showed that the city covers an area of 530.14 km^2 and has an estimated population to be

Map of Addis Ketema Sub-city in Addis Ababa city Administration

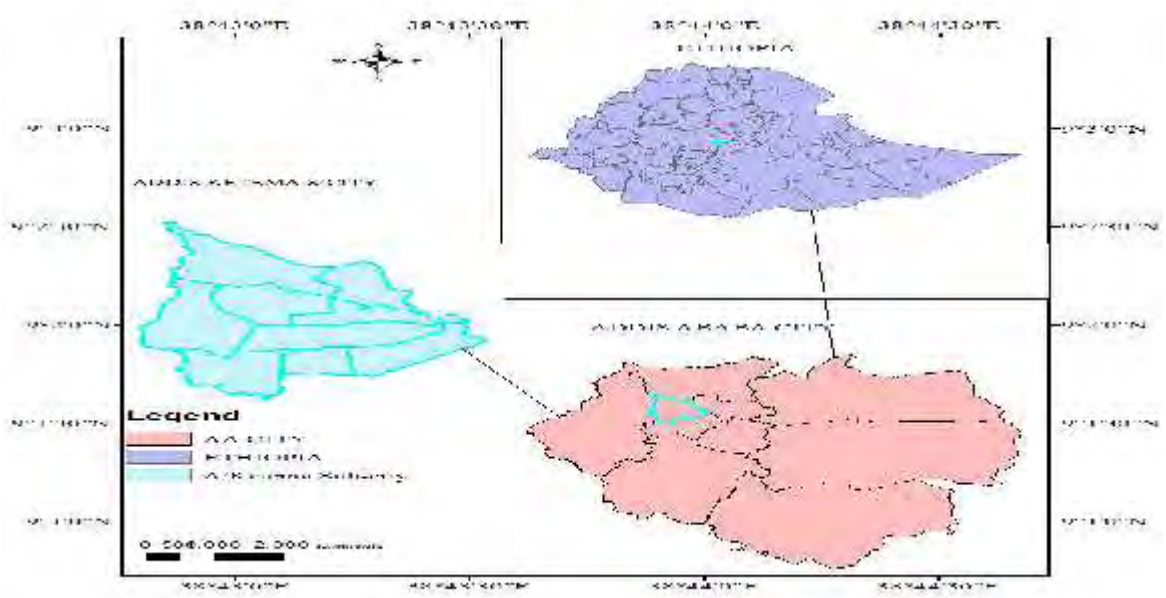

Figure 2: - Map of Study Area

SOURCE: GIS web site.

3, 520,000 comprising 1,689600 (48%) males and 1,830,400 (52%) females and among which 1,219,328(34.50%) are in reproductive age group. The estimated numbers of street mothers in Addis Ababa are 10,000(4). The administrative structure of the city includes the City Regional Government, 10 Sub-Cities, and 116Weredas.It has 13 public hospitals and 88 public health centers. The research was conducted in purposely selected Addis Ketema Sub-City which is one of the five sub-cities (Addis Ketema, Arada, Kirkos, Lideta and Bole) with high number of homeless mothers (4) . The biggest Anwar mosque, the two biggest province bus stations and many churches are found in Addis Ketema Sub-City. This sub city is also surrounded by the known biggest African market "Merkato''.

4.3. Source Population

The source populations were homeless mothers in the reproductive age group who gave birth in the last 12 months and health workers in Addis Ketema Sub-City.

4.4. Study Participants

Homeless mothers who gave childbirth in the last 12 months and midwives in Addis Ketema sub-city health centers were included based on the inclusion criteria.

4.4.1. Inclusion Criteria

Homeless mothers who gave childbirth in the last 12 months prior to the study regardless of their experiences of homelessness and who were volunteers to participate in the study, could give informed or written consent and were living in the study area during interview period. Midwives who was working in Addis Ketema sub-city health centers and who were able to participate in the study, could give informed or written consent and lived in the study area during interview period.

4.4.2. Exclusion Criteria

Homeless mothers and midwives who were not able to participate in the interviews and seriously sick to give informed consent

4.5. Sample size

The in-depth interviews with twenty five homeless mothers and five midwives were withdrawn after saturation of the information reached or after no more new ideas or repeatedness of information were expected.

4.6. Sampling Procedure

Twenty five homeless mothers were purposely selected especially from and around churches in Addis Ketema Sub- City administration and 5 midwives were purposely selected from this sub-city health centers to obtain deemed information –rich for the purpose of the study.

4.7. Data Collection Methods

The in -depth interviews with homeless mothers were taken place especially from and around churches and mosques by using time-location and purposive sampling technique (this method were used because the study subjects were part of hard to reach population) (31, 32). The in-depth interviews were also conducted with purposely selected midwives from the Addis Ketema sub-city selected health centers.

4.8. Data Collection Tools and procedure

Semi- structured questionnaire, field note and tape recorder were used as a tool to gather relevant information through using in-depth interview. The prepared English version of the semi-structured questionnaire(33) was translated into Amharic and this Amharic version was used for all interviews. The questions included issues such as the experiences of being homelessness, the phenomenon which was predisposed the homeless mothers to homelessness, socio-demographic status, socio-economic factors, obstetric factors and issues related to availability and accessibility of health facilities and providers and service related factors. The participant interview took between 30 to 60 minutes. A continuous probing, nondirective and reflective techniques of questions were very important to encourage the participants when they encountered bizarre with the interviews.

4.9. Data Processing

After every in-depth interview, the recorded responses and written field notes were transcribed and translated verbatim into English after the listening and reading of the interviews again and again. Participants' interviews were audio-taped and transcribed so that they were secured to assure confidentiality. The data were entered to open code software version 3.4 then key words and phrases were developed from the data to categorize the categories and codes.

The respondents' experiences with the statements were clustered around three major themes; which were barriers to antenatal care service utilization, barriers to institutional delivery service utilization and perceptions and practices to overcome these barriers. For these three major themes the formulated sub-themes were three, five and two respectively.

4.10. Data Analysis

The Amharic in-depth interviews were read and listened repeatedly. They were translated to English by principal investigator and translator for the purpose of consistency of information. After every recorded interviews and written notes were fully transcribed and translated verbatim into English they were again read well repeatedly to acquire the overall sense of the general idea.

Concepts and ideas were identified as being important when they were raised by the participants. Principal investigator prepared significant statements that pertaining to the phenomenon under this study were extracted and recorded in separate sheets for each transcript. Meanings were formulated from important statements and phrases from each transcript after entered into open code software. The formulated meanings were stored into categories sub-themes and themes were characterized based on the fundamental findings and integrated into description of the experiences of the study participants in this study. The validity of information was also ensured by returning the ideas to one educated street sheltered homeless mother and one midwife to read their interviews to maintain the objective of the study.

4.11. Data Quality Assurance

Data quality was confirmed by translation of semi-structured questionnaire from English to Amharic to keep the consistency of information. In order to avoid any imposing of the respondents' idea during data collection, training of research team was done. The discussion with research team aimed at making free the interviewees, relevance of the study and confidentiality of information to confirm the soundness of data collection and analysis. Informed and written consents before data collection were conducted. The interviews were transcribed cautiously. All field notes, transcripts and recorded interviews were checked on each day for errors to correct timely. Data coding and analysis were done carefully.

4.12. Operational Definitions

Barriers:-An obstacle that prevents movement or access to health institution for delivery service utilization (Encarta Dictionary).

Homeless mothers:–Mothers are considered homeless only when they reside in place where not meant for human habitation such as abandoned buildings (on street), in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters , are being evicted within a week from a private dwelling unit and no subsequent residence, are being discharged from institutions like in mental health units and are feeling a domestic violence housing situation(34).

