MATERNAL PRENATAL CARE PRACTICES IN EFRATA AND GIDIM WOREDA

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BY:

SISAY ZELEKE

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ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

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BY:

SISAY ZELEKE

Approval of board of examiners

[illegible] Chairperson, Department Graduate Committee	Signature
Shamim Ahmad Ansari Advisor	Signature
Abraham Hussain External examiner	Signature
DESALEGN CHALCHISA Internal examiner	Signature

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Abstract

Prenatal care is inevitable for two things: to keep the pregnant woman's health and to have a well developed child mentally and physically. This being the case, the major purpose of this study was to describe how pregnant mothers care for themselves and the fetus. In addition, the study was aimed at finding the cultural practices and beliefs about pregnancy. Four pregnant women (from Efeson health center) and fifteen elder women (from different parts of the Woreda) were selected. Interview and focus group discussion were used to collect the relevant data. Pregnant women were asked to report their activities during pregnancy in relation to nutritional care, medical care, care related to work and rest and social support they are provided with. On the other hand, elder women were asked to report about the cultural beliefs and the dos and don't do's during pregnancy. Results of the study indicated that because of cultural reasons pregnant women could not provide the necessary care expected during pregnancy. They did not eat balanced diet, they worked for long hours a day without enough rest, they received insufficient social support and they sought modern medical attention only when they faced serious health problems and for monthly vaccination. The provision of inadequate care is aggravated by the low or absence of education, low income, and increased age and generally by lower livelihood of the respondents. They were also tied with cultural beliefs. Cultural beliefs related to food, prevention of diseases and work did not let them follow their own way. Pregnant women are faced with problems in providing adequate care for themselves and the fetus because of cultural, socio -- economic and demographic factors. Therefore, to help pregnant women give great attention to prenatal care awareness creation, provision of adequate healthcare institutions and attitudinal change towards pregnant women are some recommended points.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

There is no clear, universal definition of what constitutes prenatal care. Despite the controversy, scholars agree on the following definition: "prenatal care" suggests a minimum set of medical services offered by health care providers on a well-defined schedule plus an array of educational, social, and nutritional services provided in a culturally appropriate, flexible fashion (Brown, 1988). Bates & others (cited in Santrock, 1998) stated that prenatal care usually includes "screening that can reveal manageable conditions and/or treatable diseases that could affect both the baby's life and the mother's" (pp. 119).

There are three main periods of prenatal development: the germinal period (the first two weeks after conception) is a period when the zygote is being created, cell division happens, and the zygote attaches itself to the uterine wall; the embryonic period (from two to eight weeks) is the period when the rate of cell division intensifies, support systems for the cells form, and organs appear (organogenesis); the fetal period (begins two months from conception and lasts for seven months) is the third period of prenatal development during which growth and development continue their dramatic course. At any stage of prenatal development, especially during the embryonic period, environmental changes affect the developing child and cause birth defects (Santrock, 1998).

Prenatal care is inevitable to keep the pregnant woman and the developing child healthy. Prenatal care not only increases the mother's chance of staying healthy but also protects the developing fetus from different threatening conditions (Desalegn, 2005). Prenatal care is an effective intervention which is associated with improved pregnancy outcomes. It is associated with declines in rates of maternal mortality, infant mortality and low birth weight. It is also cost effective, particularly for low-income women. A study conducted in the United States of America in 1985 indicated that those pregnant, low-income, poorly educated women who were providing adequate prenatal care could reduce total expenditures for direct medical care of their low birth weight infants by 3.38 dollars during the first year of life (Brown, 1988).

Prenatal care is important for the identification and management of maternal complications. It is also important for providing essential services such as tetanus immunization, iron and/or vitamin supplementation, nutrition education and mitigation of potential pregnancy complications (Magadi, 2000).

Generally, prenatal care is preventive and protective care of the mother and the growing fetus during its development. It is directed toward preventing complications throughout pregnancy, modifying those that occur, and supporting the mother during this period in order to allow her to carry the fetus to the full term of growth (Dickason & Schult, 1979).

As opposed to the above, poor prenatal care imposes a risk for adverse pregnancy outcomes both for the mother and the baby in many settings of the developing world. Maternal mortality, perinatal mortality, neonatal mortality, premature delivery, low birth weight, pre-eclampsia, anemia and other congenital anomalies are the consequences of

poor prenatal care (Magadi, 2000; Dickason & Schult, 1979).