Safe delivery service utilization: - Giving birth at a setup where safe delivery Service is being provided by skilled professionals at health facilities.

Skilled birth attendants: - Professional people with midwifery skills (for example, doctors, midwives, and nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer obstetric complications.

4.13. Ethical Consideration

The research was conducted after approval by the IRB (Institutional Review board) and written clearance was obtained from the Research and Ethical Committee (REC) of College of Health sciences, Addis Ababa University School of Public Health. School of Public Health wrote a formal letter to Addis Ketema Sub-city and then permission was obtained to conduct the study from this office. Written consents were acquired from respondents after giving them information about the aim of the study.

The principal investigator explained about the manner of data collection for the research team; in addition, all the confidentialities of the respondents in Addis Ketema sub-city and midwives who work in Addis Ketema sub-city health centers were kept carefully. Information sheets were properly written and read to interviewees. When they agreed, continued to ask; if not, terminated the interview and changed to other study subject.

4.14. Dissemination of Results

The thesis was defended at the School of Public Health, Addis Ababa University and a short report going to be communicated to the Sub-city health departments. As far as possible presentations at professional, local, national and international meetings and publication in peer reviewed national and International journals will be attempted.

6. Result

6.1. Socio-demographic Characteristics of the Participants

A total of twenty five homeless mothers were involved in the study in Addis Ketema sub-city administration. Among them one refused to participate and one withdrawn[1] from the in-depth interview. The in-depth interviews were also conducted with five midwives who were working in maternity units of Addis Ketema sub-city purposely selected health centers. The age of homeless mothers and midwives who participated in the study ranges 19-40 years and 21-27 years respectively and thirteen homeless mothers were married and six were single. The work service experiences of the midwives were 2-5 years.

The sources of income for the homeless mothers were mostly from begging. During the time of the study ten homeless mothers were living with their husbands and their children and six were living only with their children. The experiences of homeless mothers living as homelessness were categorized in the street shelters and verandas and around different institutions. Eleven homeless mothers were experienced as homelessness more than five years.

More than half of the homeless mothers had 2-4 children, ten homeless mothers had one child and one homeless mother had five children for each. The homeless mothers living with their husbands and children, living with only their children, living with their children and relative, living with their children and female friends and their children and others were ten, three, six, six, two and one respectively. Thirteen homeless mothers were illiterates.

[1] She interrupted the in-depth interview after 30 minutes of discussion because she felt that this has taken her time to beg to generate her livelihood

Table 1:- The Identified Major Themes, Sub-Theme, Categories and Codes by using Open Code on Antenatal and Delivery Service Utilization among Homeless Mothers in Addis Ketema Sub-City, Addis Ababa, Ethiopia, in 2016 (n=30).

S. No	Major Themes	Sub-themes	Categories	Codes
1	Barriers to antenatal care	Cognitive reasons	Lack of knowledge	Lack of information from HWs
				Lack of information from UHEWs
				Unaware of the place of HIs
				Lack of correct information
		Socio-economic reasons	Priority for domestic chores	Hard to get daily expenses
				Lack of food
				Begging as burden
				Live with stress
			Hidden costs during ANC	Fee for U/S
				Fee for other services
				Thought of service fee
				Hidden cost for medications
				Opportunistic costs
		Socio-cultural reasons	Community beliefs	Holly water therapy
				Traditional beliefs
				Captivation by other person
			Sense of insecurity	Afraid of the community
				Afraid of the family
				Afraid of their employer
2	Barriers to Institutional delivery	Cognitive reasons	Lack of knowledge	Lack of correct information
				No information from UHEWs
				Unaware of the benefit of IDSU
				Not know the health institutions
				Unaware of the CB complications
			Not know about the ambulance service	Not know ambulance service
				Not know ambulance phone number
				Unaware of ambulance free service
				Lack of correct information
		Socio-cultural reasons	Community beliefs	Thought of user fee
				Traditions
				Good attitude towards home delivery
				No problems in previous deliveries
			Trends of previous childbirth place	Previous trends of home deliveries
				No problem in previous deliveries
				Husband happiness on home delivery
			Short and night labor	short and continuous labor
				Night labor
				Difficult time labor

				Lack of appropriate information
			No one around during labor	Lack of people beside them
				Sense of loneness and parent death
				No husband around
		Lack of service quality	Poor institutional services	Poor governance
				Lack of appropriate information
				Lack of appropriate medications
				Poor institutional delivery service
				Presence of TBAs
				No network with housed mothers
			Unfriendly health care providers	Presence of unfriendly HWs
				Child death false report
				No trust on health workers
			The perceived service user fee	Think of presence of service charge
				Payment for any service
				Hidden costs
				Husband thought of user fee
		Stigma and discrimination	Respondents' perception	Towards people's discrimination
				Towards people's disparity
				Towards people's inhumanity
				Afraid of the community
			Midwives' perception	No interactions with community
				Offending during delivery
				Putting glove for only HMs
		Socio-economic inaccessibility	Quarrel with family	Quarrel with family
				Relatives' pressure
			Death of their parents	Death of either parents
				Death of both parents
			Lack of husband support	Alcohol intoxication
				Disturbance
				No partner's discussion
			Lack of constant income	Lack of cash in hand
				Lack of transport cost
				Hard to get daily expense
				Hungry and lack of food
				Miserable situations& live with stress
				Tendency to abandon the child

6.2. The Barriers to Antenatal Care Follow up

From twenty five homeless mothers only five were finished the WHO schedule of ANC visits. Under this major theme three sub-themes were identified as cognitive, socio-economic and socio-cultural reasons which were further categorized under 5 categories as shown in table 3.

6.2.1. Cognitive Reasons

Twenty two out of twenty five homeless mothers were experienced with unwanted pregnancies. Most of the homeless mothers did not utilize modern family planning because of forgetting and failure to remember that the appropriate time of taking FPMs. These homeless mothers didn't want to visit the ANC clinic due to unwanted pregnancy and their lived experiences of hopelessness. Some of the homeless mothers had not known about availability and places where the ANC services were given due to poor educational status, medical illnesses, not acquiring appropriate information forwarded from health care providers and other sources. Lack of knowledge about the availability of antenatal care and they didn't know the exact location of health institutions unguarded them to not follow ANC for their last pregnancies.

A twenty years old, single and educated homeless mother described that *"I had never followed ANC for my last pregnancy because I didn't know the health center so I gave last childbirth in veranda."*

6.2.2. Socio-economic Reasons

6.2.2.1. Priority for Begging and Domestic Chores

In the absence of any other income, homeless mothers preferred to spend their full time on begging for their domestic chores rather than went to ANC visit which they thought to be wasting invaluable time. In addition some of them preferred to spend their time at their dwelling to carry out their additional responsibility of taking care for their children and preparing meals for their family the fact that, they were incapable of following ANC for their last pregnancies that priority for begging and domestic chores was one of the barriers made them different from other housed mothers.

6.2.2.2. Hidden costs during ANC

Some homeless mothers never had experienced with following ANC on their last pregnancies who they got information from other women about the presence of fee during ANC follow up for ultra sound investigation in private clinics and hidden costs when they were given prescription to buy medications in private clinics. This idea was also supported by midwives in such a way that the homeless mothers didn't get antenatal care due to fear of fee for ultra sound investigation.

A 33 years old and married homeless mothers quoted that *"Look at please… we don't have anything to care for my two children… During the ANC follow up there was payment for ultra sound investigation because of unavailability of the service in health center that I listen from my neighbor when women were talking about… rather than … I didn't follow ANC so I gave childbirth in this shelter."*

6.2.3. Socio-Cultural Reasons

6.2.1.1. Community Beliefs

The homeless mothers explained why they didn't get ANC were due to their former community that commonly shared experiences like negative attitude towards health institutional maternity service especially ANC clinic visits and negative traditional beliefs that acquired from their previous neighbors disallowed to utilize ANC service. Captivation[2] by other people and holly water therapy for their husband prevented them for ANC follow up and institutional delivery service utilization on their life because they worried about people's sayings living around them and thought that to go to health institution seeing as a bad habit.

A 35 years old and married homeless mother explained her reason as *"eehhe… Previously my mother and other mothers who live in Gojam Zone, Amhara Region of Ethiopia were not following ANC and they can give childbirth in their own homes without any problems because God saved their life until 9 months and deliver in home peacefully as well and that was why I gave childbirth in this shelter without antenatal care."*

[2] . Somebody did something on the other person not to live or work properly.

6.2.1.5. Sense of Insecurity

Some of the homeless mothers especially who hadn't married and became pregnant without their interest and lived with the phenomena of begging to cover their daily domestic house hold chores were not interested to be engaged in antenatal clinic due to sense of insecurity from the community, their employers and their family.

> A 35 years old, single homeless mother said that *"I had never followed ANC on my last pregnancy because I became pregnant without marriage and I was afraid of people in the community and my family especially Mom."*

6.3. The Barriers to Institutional Delivery Service Utilization

Out of twenty five homeless mothers only thirteen were practiced with delivery in the health institutions. Even from these some of the homeless mothers who gave childbirth in health institutions were not deliberately wanted to deliver in health institutions rather for sack of some sort of aids and support but not due to understanding of HF delivery advantages. Under this major theme there were 5 sub-themes. These were cognitive reasons, socio-cultural reasons, lack service quality, presence of stigma and socio-economic inaccessibility. This theme is the most important part of the study that the aim of the research topic is mainly rests on. The results and the details have been displayed in table 3.

6.3.1. Cognitive Reasons

6.3.1.1. Lack of knowledge

The homeless mothers who had experienced with lack of correct information from health care providers about advantage of institutional delivery service utilization and childbirth complications while they were giving childbirth out of health institutions couldn't give childbirth in health institutions. Furthermore, unaware of health institution locations were other aspect of obstacle to get institutional delivery service utilization. Health workers wrongly prearranged them to come back during ANC for delivery that they appointed them for long time hence; they

gave childbirth prior to their appointments. Homeless mothers who were not following ANC due to afraid[3] of health workers by considering they returned them. This implied that homeless mothers didn't understand about the right to utilize maternity services in health institution that and In addition to this due to medical illnesses they couldn't use institutional delivery service.

A 28 years old, illiterate and single homeless mother said that "*I have two children whom I gave births in street shelter. My last child was born in this shelter because I didn't have knowledge about the advantage of giving childbirth in the health institution."*

A 35 years old, married and illiterate homeless mother said that *"I gave my last childbirth in this shelter because the health workers in the health center said to me that come back after a week but after 2days of ANC follow up the labor had begun and one untrained traditional birth attendant assisted me in shelter delivery."*

The practices of midwives revealed that the homeless mothers gave their childbirth out of the health institutions because if they couldn't get health information, the condition that they didn't know and understand about the benefits of giving delivery in health institutions, and they couldn't aware about the disadvantages of giving childbirth out of health institutions.

The midwives suggested that when UHEWs went to the community there was a problem that they reached only house to house but they didn't address the verandas and street shelter mothers the reason why they did not insight in their planning while they were going to the community. Therefore; they were used to give health information only for housed mothers when they were visiting house to house and they disregarded the homeless mothers. The women organization networks were also concerned almost for housed mothers that homeless mothers were deprived of mothers to mothers' information exchanging.

[3] .Homeless mothers frightened of going to the health institutions because they listened that ANC follow up was important for institutional delivery service utilization.

6.3.1.2. Lack of Information about ambulance service

Ambulance service is very important during emergency situation and when labor started at difficult time[4]. The homeless mothers couldn't access ambulance service while labor had started because they had not known about ambulance service availability and its phone number then they were compulsory to give childbirth out of health facilities without any essential medical equipment and support.

6.3.2. Socio-cultural Reasons

6.3.2.1. Community Beliefs

The homeless mothers who gave childbirth out of the health institutions alleged that other mothers went to the health institutions if and only if they had problems but women who gave childbirth in their homes were blessed by their 'Divine power' and who they were healthy before their deliveries. The other reasons were the community and homeless mothers themselves are accustomed to give childbirth out of health institutions as experience and insight of good attitude[5] for home delivery. Fears of caesarian sections were also their views that disallowed the homeless mothers to give deliveries in health facilities.

A 35 years old, married and illiterate homeless mother said that "*I gave childbirth in this street shelter because my province women were accustomed to give childbirth in their own homes and my two children were born in this shelter without any problem.*"

6.3.2.2. Trends of Previous Childbirth Place

Multipara[6] Homeless mothers used to give deliveries out of health institutions also they confidently gave their last childbirth in veranda and on street shelter because they didn't encounter with any problem while they delivered out of health institutions for their most recent deliveries and as the homeless saying their husbands became happier when they gave childbirth in their dwellings.

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[4] .Difficult time is when it was at night and when nobody is around to accompany the laboring mothers.

[5] .Attitude is a personal view, an option or general feeling of something.

[6] .Multipara woman is a woman who has borne a live child from each of two or more pregnancies.

One homeless mother said that "oh…*women can give delivery either in street shelter or health institution "because the "inevitable … thing for pregnant mothers that can't be avoided is laboring either be it in shelter or in health institution."*

The 35 years old, married and illiterate homeless mother stated that "*I have three children whom I gave childbirth in this street shelter without any problem by the help of a known untrained TBA who got the experience from her family. I didn't give childbirth in health institution because I hadn't had any trend."*

6.3.2.3. Short and Night Labor

6.3.2.3.1. The Homeless Mothers' Perception

The homeless mothers said that labor starting time and its firmness prohibited them to go to health institutions for delivery service because of short, aggravated and continuous labor which started at night time barred them for institutional delivery service utilization.

A 33 years old homeless mother who gave childbirth in the street shelter by the assistance of untrained TBA indicated that "*"when the labor was started there was no any person to go with to health institution since the time was night-time…"*

A 21 years old male, single midwife stated that "*I think the homeless mothers around this health catchment area want to give childbirth in their street shelter owing to difficult time of starting of labor."*

6.3.2.4. No one around during labor

Homeless mothers experienced to give childbirth in verandas or street shelters because of the phenomena such as neighbors did not support them during labor, when nobody was around them due to their parents' death and senses of loneness and because of absences of their husbands to accompany by them to go to health institutions. Other homeless mothers decided the delivery place to be out of health institutions because they were not married; they were divorced & betrayed[7] with their partners.

[7] .The homeless mothers' partners were being departed from them due to different reasons.

The 28 years old, illiterate and single homeless mother miserably stated that "Michi…*When I gave childbirth in this shelter it was very miserable. My husband was abandoned me alone that made life so hard but his friend lent me a hand that called other people to support me during street shelter delivery. During the shelter delivery the placenta was remained and this man shook me then it was removed easily."*

6.3.3. Lack of Childbirth Services Quality

6.3.3.1. Poor Health Institution services

The homeless mothers' experiences showed that the hospitals' delivery services were worse than the health centers'. There were not enough beds for laboring mothers in hospitals so that they were giving childbirth on passageways. Homeless mothers wasted their time and money due to they were referred from one health institutions to other without any information for the presence of enough beds in hospitals.