Many countries, including Japan and most Western European countries provide prenatal care to pregnant women as a form of social investment. They provide prenatal care with minimal barriers or conditions in place. This strategy helps to protect and support childbearing and to provide healthy future generations. As a result, pregnant women in these countries begin prenatal care early in pregnancy. These countries also report lower rates of infant mortality and low birth weight (Brown, 1988). The purpose of the present study is to describe how pregnant mothers care for themselves and the fetus. In addition, the study is aimed at finding the cultural practices and beliefs about pregnancy.

1.2 Statement of the Problem

According to Magadi (2000), nutritional deficiency disorders, poor health or nutritional status, and inadequate care before, during and after delivery are identified as the immediate causes of maternal deaths. UNICEF (cited in Magadi, 2000) stated "maternal and child deaths are the direct result of diseases and malnutrition, which in turn result from inadequate access to food, shelter, health care, safe water, sanitation and education" (pp. 181).

Valsiner (cited in Desalegn, 2005) indicated that the vast majority of women needing care, whether urban or rural, would not have access to the formal health system for care. He also added that complex patterns of traditional support exist in many societies to provide protection and nurture. In any case, for sound prenatal development, the mother's condition is paramount. What is her nutritional status? What are her developmental status and overall health? These are some of the questions that need answers (Pikunas, 1976). In

addition, the way she prevent diseases, the amount of rest taken, tasks performed and social support she receives also need to be considered. Therefore, the central aim of this study was to see what pregnant mothers do to care for themselves and the fetus based on the following leading questions. These are:

1. What kind of prenatal care practices pregnant women do to care for themselves and the fetus, including the type of food they eat, the way they prevent diseases, the type of tasks they perform, and the amount of rest they take during pregnancy?
2. Who is responsible in providing care and support in the family or out of the family?
3. What are the different cultural beliefs related to pregnancy?
4. In what way do the cultural beliefs affect prenatal care?

1.3 Objectives of the Study

As to the knowledge of the researcher, in Ethiopia there is no organized study conducted at the national level concerning maternal prenatal care practices. The general objective of the study is therefore to investigate and describe the different prenatal care practices in Efrata and Gidim Woreda.

Specific Objectives:

With the above objective in mind, the study has the following specific objectives:

1. To identify the prenatal care practices pregnant women perform to care for themselves and the fetus in terms of the type of food eaten, prevention of diseases, tasks performed and rest taken.
2. To identify the kinds of social support pregnant women receive.
3. To identify the responsible body and to show its extent in providing care and support.

5. To identify the cultural beliefs that can affect the well being of the mother and the fetus.
6. To give possible recommendations which will be useful for governmental and non-governmental organizations, policy makers and other responsible bodies who are providing care and support for the pregnant.

1.4 Significance

Prenatal care practices are important for the well being of the pregnant woman and the developing child. Conducting study in the area helps to improve the weak side and to appreciate the strong side of the practice. Generally, in countries like Ethiopia, where there is no enough study in the area, it is important to conduct such kind of study to show directions to concerned bodies so that they can take appropriate care and support measures for the well-being of the mother and the newborn. In addition, studying the maternal prenatal care practices is important to know how pregnant women provide care for themselves and the fetus and to identify the problems in providing care and to let them become aware of the way appropriate prenatal care is provided. It is also important for the society and health care practitioners to supply information in providing the necessary care and support to the pregnant woman by identifying the gap. Besides, the study provides possibilities to give information to policy makers and to those who work in the area of mother and child. Finally, the study will serve as a stepping-stone for further studies in the area.

1.5 Delimitation

The study is delimited to pregnant women living in Efrata and Gidim Woreda (North Shoa, Amara Region). The Woreda was selected as a study site because the

research knows it very well and hence access to data and communication with Woreda officials, researcher participants and other concerned bodies can be easily attained. The study focuses on pregnant women in the Woreda to see what they are practicing/ performing to care for themselves and the fetus because it is critical time for the study to collect first hand information from the source. In addition, key informants (especially elder women) who are thought to have better knowledge about the cultural practices of the area during pregnancy are included.

1.6 Operational Definition of Terms

Prenatal Care- refers to care related maternal activities during pregnancy, including nutritional care, medical care, and care related to work and rest.

Prenatal Period - the period of development from conception to birth excluding labor and delivery.

Social Support- refers to the psychological, moral and physical assistance the society (including family members and neighbors) provides to the pregnant woman for the betterment of the mother and the developing child.

Culture- refers to the behavior patterns, beliefs, and all other products of a particular group of people that are passed on from generation to generation (Santrock, 1998).

CHAPTER TWO

2 REVIEW OF RELATED LITERATURE

This chapter encompasses factors associated with insufficient prenatal care and cultural differences in prenatal care practices.