The phenomenon that encountered to homeless mothers was students who practiced in hospitals examined the mothers' private area (vagina) frequently. Homeless mothers couldn't get appropriate medications and deprived of good governance while they were attending institutional delivery service. Presences of untrained TBAs also were the major reason for homeless mothers to give childbirth outside health institutions. The homeless mothers were not organized by network with housed mothers to communicate with them about benefits of institutional delivery service utilization.

The 30 years old, educated and married homeless mother commented that *"Ehh…My last delivery was in Yekatit 12 hospital. I had been referred form Addis Ketema health center Wereda 4 to St Paulos hospital due to post term and there was lack of beds then to back to Yekatit 12 hospital. When I was laboring I quarreled with students who were in practice for examined me frequently."*

The 33 years old, educated up to grade 8 and single homeless mother sadly said that "Weeh...*The problems that I encountered were I had severe pain due to episiotomy, health center pulled me out immediately after delivery and exposed me to natural phenomena like sever sun burn and cold that I couldn't move place to place for my begging. It is a penalty… for females such a terrible life and I don't want to such miserable childbirth giving again in health institutions*."

6.3.3.2. Unfriendly Health Service providers

The homeless mothers commented on the health workers nearby their dwellings that they gave poor institutional delivery services because there were unfriendly[8] health care providers. Health workers refused the homeless mothers for other preventive services like vaccination for their children when homeless mothers requested them to give priority before went to begging. There were also unethical health workers who insulted the homeless pregnant mothers.

The 27 years old and married homeless mother said that *"I listened when some mothers talk that male health workers are better than female health workers because females health workers said that just keep quit… if you…, you would not have such stressful labor."*

The other 28 years old and widow homeless mother stressed on health workers' ability that *"This nearby health center has a lot of problems due to inability of health workers and lack of knowledge to give appropriate medications. I have no trust on them when I'm given any suspension for my child; I show any drug for other health workers for its appropriateness. I always raise lack of good governance issues in meeting on these health center staffs."*

6.3.3.3. The Respondents' Perception on Service Charge

6.3.3.3.1 The Perception of Homeless Mothers

The homerless mothers hadn't had a chance to be served freely and they couldn't get health service without payment due to lack of identification card. Even though the public health facilities delivery service are supposed to be free of charge they were encountered with hidden costs that they paid especially for medication after delivery service. Opportunistic costs starting

[8] . Unfriendly health workers are those who are not beneficial or not advantageous or hostile to the customers

from ANC to delivery service were prohibited them to give childbirth in the health units. Other women said that hidden cost was at most 10Ethiopian birr during childbirth. According to the homeless mothers, their husbands were thought that delivery services in health institution were not free of charge that was why the homeless mothers gave childbirth out of the health institutions.

6.3.3.3.2. The Midwives' perception towards Service Charge

Regarding to the midwives suggestion, homeless mothers thought that during delivery service in health institutions there was hidden costs; for that reason they experienced to give childbirth out of health institution. The homeless mothers who gave childbirth in health institutions were those who understood the delivery service in the health institutions were free of charge.

A 21 years old male, single midwife stated that "I think homeless mothers around this health catchment area want to give childbirth in their shelters or on streets because they thought that the presence of childbirth service charge."

6.3.4. The Presence of Disrespect and Abuse

6.3.4.1. Homeless Mothers' Experiences towards the Discrimination

According to homeless mothers experiences there were still problems in the community for inequality in social status, discrepancy, discrimination and cold-heartedness situations. Subsequently the homeless mothers were afraid of the community for any interaction[9].

A 20 years old and single homeless mother said that *"I had been raped by the man who employed me and his wife pulled me out after she understood the situation of my pregnancy. This child was born at home in Addis Alem town, now she is 8 months old."*

6.3.4.2. Midwives' perception towards Homeless Mothers Discrimination

Some of the midwives said that there is no community interaction with homeless mothers and they were overlooked to any social interfaces. Homeless mothers were prone to sexual assaults, unsafe sexes and rapes at working place and unsafe dwelling places during night-time begging.

[9] . Interaction is communication between or joint activity involving two or more people.

A 27 years old, married and female midwife discussed that *"Some health workers offend homeless mothers while they offering deliveries and other services by making masks but I'm as the department head made meeting and discussed on this issues to avoid such refusal."*

6.3.5. The Socio-Economic Inaccessibility of Homeless Mothers

6.3.5.1. Quarrel with Family

One of the spectacles that homeless mothers experienced to leave from their former residence was because of disagreement with their family. Their parents especially fathers espoused them for men. They quarreled and departed with their husbands and parents, due to the persuasion[10] of their family such as husband and grand-mothers to leave the house emotionally. The social phenomena that the homeless mothers came across to quarrel with their family were becoming pregnant from their friends without any marriage; after they became pregnant, their friends betrayed and went against their promise. While homeless mothers quarreled with their husbands and other people as the result they couldn't utilize the proper maternity health services especially institutional delivery service.

The 33 years old, educated and single homeless mother said that *"when my mother died, I left my family house and my father brought me from Ambo to A.A to work as house servant then I left out the employer's house because nobody wants to hire a woman who has child."*

6.3.5.2. Death of the Parents

Homeless mothers left out their family's houses when their fathers or mothers or both parents died then their life became complex due to economic crisis consequently, they left from their home and became busy for begging not to have any maternity service. The other homeless mothers left out from province of their family's houses because their parents were not alive so they became beggars which made them unfortunate to institutional delivery service utilization.

[10] . Persuasion is the act of persuading somebody to do something.

The 26 years old, married and illiterate homeless mother said that "*I left out my parents' home because my beloved father was passed away. I come to Addis Ababa from province when I was 5 years old to guide blind women. I had been hired as a house servant. After a left this house I married and came to this shelter it's about 4 years. I delivered my last child in this shelter."*

6.3.5.3. Lack of Husband Support

The homeless mothers experienced no discussion with their partners about their children's life and education and delivery place determination due to unsatisfactory work mostly which was begging and their husbands turn out to be intoxicated with alcohol owing to their miserable life. The husbands didn't worry about the day to day and monthly expenses of family rather than made a disturbance. The homeless mothers also were irritated after their first illegal houses abolished by prosecutors so they ended up with inappropriate utilization of the maternity services due to bumped into social crisis.

6.3.5.4. Lack of Constant Income

The homeless mothers experienced with lack of cash in hand. When the labors were started they were forced to give their last childbirth in street shelters and verandas by the help of untrained TBAs. Even if some urban health extension workers informed and referred them to health institutions and health workers advised them during antenatal care and in the course of other illness services offering to give delivery in health institution homeless mothers couldn't utilize the institutional delivery service due to lack of money and transport cost.

A 33 years old, married and illiterate homeless mothers miserably stated that "*The day becomes dark… you can't observes anything… see please… how things become hard & bad when you don't have money. Let alone the public health institutions...women can pay 3000-4000 Ethiopian birr to give childbirth in private health institutions when they have money which a difference of earth & sky distance.''*

All homeless mothers experienced phenomena with lack of constant incomes that were very important for accessing their delivery service. They were paying 8-15ETB per day to pay for verandas rent where they were living commonly with their female friends. Even if they gave

childbirth in verandas which laid a great burden on institutional delivery service utilization because the mothers' daily incomes were paid for rent purpose.