2.1 Some Factors Associated with Insufficient Prenatal Care Practices

Different factors are associated with insufficient prenatal care. Some of the factors are mother's age, education, birth order, marital status and income (Brown, 1988).

Mother's Age

Different researches show that the age of the mother is a determinant of her reproductive efficiency. Pregnancies that occur at either extreme of the reproductive age range (15 & 49) entail risks for both the mother and baby. Pregnancy during adolescence stage is distressing. In younger mothers the risks are associated with stress and insignificant family support; lack of education, physical, psychological, and emotional immaturity; and inadequate medical care (Pan American Health Organization, 1993). Nutritional and vocational difficulties in addition to a variety of serious health and social problems also aggravate the problem. The physiologic maturity of adolescent mothers to withstand the additional stresses of pregnancy also has a distressing effect (Roberts & Williams, 1993). They also added "the pregnant teenager is confronted with a number of special risks and stresses that may influence the outcome of the pregnancy and the well-being of the mother" (pp.35). The consequence of these influences on adolescent mother are giving birth prematurely, delivering underweight babies, or experiencing birth traumas

that may impede the infants' normal development (Pan American Health Organization, 1993 & Rynbergn & Dibble, 1976).

Concerning mortality of infants, Ventura et al. (cited in McCormick & Siegel, 1999) indicated that the risk of neonatal mortality increases substantially for births to teens. Santrock (1998) also added some point to it. He stated, "the mortality rate of infants born to adolescent mothers is double that of infants born to mothers in their twenties" (pp. 111). In addition, because young mothers are at high risk of obtaining late or no prenatal care (Brown, 1988) rates of low-birth-weight deliveries are significantly higher (Roberts & Williams, 1993).

Pregnancy risks also increase as the mother gets older. Mothers age 40 and over do not begin care in the first trimester and obtain care late or not at all (Brown, 1988). According to Fabes & Martin (2000), mothers over 35 are at increased risk for having a child with Down syndrome. They also expose themselves to high blood pressure, gestational diabetes, and cardiovascular disease. Roberts & Williams (1993) indicated that pregnancy during pre-menopausal years is associated with obstetrical complications and unfavorable outcomes. Being an older mother, as Jones & Jones (2004) shown heightens the risk of pre-term labor. In addition, medical problems such as chromosomal alterations in the offspring, as well as placental difficulties, hemorrhages, and eclampsia will occur frequently (Pan American Health Organization, 1993).

Education

The probability that a pregnant woman will obtain care late or not at all decreases steadily as her educational level increases. Mosley and Chan (cited in Girma, 1999)

indicated that woman's educational level could affect child survival by influencing her choices and increasing her skills in health care practices. This is because of her responsibility for her own care during pregnancy and the care given for her child. A study conducted in the United States of America in 1985 indicated that 88 percent of mothers with at least some college education began care early in pregnancy, compared with 58 percent of mothers who had less than a high school education (Brown, 1988).

A study conducted by Magadi (2000) indicated a direct relationship between education and prenatal care. Higher educational attainment is consistently associated with more adequate prenatal care. Mothers aged at least 35 years and those with no more than incomplete primary level of education have about double the odds of inadequate prenatal care compared to those aged 20-24 years and with at least secondary education level, respectively. Education also affects the need for vaccination. The proportion of children fully vaccinated rises steadily with increasing educational attainment.

One's educational level can influence his/her way of preventing diseases. If a pregnant woman's educational level is low, it is more likely that she does not know the way to prevent diseases. Therefore, both the pregnant woman and the fetus will be exposed to different diseases. These diseases have a dramatic impact on the developing child. Beckman & Brent (cited in Fabes & Martin, 2000) pointed out that infectious diseases transmitted to the developing child cause about 3 to 5 percent of birth defects. Some of these diseases are rubella, syphilis, and pediatric AIDS.

Education also affects the food preference of pregnant women. Good nutrition during pregnancy is an essential part of prenatal care. The mother requires more calories such as protein, vitamins and minerals to meet the needs of her body and developing fetus

(Desalegn, 2005). According to Jones & Jones (2004), "if you eat a healthy diet that contains fortified cereals or breads, meat, and four or five varieties of fruits and vegetables a day, you may not need to take a supplement at all" (pp. 146). Concerning the importance of nutrition, Kalat (1986) stated the following point: "if the mother is healthy and well-nourished throughout pregnancy, the developing organism will experience a constant and supportive environment...undesirable prenatal environment, however, may cause abnormal development. Throughout pregnancy, the developing baby receives oxygen and nutrition from the mother. The baby is also exposed to anything else that enters the mother's blood" (pp.359).

Birth Order

Birth order exerts an independent effect on reproductive performance (Roberts & Williams, 1993). The number of children a woman has affects the mother's chance to obtain insufficient care or none at all. As the number of children a woman has increases, the adequacy of care decreases, that is, she is to delay care or to seek none at all (Kalat, 1986). This lack of sufficient care further increases when the pregnancies are closely spaced (Roberts & Williams, 1993). This situation is clearly related to the adjustment of the mother, fetus and placenta. Concerning this, Roberts & Williams (1993) stated that "pregnancy stimulates an adjustment of the mother, fetus and placenta to a new physiologic state. After birth the process reverse, and readjustment takes place. It is undesirable for another pregnancy to occur before the readjustment is complete" (pp. 37). According to Fabes & Martin (2000), labor and delivery is quicker and less demanding for later-born children, but these advantages are lost if later births follow too closely.

Frequent pregnancies pose the risk of reducing a woman's store of iron and other vitamins and minerals (Pan American Health Organization, 1993). A reduced interval between pregnancies is one of several factors related to perinatal mortality, morbidity, prematurity and low birth weight (Roberts & Williams, 1993).

Marital Status

There is an inverse relationship between being unmarried and prenatal care. Pregnant women who are unmarried are more likely to obtain insufficient prenatal care than those who are married. This relationship (the correlation of unmarried status with insufficient prenatal care) has become more important in recent years as childbearing among unmarried women has increased. The timing of entry into prenatal care lessens somewhat with increasing age; however, at any age unmarried women exceed married women to obtain late or no care. The analytical study of Ventura and Hendershot indicated "teenage mothers began prenatal care earlier if they were married at conception than if they were not...and those who were married after conception but before delivery began prenatal care earlier than those who were not married at the time of delivery" (Brown, 1988, pp.38).

Income

Poverty is one of the most important correlates of insufficient prenatal care. One's socioeconomic status (education, income, and occupation) determines his/her housing, sanitation, diet, health care and life style (cited in McCormick & Siegel, 1999). A study in Massachusetts in 1985 indicated "the probability of obtaining adequate care increases as income grows" (Brown, 1988, pp.39). But as the income level decreases, the pregnant

woman will not be able to prevent herself and the fetus from diseases mentioned earlier. Berkowitz & Papiernik (cited in McCormick & Siegel, 1999) indicated that an increased risk of pre-term delivery is associated with lower socioeconomic status. Malnutrition is also associated with low income. Poor nutrition that would cause only temporary problems for an adult may lead to permanent impairments of the brain to the fetus during prenatal development (Kalat, 1986). Houston, Hammen, Padilla, & Bee (1989) support this idea in that "maternal malnutrition (especially protein deficiency) has its greatest effect during the final trimester of pregnancy when most brain cell development occurs in the fetus" (pp. 454). Malnutrition is related to major prenatal deformities, premature birth, neonatal death, and small size of the newborn infant (Pikunas, 1976). In 1987, it was reported that 71 percent of low-income women experienced a problem in getting prenatal care because of finances, transportation, and childcare as barriers (Santrock, 1998). Low income is also associated with smoking, overweight, and lack of exercise (McCormick & Siegel, 1999).

To conclude, those pregnant mothers who are educated, married, and nonpoor, have the best rates of prenatal care utilization. Unmarried women have the greatest risk of late or no care. Women with low incomes, less than a high school education, and teenagers also face substantially greater risks (Brown, 1988).

2.2. Cultural differences in prenatal care practices

Nutrition during Pregnancy

Nutrition is one of the most important factors contributing for the healthy development of all human beings. It is also one of the various necessities that the would-

be-mother has to give great considerations. The would-be-mother must eat balanced diet in order to help the baby develop properly and manage her own health. This is because the baby's vital organs develop during the different developmental phases of pregnancy. Good nutrition contains all the food nutrients including protein, vitamins, minerals (e.g., calcium, iron, magnesium), fats, and carbohydrates which are all important for the pregnant and the fetus if taken in an appropriate way (Desalegn, 2005). The suggested dietary patterns during pregnancy include whole or skimmed milk, lean meat, fish, poultry, eggs, dried pees, beans and nuts, fruit, vegetables, bread and cereal, butter and margarine. Food items consisting of either more of the foods already listed or other foods of one's own choice adjusted to individual energy needs and in relation to desired weight gain and vitamin D are additional food patterns suggested during pregnancy (Rynbergen & Dibble, 1976).