The 28 years old and widow homeless mother miserably said that "*I don't have any monthly income rather than begging the left-over… food 'bulle' in the restaurant for survival me and my child."*

Table 2:- The Identified Perceptions by using open code software to Overcome the Barriers to Institutional Delivery Service Utilization among Homeless Mothers in Addis Ketema Sub-City, Addis Ababa, Ethiopia in 2016 (n=30)

S. No	Major theme	Sub themes	Categories	Codes
3	Perception to overcome the barriers	The homeless mothers' perceptions	Improve communication	Want advices from community
				Absence of community motives
				No awareness creation
			Avoidance of stigma and discrimination	Presence of discrimination
				Presence of disparity
				Rape and sexual assault and abuse
				No interaction with community
			Strengthen cooperation and support	No aids and living room support
				Limited NGO's support and aids
				Unsatisfactory collaboration & support
				No positive influence
				Absence of community motives
			Avoiding Hidden costs	Making U/S service free of charge
				Avoiding costs for medications
				Homeless mothers think service user fee
		The midwives' perceptions	Improve communication	No community advices
				Absence of community motives
			Unsatisfactory support and aids	No aids and living room support
				Limited NGO's support and aids
				Unsatisfactory community collaboration
				No community support
				Limited training
				Limited supervision
			Break out discrimination	Staff offending
				No interaction with community
				No comfortable position

6.4. Perceptions to Overcome Barriers to Institutional Delivery service Utilization

6.4.1. The Homeless Mothers' Perception to Institutional Delivery service Utilization

6.4.1.1. The Homeless Mothers' Perception to improve Communication

Conferring to the homeless mothers' perception, the community didn't advise, motivate and discuss with us about importance of health institution delivery and didn't realize homeless pregnant mothers to give childbirth in health institutions looking as if its problems and responsibilities. So the community should communicate about prominence of the institutional delivery service utilization with homeless pregnant mothers.

The homeless mothers said that government didn't converse with homeless pregnant mothers through urban health extension workers about improvement of institutional delivery service utilization that should be corrected. The government couldn't offer kebele houses aimed at homeless pregnant mothers who were suffering from begging to overcome miserable commodity chores. The Gov't didn't join and help these homeless pregnant mothers in 1to5 network with housed mothers, didn't give health information for homeless mothers who deliver on street shelter to take modern family planning method to avoid unwanted pregnancy.

6.4.1.2. The Homeless Mothers' Perception to Avoid Stigma and Discrimination

The homeless mothers discussed about the presence of community problems to disparity and discrimination and the community didn't have teamwork and interaction with the homeless mothers. They became ashamed due to unwanted and unintended pregnancies for institutional delivery service utilization.

A 19 years old, homeless mother said that *"The community should draw us to it as humanity because we are also human-being as they are and the government should support us because our children are out of school and they may follow our life for future so it should organize us to leave from such miserable situation."*

A 20 years old and married homeless mother expressed her feeling as *"The community & government should advice the pregnant homeless mothers to give childbirth in HFs, why the community seeing us as a dog?"*

6.4.1.3. The Homeless Mothers' Perception to Strengthen Community Cooperation

The homeless mothers experienced with some people in the community who didn't harmonize, support and cooperate with pregnant homeless mothers during labor starting to give childbirth in health institutions. The pregnant homeless mothers did not experience the Community positive encouragements. Community positive influence is one of the most important strategies to improve institutional delivery service utilization by friendly discussing, advising and positively enforcing the homeless pregnant mothers to go to health organization.

A 20 years old and educated homeless mother said that "*If possible the community should support us financially while we are scarce of money for transportation during labor to go to health units. I listened on the radio that mother and child shouldn't die during childbirth.*"

A 28 years old, illiterate and single homeless mom stressfully said that "*The community, the government and non-governmental organizations should give support for homeless pregnant mothers to give childbirth in the health institutions and to have their own houses because as you have seen the street life is very dangerous… and horrible… that drunken men knock and want to enter forcefully to our street shelter to rape us!!! in general street life is very …bitter.*"

6.4.1.4. The Homeless Mothers' Perception to Hidden Costs

The homeless mothers who encountered with the presence of hidden costs during ANC follow up. They were paying for ultra sound investigations and experienced with medication cost during delivery. According to the homeless mothers, the government should act on hospital problems in order not to have scarcity of materials, so as to inform the delivery service is free of charge since the urban health extension workers are hired by the government it should monitor and supervise them for giving us information about the delivery service. In addition to this the government should facilitate ultra sound investigation to be free of charge because they recognized that the government is not cruel on any pregnant mothers' issues.

6.4.2. The Midwives' Perception to Overcome Barriers to institutional Delivery Service Utilization

6.4.2.1. The Midwives Perception to Improve Communication

The midwives didn't make more efforts on homeless mothers in 1 to 30 women networks which were mostly recognized by the wereda health office planning, running the overall activities and evaluating in the health office. They didn't make satisfactory awareness creation on homeless mothers during forum on institutional delivery service utilization. They should go to the community and give health information for the homeless pregnant mothers to give childbirth in health institutions.

The midwives suggested that community based organization, women leaders, midwives and urban health extension workers were not communicate soundly with homeless pregnant mothers about freely utilization of giving the childbirth in the health institutions. The overall community based organization and women leaders were well known generally by urban health extension workers and not extended to health workers.

The community should communicate well with homeless mothers. Urban health extension workers should communicate with homeless mothers let them to go to health institutions for giving childbirth. They should also access these homeless pregnant mothers so as to improve the institutional delivery service utilization. When the urban health extension workers go to the community, they reached to only house to house and they didn't address the homeless mothers who were living on street shelters and verandas. The government should comprehend the homeless mothers with especial attentions; therefore, it should work on this issue.

The government should facilitate health institutions to be suitable for referral systems for homeless mothers together with their infants because infants were referred for further medical care without their mothers due to scarcity of beds in hospitals for example hospitals should develop social committee for this purpose.

6.4.2.2. The Midwives Perceptions towards the Unsatisfactory Support

The midwives suggested that to improve institutional delivery service utilization of homeless mothers, the government and non-governmental organizations should support homeless mothers through health institutions in terms of finance, materials such as food and clothes for pregnant homeless mothers and their children during institutional deliveries. The government should make health workers to go to the community and give health information for homeless pregnant mothers to give childbirth in health institutions. The government should also make health institutions comfortable for homeless pregnant mothers to give childbirth and it should provide commodities for their children.

The government in collaboration with the non-governmental organizations should give training for health professionals how to serve homeless mothers and strengthen the homeless mothers to give childbirth in health institutions. The government should make supervision on health care providers about the homeless mothers for institutional delivery service utilization in health institutions.

The 25 years old, female and married midwives told that "*The government should facilitate financial and material support for homeless mothers, health care providers should provide advices for homeless mothers not to discard their children, and NGOs should communicate with us about homeless mothers*."

6.4.2.3. The Midwives Perception to Out Break Offending and Discrimination

The midwives stated that community should approach the homeless pregnant mothers and interact with them about utilizing institutional delivery service while they have labor and should care for homeless mother's children. The health workers should keep their professional ethics; they should provide services without any offending and discrimination of homeless mothers.

7. Discussion

Lack of knowledge put down enormous barrier to maternity service utilization because the homeless mothers who participated in this study didn't have access to information from health care providers and any sources by reason of their life experiences consequently they had low maternity services such as ANC and institutional delivery service when compared them to housed mothers. The consistent study in Uganda, in 2014 revealed that lack of knowledge was identified as perceived barriers to ANC and institutional delivery service utilization as a result of the mothers' low educational status and provided health education on maternal health in their community and TBAs(2).

Some of the homeless mothers believed that mothers who went to health institutions for ANC and delivery if and only if they had problems but the women who gave childbirth in their homes were blessed by their 'Devin power' and they were healthy before their deliveries. This study is similar with other studies that the community beliefs and the social possessions like the presence of TBA and close relatives nearby them promoted the mothers for home deliveries. They only sent the mothers to deliver in health institutions if and only if they had severe complications unless many women preferred to give childbirth in the relief of their own homes (17, 20, 25).