According to Jones & Jones (2004), "your body best absorbs vitamins and minerals from food sources and needs a variety of foods to stay healthy" (pp. 145). In contrast, poor nutrition lacks the above-mentioned nutrients which deteriorate one's development (Desalegn, 2005). Such a diet is usually low in most necessary food nutrients; there may even be one food group, such as milk, entirely missing. Here it should be noted however that poor nutrition does not mean hunger. But rather it means food type which is not sufficient to meet one's nutritional needs (Rynbergen & Dibble, 1976).

Studies of nutrition of women during pregnancy have mostly shown a relationship between the diet of the mother and the condition of the baby at birth. Burke (cited in Birch & Gussow, 1970) indicated "differences in spontaneous dietary intake among pregnant women were reflected both in differences in the mother's health during pregnancy and in

the size and quality of the infant she produced; the supplementation studies lent support to the idea that both the pregnant women and her child benefited from improved nutrition during pregnancy" (pp. 125).

Protein intake is associated with abortion in Dieckmann's study. Dieckmann (cited in Birch & Gussow, 1970) indicated that protein intake in early pregnancy (first trimester) prevents abortion. According to the study, no abortion took place among 106 women who during the first trimester were injecting over 85 grams of protein a day, while 6 abortions occurred among 68 women who were injecting less than 55 grams of protein a day. Rynbergen & Dibble (1976) added that pregnant women who always eat a diet adequate in all essentials and are in good health are more likely to have a better chance of bearing a healthy baby than does the mother who has consistently had a poor food intake. It should be noted however that it might be difficult to show a clear relationship between diet during pregnancy and the newborn's health. This is because those expectant mothers who do not eat adequately are usually surrounded by additional problems such as inadequate prenatal care, poverty, and malnutrition prior to the pregnancy. It is therefore even more important to improve a woman's nutrition before she becomes pregnant than to supplement it during gestation, so as to ensure optimum health at the beginning of the pregnancy (Pan American Health Organization, 1993).

The importance of good nutrition before pregnancy is also given great attention by Bobak & Jensen (1983). According to them, "a woman's nutritional status before, during and after pregnancy contributes to a significant degree to the well-being of both herself and the infant" (pp. 35). Therefore, what a woman consumes before she conceives has equal importance to what she consumes during and after pregnancy to the health of

succeeding generation.

In addition to keeping the mother's health and other benefits the food she eats is partially used for the production of milk. The quality of food the mother eats determines the quality of the milk she produces. If she does not eat the right food in an adequate way, the quality and the quantity of the milk can decrease. Mother's nutritional need during pregnancy and lactation depends on the amount of work she does. If she has to do heavy work especially physically demanding work for long hours, she must have more food than a mother who does not work (WHO, 1983).

Vitamins help the development of our body in different ways. Vitamin A improves vision and increases resistance to viruses. One can get Vitamin A from animal products (such as liver and butter) and plant products (such as green papers, sweet potatoes, carrots, papaya, and mangoes). Vitamin B (B complex) is also used by the body to release energy from foods, metabolize protein, maintain healthy nervous system, and for the growth and repair of tissues. Animal products (such as meat, eggs, and dairy) contain large amounts of Vitamin B. One has to take a full B complex in order to fulfill the daily prenatal vitamin that the body needs. The proper functioning of our body's immune system is unimaginable without Vitamins (Jones & Jones, 2004). Jones & Jones (2004) also indicated that vitamins should be taken during pregnancy. Adequate amounts of vitamins must be consumed pre-pregnancy, and followed through during the first six weeks of pregnancy, before even most women know that they are pregnant.

For the baby to build his/her bones the pregnant woman need to take a lot of calcium (the minimum daily recommended amount is one thousand milligrams). The baby receives his/her calcium need from the calcium (the major source is milk) in the mother's

diet, not from the calcium in the mother's bones or teeth.

The ironic content of the pregnant woman should be doubled because her body must produce extra blood to support the growing baby. Iron can be mostly found in meat, chicken, and fish. Iron-deficiency anemia is common, and it can increase the risk of pre-term delivery.

Magnesium, which can be found in all unprocessed plant foods, is important to the functioning of the cells of the pregnant mother's bones and tissues, to developing strong bones, and to decrease preeclempsia and low birth weight. Receiving sufficient amount of magnesium can spare pregnancy irritations of muscle cramps, mental disorientation, and depression (Jones & Jones, 2004).

Different cultures have different beliefs and ideas about pregnancy nutrition. In each culture there are some food items that are strictly forbidden to pregnant women and there are some other types of foods that are highly recommended to be taken. Rynbergen & Anderson (1976) stated "food habits are a deeply rooted aspect of many cultures. One culture may consider food only as a means of satisfying hunger; another may consider eating a duty, a virtue, or a form of pleasure; still another may feel eating is a means of family or social sharing" (pp. 139). A study conducted in Sudan by World Health Organization (cited in Desalegn, 2005) indicated that pregnant women often have restricted food intake mainly to avoid morning sickness which is believed to have been prevented by eating little or very limited amount of food. In addition, food restriction is necessary due to the belief that unrestricted amount of food will cause a large fetus which in turn causes obstructed labor. In Sokoto state in Nigeria pregnant women are advised to avoid sugar and honey because it is believed that these food items cause prolonged and

painful labor. In Oman, pregnant women are advised to eat less food, especially less protein as a result of a wide spread belief that protein makes the pregnant women fat especially in the abdominal area causing space shortage to the fetus.

In Kumama society in Uganda the pregnant woman is not supposed to eat intestine of any animal (Nzita & Mbaga, 1993). Peggy (cited in Desalegn, 2005) indicated that pregnant women in China, especially those in the first trimester, are advised not to eat cold foods such as beans, bean, and banana to reduce the risk of miscarriage. They are also advised to follow specific dietary recommendations with each month of pregnancy, for example, at the fourth month they are advised to eat rice and fish broth and at the sixth month for the meat of muscular fowl and fierce beasts (Jones & Jones, 2004).

When we come to Ethiopia, according to Desalegn (2005), in Berta culture there are certain food items which are strictly forbidden during pregnancy. The most commonly prohibited food items are sesame, tomatoes, sugarcane, coffee almond and "nug" oil. It is believed that these food items will cause headache, nausea, vomiting, and stomach ache (coline), especially during the early months of pregnancy. Pregnant women are also restricted from eating citrus fruits, especially lemon. This is because of their belief that lemon reduces the pregnant woman's blood volume while at the same time causing extended delivery time and difficult labor. In addition to cultural influences to food preferences the mother's occupation, socioeconomic situation and standard of living are also directly related to her nutritional status (Pan American Health Organization, 1993). Food items that should be limited or avoided during pregnancy are soft cheese (which can harbor harmful bacteria called Listeria), raw or undercooked meat, poultry, eggs or seafood (can harbor unfriendly bacteria or parasites), caffeine (can lead to dehydration,

especially in the first trimester), alcohol (related to miscarriage, developmental problems, and low-birth-weight babies) and certain types of fish since freshwater fish such as catfish, bluefish, and striped bass may be contaminated with environmental pollutants (Donnelly, 2000).

Pregnant mothers who are malnourished or those who do not receive the necessary food items during pregnancy may give birth to a child whose brain development is damaged. A child whose brain was damaged during pregnancy will face learning difficulties in school. He/she will also face behavioral problems as the child grows older and when compared with other children of the same age (Hurlock, 1980). Malnutrition also causes an increased risk for delivering small or growth-restricted infants (McCormick & Siegel, 1999). Antonove (cited in Birch & Gussow, 1970) indicated the extent of prolonged deprivation in that it interrupts pregnancy and finally prevent conception altogether. McCormick & Siegel (1999) concludes that "it appears that women with good nutritional status and a normal body mass index have better pregnancy outcomes than women with poor nutritional status and a low body mass index" (pp. 119).

Prevention of Diseases during Pregnancy

Many women suffer from illnesses that are aggravated by the condition of pregnancy. Among the illnesses that are aggravated during pregnancy are malaria, tuberculosis, infectious hepatitis, diabetes, thyroid disease, heart disease, and arterial hypertension. There are also diseases which in themselves pose serious risks for the mother and child. These include sexually transmitted diseases, such as syphilis, gonorrhea, herpes and infection with the HIV, which develops into AIDS (Pan American

Health Organization, 1993). Beckman & Brent (cited in Fabes & Martin, 2000) pointed out that infectious diseases transmitted to the developing child cause about 3 to 5 percent of birth defects. Some of these diseases are rubella, syphilis, and pediatric AIDS.

Rubella (German measles) is a virus which can affect the developing child by crossing the placental barrier (Santrock, 1998). The problem is serious when it occurs during early pregnancy (Fabes & Martin, 2000). Infants infected by rubella are born with malformations, including mental retardation, blindness, deafness, and heart problems. The problems can be prevented by immunization prior to pregnancy (Santrock, 1998).
Another disease is syphilis. Syphilis is a sexually transmitted disease which is caused by bacteria. The bacterium crosses the placental barrier and damages the developing child. Unlike most teratogens, syphilis is more dangerous in latter prenatal development (i.e., after the organs have been formed). It causes lesions on the eyes, leading to blindness, and on the skin and mucous membranes, retards growth, liver damage, and problems with their nervous system (Fabes & Martin, 2000).