Especially; multipara homeless mothers used to give childbirth out of health institutions also gave their last childbirth in their street shelters or verandas due to they did not encounter with any problems. Other Studies similarly showed that the preferences to home deliveries were due to sense of apparently healthy, absence of previous health and obstetric problems, the number of previous births, birth order and year of childbirth (6, 17, 26-28, 35).

Short labor was also important barriers to homeless mothers to go to the health institutions for delivery services. Three studies also revealed analogous results with this study that pregnant women gave the reasons for preferring to home deliveries were short and early labor duration and the rapid onset of pregnancy complications (17, 20, 28).

The homeless mothers mentioned that the health centers' delivery service is better than that of the hospitals' because hospitals had no enough beds for laboring mothers who wasted their time and money due to referral linkage to many HFs .The homeless mothers complained on students who practiced in the hospital examined frequently the mothers' vagina. The unfriendly health providers offered inappropriate and bad information for homeless mothers. Study in Tanzania and Ethiopia identified the similar result that the mothers gave home deliveries because unfriendly services due to bad behavior of healthcare provider; presence of traditional birth attendants and more trust on them and they were not well attended in health facilities (12, 17).

The respondents in this study said that there were a problem of offending, disparities and discriminations which were done by the community and unfriendly health workers. This study is almost consistent with other Studies in Sierra Leone and Ethiopia which showed that respondents experienced one or more categories of disrespect and abuse such as discrimination, violation of the right to get information, informed consent, and choice/preference of position during childbirth (6, 15).

Homeless mothers gave childbirth out of the health institutions because of lack of constant income for commodity chores as a barrier to institutional delivery service utilization knowingly or unknowingly to the advantages of institutional delivery service utilization. This study is consistent with a study on street dwellers in Bangladesh, in 2012, revealed that 83-87% of the homeless mothers gave childbirth out of the health institutions because their main occupations were waste-picking and begging to cover their domestic chores (10).

According to the respondents the anticipated strategies to overcome barriers to institutional delivery service utilization were interlinked with training of health care provides, effective communication, avoiding stigma and discrimination, Community cooperation and support, community Positive influencing, and avoiding user fee to the homeless mothers to utilize institutional delivery service. This study is consistent with other study that the proposed barriers to health service utilization to be avoided were lack of transportation, ineffective communication, poor infrastructures, insufficient pre-service and in-service training, and supportive supervision which were a directly related to poor provision of quality emergency obstetric care(4).

7.1. Strengths and Limitations of the Study

7.1.1. Strengths

- The study included both the service users and health care providers to explore and compare important information from community and facilities.
- This study deliberated on neglected and disregarded part of the population about whom the information was scarce.
- Fortunately the study was included a various religions, ethnicities, age groups, marital and educational statuses.

7.1.2. Limitations

- Un- generalizability of the information about the rest of the homeless delivered mothers.
- The thought of the homeless mothers as some sort of aids and support even if they got information about the purpose of the study from the very beginning.
- Information bias of the respondents especially the midwives.

8. Conclusion

The following conclusions were made from this qualitative study:

- The common shared phenomena that were experienced with the homeless mothers were begging thought the days to cover their daily domestic chores, most of their pregnancies were unwanted and unintended, most of their partners were betrayed away from them while they became pregnant and their family enforced them to pull them out while they became pregnant without any formal marriage.
- Most of the respondents' pregnancies were unintended and unwanted so that the government should provide modern family planning methods for homeless mothers.
- The barriers that were affecting the homeless mothers for antenatal care utilization also were affecting for these mothers to utilize the delivery services in the health institutions.
- The barriers that prevented mothers not to deliver in health institutions were lack of appropriate information about maternity service availability, free of service charge and presence of ambulance service from health care providers and any source.
- The community and some of the homeless mothers who gave childbirth out of the health institutions believed that mothers went to the health institutions if and only if they had problems but the women who gave childbirth in their homes were blessed by their 'Devine power' and they were healthy before their deliveries.
- There were still problems in the community and health care providers for disparity and discrimination of the homeless mothers during any interaction and service delivery for example there were unfriendly health workers who insulted the homeless pregnant mothers.
- The lack of constant income and money for homeless mothers when they need for ultra sound investigation during ANC and for transportation while labor was started. So they gave their childbirth in the street shelters and veranda even if they understand the advantages of institutional delivery service utilization.
- The homeless mothers decided the delivery place to be out of the health institutions because they were divorced; they were betrayed and not husbanded.

9. Recommendations

General

- Women empowerment and offering appropriate information should be prioritized.
- The homeless mothers should be addressed and organized in their residence.

To Health Care Providers

- Health care providers should address and provide appropriate information to homeless pregnant mothers on the risk of pregnancy, importance of institutional delivery service utilization and availability of free ambulance service during labor and free service charge offering during any maternity services.
- The urban health extension workers must address also homeless pregnant mothers
- The health care providers should organize the homeless mothers with housed mothers in 1to 5 and 1 to 30 women association to discuss about the overall health aspects of them.

To Government and Non-Government Organizations

- The government should supervise, monitor and evaluate the health care providers and should discuss with local and international non-governmental organizations on homeless mothers for aids and supports in order to use institutional delivery service.
- The non-Government Organizations Should communicate with government about the homeless mothers
- The government should facilitate basic and in service training for health care providers

The community

- Should avoid disparity and discrimination of the homeless mothers
- Should support the pregnant homeless mothers during they started with labor
- Should assist and help the pregnant homeless mothers financially and materially

Further research should be conducted on:

- The effect of homeless mothers' education to institutional delivery service utilization

10. References

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10. The Annexes

Annex 1:- English Permission Asking Sheet

In AAU, CHS and SPH student's permission asking sheet for homeless women who gave birth in the last 12 months in Addis Ketema Sub-City, Addis Ababa, Ethiopia.

Good morning

I am Tamire Azilke

Firstly, I would like to say thank you for spending your time. I am learning Master of Public Health in Addis Ababa University School of Public Health and these are research team to collect data on homeless women who have under one year children. The aim of this study is to explore institutional delivery service utilization among homeless mothers. As there is no enough data on this study, the information obtained from your participation will help to provide a designed evidence based strategy to improve institutional delivery for policy makers, governmental and nongovernmental organizations. The study will not cause any harm to you except giving information. The information will be collected from you by using semi structured questionnaires on issues affecting institutional delivery service utilization to homeless mothers in Addis Ketema Sub –city .Now we are inviting you to participate through the in-depth interview who have less than 12 month children contributing for the study. You have the right to participate or not to participate and you can end the interview whenever you like. The interview will take approximately one hour. Are willing to participate?

YES ☐

NO ☐

If say yes, say thank you and let us proceed to the consent form. If say no, say thanks, do not reinforce them to respond.

Annex 2: -English Consent Form

I have read or it has been read it to me in my language and I understand about the conditions therefore I am willing to participate in the study.

Date of the interview……..signature of the participant…….

The Result of Interview

1. Complete 2. Partially Complete 3. Refuse

Name of interviewer……..signature…….

Questionnaire number…….

Started hour…....minute……..interview ended hour……..minute……

Name of supervisor……signature……..date checked……

Contact Address of the Investigator

NAME: Tamire Azilke

MOBILE: 0911913044

Email:azitomi043@gmail.com

Annex 3: -English Topic Guides for Homeless Mothers

English Version of In-depth interview Questionnaire for Homeless Mothers who gave childbirth in the last 12 months.

Instruction: -The following 12 main topic guides will consider to the data collection to capture issues on delivery service utilization from homeless mothers.