Pregnant women infected with the human immunodeficiency virus (HIV) often transmit the disease to their developing fetuses. HIV is usually transmitted to the fetus through the placental barrier. It also may be transmitted during delivery because of the infant's exposure to vaginal fluids and during breast-feeding. HIV infected infants are likely to have impaired brain growth, bacterial and viral infections, cognitive defects, and weak muscles (Fabes & Martin, 2000).

It is important to note that prenatal care visits are started early in pregnancy and continue at regular intervals throughout the pregnancy. It is generally recommended that prenatal care visits should be mage monthly during the first 7 months, fortnightly during

the 8th month, and then weekly until birth (Magadi, 2000).

In Nairobi slums in Kenya nurses and trained midwives are the predominant prenatal care providers. This situation tells us that very rarely do traditional birth attendants provide care in this urban setting. This pattern of prenatal care provider in the slums is consistent with prenatal care in the rest of Kenya (Magadi, 2000).

In contrast to the above, in Latin America due to differing cultural and personal preferences, expectant mothers often receive their care from traditional birth attendants rather than doctors. Such is generally the case in the poorer socioeconomic classes and in rural areas (Pan American Health Organization, 1993).

In Berta culture in Ethiopia pregnant women prefer to go to either religious father called "Shek" or to traditional healers, or both, whenever their health is at risk. The religious fathers give them a hand written wood quoted from the holy "quran" called "almahya", and a script paper called "albuhir". "Almahya" is then socked in water and washed. Thereafter the woman is asked to drink the water so she can be relieved of any pain. "Albuhir", another traditional medicine in Berta culture, is burned and smoked by the pregnant woman.

Traditional healers also provide medications to pregnant women in Berta culture. They provide medicines from leaves and roots of trees, in some areas called "etsahi". Medicines produced from roots are squeezed with water and drank by pregnant women. Because they believe that these traditional medicines are important, they do not take their side effects into account while using them (problems associated with over dosage). Only few of the respondents included in the study have visited modern medical institutions. The majority of them take modern medical institutions as a last alternative (Desalegn, 2005).

Tasks Performed and Rest Taken during Pregnancy

Pregnant mothers should avoid overtiredness and take rest several times a day. Daily household chores can be continued as long as she desires and unless her physician advises her differently. But she should be very careful when bending, reaching and lifting to avoid injuring her back (Brisbane, 1988). Poverty is directly related with work during pregnancy. Pregnant women who are under poverty are likely to work more and delay prenatal care or no care at all. Because the majority of their time is spent to earn money, the care they do receive for themselves and their children is more likely to be sub optimal (Roberts & Williams, 1993).

A meta-analysis of 29 published studies involving 160,988 working women conducted in America by Morzurkewich & colleagues (2000) documented significant association between women's working conditions and adverse pregnancy outcomes. The study revealed significant association between physically demanding work (defined as heavy and/or repetitive lifting or load caring, manual labor, or significant physical exertion) and preterm birth. Small-for-gestational-age infants and maternal hypertension or preeclampsia were also found to be significantly associated with physically demanding work. Because of increased number of employed women in the United States since 1960 the incidence of low birth weight increased from 6.8% to 7.4% of all births, while preterm births rose from 8.8% to 11% in 1996.

Another study by McConnell (2000) indicated that if work during pregnancy extended into the third trimester, it will result in increasing the probability of preterm delivery, a decrease in mean birth weight, and an increased incidence of pre-eclampsia.

Working Mother Magazine advises pregnant women to take enough rest. According to the magazine, getting enough sleep is crucial. It also adds that ten or eleven hours a night should be usual for pregnant women. In addition, the magazine advises pregnant women to avoid working up until their due date. They should have a little time to relax and unwind.

Rest intervals with feet elevated will help prevent edema and will improve lower-extremity circulation (Dickason & Schult, 1979). Short and frequent breaks with regular rest periods can also improve one's productivity (Mayo Foundation for Medical Education and Research, 2005). Tiredness exposes pregnant women to nausea. The more tired the pregnant is, the more nauseated she can become. It is also a cause for fatigue.

It is believed that for most women, especially if they are working, the activities of the home provide enough activity and exercise (Dickason & Schult, 1979). Moving around every few hours can ease muscle tension and help prevent fluid buildup in the pregnant woman's legs and feet (Mayo Foundation for Medical Education and Research, 2005). A pregnant woman is advised to sit on a comfortable seat having adjustable armrests, a firm seat and back cushions, and good lower back support that can make long hours of sitting much easier. Frequent standing can cause blood to pool in the pregnant woman's legs. This can lead to pain, dizziness or even fainting. Standing also puts pressure on the pregnant woman's back. Another thing which is directly related to work is bending and lifting. A pregnant woman might be advised to avoid heavy lifting. If she is recommended to lift something light, she will be told a right way and a wrong way to lift.