1. Would you explain about your overall history? (Yours age, religion, ethnicity, marital and educational status, monthly income, monthly bread winner)
2. Would you explain please why did you leave your living room**?** (your recent living place experience, with whom do you live, the distance of the nearby health facility, the means of transport to go to the health facility)
3. Was your last pregnancy with your interest? probe
4. Did you follow antenatal care in your last pregnancy? Probe
5. Would you tell me about your children in details?
6. Where did your last delivery take place? Why?
7. What is you reason mothers deliver in health institutions or shelters? Explain
8. Would you explain about your nearby health institutional delivery service utilization and its health care provides?
9. Did you listen about any health care providers? Did you hear about institutional delivery service utilization from urban health extension workers?
10. Who is the decision maker of delivery place from your family? probe
11. What is the role of the relatives on the delivery place?
12. What should be done for IDSU? (the community, government and nongovernment organization on institutional delivery service utilization of homeless mothers)

THANK YOU FOR YOUR PARTICIPATION

Annex 4: -English Topic Guides for Midwives

English Version of In-depth interview Questionnaire for midwives who are working in delivery room in Addis Ketema Sub-City purposely selected health centers

Instruction: -The following 12 main topic guides will consider to the data collection to capture important issues of delivery service utilization of homeless mothers from midwives.

Interview Guide questions for midwives

1. How old are you?
2. Did you hear about the homeless mothers around your catchment area?
3. How do you see about the status of homeless mothers' health service in your area?
4. What are the Causes of homeless mothers' morbidity and mortality? Which service/es is/are underutilized? Why?
5. How do you see the status of homeless mothers' delivery care (childbirth) at this health center?
6. What about the equipment and supplies, health institution construction and human resource development infrastructures, quality of care to facilitate homeless mothers' delivery service?
7. What action is being taken to promote homeless mothers to utilize institutional delivery?
8. What action is being done on the situation of Community awareness creation, collaboration of Women group leader, collaboration of community based organization, and UHEWs to raise homeless mothers' delivery service utilization?
9. Do you give delivery service for homeless mothers?
10. Where do homeless mothers in your area prefer to deliver? Shelter, health facility, Why?
11. How do you act to enhance institutional delivery service utilization in your HFs?
12. What should do the community, non-governmental organizations and government on homeless mother to deliver in health facilities?

THANK YOU FOR YOUR PARTICIPATION

ቅጥያ 5: -የአማርኛ ትርጉም የጥናት ፈቃደኝነት መጠይቅ ቅፅ

ለአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ሳይንስ ኮሌጅ ጥናት እንዲያገለግል ቤት በሌላቸውና ከአስራ ሁለት ወር በታች ህፃናት ላላቸው እናቶች በግንዛቤ ላይ የተመሰረተ የፈቃደኝነት መጠየቅያ ቅፅ

እንደምን:አደሩ?/እንደምን፡ዋሉ?እንደምንነዎት?

እኔ:ስሜ ታምሬ አዝልቄ ይባላል፡፡እነዚህም እኔን ለማገዝ የመጡ የጥናቱ ቡድን ናቸው፡፡ የአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት የምርምር ቡድን በአዲስ ከተማ ክፍለ ከተማ ውስጥ ቤት በሌላቸውና ከ12 ወራት በታች ህፃናት ባላቸው እናቶች ላይ በሚያደገው ጥናት ላይ ጥልቅ የሆነ መረጃ ለመሰብሰብ ነው፡፡የዚህ ጥናት ዋና አላማ በአዲስ ከተማ ክፍለ ከተማ ውስጥ ቤት በሌላቸውና ከ12 ወራት በታች ህፃናት ባላቸው እናቶች ላይ የጤና ድርጅት የወሊድ አገልግሎት አጠቃቀምና እና በጤና ድርጅት ለመውለድ የሚከለክላቸው ጉዳዮችን በተመለከተ ነው ::እርሶዎ የሚሰጡት መረጃ የጥናቱን አላማ ለማሳካትና ውጤቱም ቤት በሌላቸው እናቶች ስለ ጤና ድርጅት የወሊድ አገልግሎት አጠቃቀምን በሚመለከት ብዙም ጥናት ባለመኖሩና ጥናቱም መረጃ እንዲኖረና ለፖሊሲ አውጪዎች÷ ለመንግስትና መንግሰታዊ ላልሆኑ ድርጅቶች እንደ ግባት እንዲያገለግል ነው፡፡ መረጃ ከመውሰድ ውጭ ጥናቱ በተሳታፊዎች ላይ የሚያደርሰው ምንም አይነት ጉዳት የለውም፡፡ ጥለቅ የሆነ መረጃው የሚሰሰበው ለዚሁ አላማ በተዘጋጀ መጠይቅ ከተጋበዙ እናቶች ጉዳዩን በሚመለከቸው፡ ለይ ነው፡፡ጥናቱ የሚጋብዘው በመውለድ እድሜ ክልል የሚገኙና ባለፈው አንድ ዓመት ጊዜ ውስጥ የወለዱ እናቶችን ነው፡፡ስለዚህ እርስዎ ለዚህ ቃለመጠይቅ ተጋብዘዋል :: ሌላ ላረጋግጥልዎ የምፈልገው እርስዎ የሚሰጡት ማንኛውም መረጃ ሚስጥራዊነቱ የተጠበቀና ለዚህ ጥናት አላማ ብቻ የሚውል መሆኑን ነው፡፡ስምዎም አይፃፍም፡፡በጥናቱ የመሳተፍ አና ያለመሳተፍ ጀምረው የማቋረጥም ሆነ የማይፈልጉትን ጥያቄ ያለመመለስ መብትዎ የተጠበቀ ነው፡፡መጠይቁ የሚወስደው፡አንድ ሰዓት ያህል ነው፡፡ስለዚህ ከጥናቱ ጋር የተያያዘ ማንኛውም ጥያቄዎችን ሊጠይቁ ይችላሉ ::አሁን በጥናቱ ላይ ለመሳተፍ በቅድሚያ ፍቃደኝነትዎን ይግለፁልኝ፡፡

ፍቃደኛ፡ነኝ……ፍቃደኛ አይደለሁም……

ፈቃደኛ ከሆኑ አመስግናለሁኝ በስምምነታቸው እንዲፈርሙ ማድረግ፡፡

ፈቃደኛ ካልሆኑም አመሰግናሁኝ፡፡

ቅጥያ 6፡ -የአማርኛ የስምምነት ማስፈረሚያ ቅፅ

ከላይ ያለው መረጃ አንቤ ወይም ተነቦልኝ የተረዳሁኝ ስለሆነ በጥናቱ ላይ ለመሳተፍ ፈቃደኝነቴን በፊርማዬን አረጋግጣለሁ፡፡

መጠይቅ የተካሄደበት ቀን……የተሳታፊዋ ፊርማ……..

የቃለ መጠይቁ ውጤት

1.አጠናቀዋል…… 2.አልፈቀዱም…… 3.በከፊል አጠናቀዋል…….

የጠያቂው ስም----------ፊርማ ----------

የጥያቄ፡ወረቀቱ፡ቁጥር/ኮድ……

መጠይቁ፡የተጀመረበት፡ሰዓት----------ያለቀበት፡ሰዓት----------

የተቆጣጣሪው፡ስም----------ፊርማ----------

የተረጋገጠበት፡ቀን----------

ምናልባት ማነጋገር ቢፈልጉ፡-

የተመራማሪው፡ አድራሻ

ስም፡- ታምሬ አዝልቄ

ስ.ቁ ፡- 0911913044

ኢሜይል፡- azitomi043@gmail.com

ቅጥያ 7፡ -የአማርኛ ቤት ለሌለላቸው እናቶች የመወያያ መመሪያዎች

ቤት፡ በሌላቸውና ፡ከአንድ፡ አመት፡ በታች ፡ህፃናት፡ ባላቸው፡ እናቶች፡ ላይ፡ የጥልቅ፡ መረጃ፡ መውሰጃ፡ የአማርኛ፡ መጠይቅ፡፡የሚከተሉትን ፡12፡ የመወያያ፡ መመሪያዎች፡ ቤት፡ በሌላቸው፡ እናቶች፡ ላይ፡ ስለየወሊድ አገልግሎት፡ አጠቃቀም፡ ጠቃሚ፡ መረጃ፡ ለመሰብሰብ፡ የተዘጋጀ፡ ነው ፡፡

1.ስለእረሶ፡አጠቃላይ፡ሁኔታ፡ይግለጹልኝ፡፡(ስለእደሜዎ፣ስለኃዬማኖትዎ፣ስለብሄረዎ፣ስለጋብቻዎ፣ስለባለቤትዎ፣ስለትምህርት ዎ፣ስለወር፡ገቢዎ፣ከቤተሰቦ፡የወር፡ ወጪ፡ ማን፡እንደሚሸፍን)

2.እሰቲ፡መጀመሪያ፡ ከሚኖሩበት፡ ቤት፡ ለምን፡እንደወጡ፡በአሁን፡ሰኣት፡ስለሚኖሩበት፡ቦታ ያሎት ተሞክሮ ፣ከማን፡ ጋር፡ እንደሚኖሩ፣ ስለሚኖሩበት፡ቦታ፡ከተቋሙ፡ያለው፡ርቀት፣ወደ፣ተቋም፡ለመሄድ፡የሚጠቀሙት፡ የመጓጓዣ፡አይነት፡ ሌሎችም፡ ካሉ፡አብራርተው ቢነገሩኝ፡፡

3. በመጨረሻ፡ እርግዝናዎ፡ ፍላጎት፡ አንደነበሮት ቢያብራሩልኝ፡፡

4. በዚህ፡ ልጅ፡ እርግዝና፡ ወቅት፡፡ የነፍሰጡ፡ ምርመራ፡ ሁኔታዎ፡ እነዴት፡ ነበር?

5.ስለልጆችዎ፡ሁኔታ፡አብራረተው፡ይንገሩኝ፡፡(የት፡እንደወለዱዋቸው፣በምኖት፡እነደወለዱዋቸው፣የወሊደዎ፡ሙሉ፡ውጤት)

6. የመጨረሻ፡ ወሊድዎ፡ የት፡ ነው፡ ያደረጉት? ለምን?

7. እናቶች፡በቤት፡ወይም፡በጤና፡ድርጅት፡ የሚወልዱበት፡ምክንያት፡ምንድነው፡ብለሽ፡ታምኒያለሽ?

8. በአካባቢዎ፡ ስለሚገኘው፡ ጤና፡ ድርጅት፡ የወሊድ፡ አገልግሎ፡አጠቃቀም፡ ማብራሪያ ቢሰጡኝ፡፡

9. ስለ፡ ጤና፡ ኤክስቴነሽን፡ ሰምተው፡ ያውቃሉ? ከከተማ፡ ጤና፡ ኤክስቴሽን፡ ስለጤና ድርጅት፡ የወሊድ፡ አገልግሎት፡ ሰምተው፡ ያውቃሉ?

10. በቤተሰብ፡ ደረጃ፡ ስለ፡ የወሊድ፡ ቦታ፡ ውሳኔ፡ የሚሰጠው፡ ማን፡ ነው? ለምን?

11. ዘመድ፡ ከወሊድ፡ ቦታ፡ ውሳኔ፡ ጋር፡ ምን፡ ሚና፡ አለው?

12. ማህበረሰቡ፣ መንግሰታዊ፡ ያልሆኑ፡ ድረጅቶችና፡ መንግሰት፡ ቤት፡ የሌላቸው፡ እናቶች በጤና፡ ተቋማት፡ እንዲወልዱ፡ ምን፡ ማድረግ፡ አለባቸው?

ስለ ተሳትፎዎ አመሰግናሁ

ቅጥያ 8፡ -በአዋላጅነት ለሚሰሩ ለጤና ባለሙያዎች የአማርኛ መወያያ መመሪያ

የሚከተሉትን 12 ዋና ዋና ጥያቄዎች ከአስራ ሁለት ወር በታች ህጻናት ባላቸው ቤት በሌላቸው እናቶች ላይ ጠቃሚ መረጃ ለመሰብሰብ የተዘጋጁ ናቸው፡፡

1. እድሜዎን ቢነግሩኝ ?
2. በጤና ድረጅትዎ አካባቢ ስለ ቤት የሌላቸው እናቶች ሰምተው ያወቃሉን?
3. በጤና ድረጅትዎ ስለ ቤት የሌላቸው እናቶች ጤና አገልግሎት ሁኔታ ምን ይመስላል?
4. በጤና ድረጅትዎ ቤት ለሌላቸው እናቶች ህመምና ሞት መንስኤዎች ምንድናቸው ? የትኛው አገልግሎት አነስተኛ ነው ለምን?
5. በጤና ድረጅትዎ ቤት የሌላቸው እናቶች የወሊድ አገልግሎት ያለበት ደረጃ እነዴት ነው?
6. በጤና ድረጅትዎ የህክምና መገልገያ ቁሳቁሶችና መሳሪያዎች÷የተቋሙ ግንባታ÷ የሰው ኃይል አደረጃጀት÷የመሰረተ ልማትና የአገልግሎት አሰጣጥ ጥራት ቤት የሌላቸው እናቶችን በተቋሙ እንዲወልዱ ምን ይመስላሉ?
7. ጤና ድረጅትዎ ቤት የሌላቸው እናቶች የወሊድ አገልግሎት እንዲጠቀሙ ያለበት ደረጃ ለማሻሻል ምን አይነት እርምጃ እየተወሰደ ነው?
8. የጤና ድረጅትዎ የወሊድ አገልግሎት ያለበት ደረጃ ለማሻሻል የአካባቢ ማህበረሰብ አንዲያወቅ÷ የሴት መሪዎችና የአካባቢ ማህበረሰብ አቀፍ አደረጃጀቶች እንዲተባበሩና የከተማ ጤና ኤክስቴነሽን ሰራተኞች ምጥ የጀመራቸው ቤት የሌላቸው እናቶች ወደ ጤና ጣቢያ እንዲልኩ ምን እየተደረገ ነው?
9. በጤና ድርጅትዎ ቤት የሌላቸው እናቶችን የወሊድ አገልግሎት ሰጥተው የውቃሉ?
10. በጤና ድረጅትዎ አካባቢ ቤት የሌላቸው እናቶች የት መውለድ ይፈልጋሉ? ለምን ?
11. ቤት የሌላቸው እናቶች በጤና ድርጅት የወሊድ አገልግሎት እነዲጠቀሙ ምን አይነት ስራ እየሰሩ ነው ?
12. ቤት የሌላቸው እናቶች በጤና ተቋም እንዲወልዱ ማህበረሰቡ፣ መንግሰታዊ ያልሆኑ ግብረ-ሰነይ ድርጅቶችና መንግሰት ምን ማድረግ አለባቸው?

ስለ ተሳትፎዎ አመሰግናለሁ

Annex 9: - Declaration

I, the undersigned , senior, Public Health student assert that this is my original work in the partial fulfillment of the requirement for the Degree of Master of public health.

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Place of Submission: School of Public Health, Collage of Health Sciences, Addis Ababa University.

Date of Submission……., 2016 Signature……..

This thesis work has been submitted to School of Public Health, Collage of Health Sciences, Addis Ababa University advisors.

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