Generally, certain working conditions may increase the risk of complications during pregnancy. These activities and conditions include heavy, repetitive lifting and

carrying, prolonged standing, long and stressful commutes to and from work and exposure to harmful substances. Therefore, a pregnant woman should be kept from being exposed to such work environments.

As the nature of cultures in the world varies, the care provided to pregnant women also varies. In some cultures pregnant women are encouraged to perform more tasks than usual for various reasons. For example, a study conducted in Kenya by Levine & Levine (cited in Desalegn, 2005) indicated that pregnant women in Gussi community continue to perform difficult physical work until they no longer feel capable of doing it. Pregnant women of the Nyasongo community also perform normal domestic and agricultural tasks until about a week before giving birth. Some women in this area claim they are "stronger" during pregnancy and can work harder. According to Peggy (cited in Desalegn, 2005), in China beginning from early pregnancy women are encouraged to take rest, and avoid heavy tasks in order to have healthy pregnancy and as a result a healthy baby. They are also advised not to carry heavy load or engage in difficult work during the first trimester for fear of miscarriages. Fisher & Fisher (cited in Desalegn, 2005) indicated that in Orchard town in the United States of America pregnant women are supposed to be careful during pregnancy for the sake of the fetus. They are advised to avoid any heavy physical exertion for fear of causing an abortion or miscarriage.

A study conducted by interviewing students in Ethiopia by Ringness & Gander (cited in Desalegn, 2005) shows that in some parts of the country pregnant women are excused from hard work and provided with better food. In other parts of the country pregnant women do not receive the necessary care and they are even expected to work harder until the day of delivery. Because such groups do not have the necessary

knowledge about prenatal care, pregnant women may suffer from malnutrition, and worst they are sometimes beaten by their husbands.

Under normal conditions, the Berta culture imposes difficult tasks to women. Women are expected to play a determinant role in supporting the family's economy. They are the back bone of the family's economy by performing activities like extracting gold (traditionally), taking bamboo tree and charcoal to the market, going to the field to cultivate, collecting firewood, fetching water from the river, and performing all domestic activities. The pregnant woman is expected to perform all activities that she was performing before her pregnancy. The role of the husband is simply to look after the cattle and sell the gold that was extracted by his wife. This shows that there is no restriction as to the type of work a woman has to do during pregnancy. The reason why pregnant women are encouraged to work harder is that it is believed if women work harder during pregnancy, delivery becomes much easier than if they do not work hard. If women do not work harder during pregnancy, according to their belief, blood does not move and may result in prolonged and difficult delivery (Desalegn, 2005).

Social Support Provided during Pregnancy

Different studies consistently show a relationship between social disadvantage and low birth weight. Babies born to mothers in socially disadvantaged situations are more likely to be small and so have health problems. Because of such facts many countries have programs offering special assistance to women thought to be at risk for giving birth to a low birth weight infant. Advice and counseling (about nutrition, rest, stress management, Alcohol and recreational drug use), physical assistance (e.g., transportation to clinic, help

with household responsibilities), and emotional support are among the programs offered to disadvantaged pregnant women (Hodnett & Fredericks, 2003).

According to Masters & Johnson (cited in Desalegn, 2005), although people believe that care and support should always be provided by doctors and nurses in a hospital, it should be recognized that care giving is indeed more of the mother's and family responsibility. A study conducted by Hodnett & Fredericks (2003) indicated that pregnant women need the support of caring family members, friends, and health professionals.

Jensen, Benson & Bobak (1981) indicated that pregnancy involves not only the mother-to-be but also the father-to-be, prior offspring, parents, and other family members. But they gave special attention to the father in that he is considered as the most important person during pregnancy. They added "the father of child is probably the most important of those persons who form the pregnant woman's significant others....His beliefs about the ideal mother as well as the ideal father and his cultural expectations of appropriate behavior during pregnancy will affect his response to her need for him" (pp. 214). In Karimojong society in Uganda relatives of the pregnant woman come to assist her when she is about to give birth (Nzita & Mbaga, 1993). A study conducted by Susan (1994) indicated that in Oromo culture elder females provide support to pregnant women through pregnancy and childbirth. Another study by Desalegn (2005) indicated that in Berta culture a pregnant woman receives care and support from her family members, her husband's relatives and neighbors. The husband sometimes helps in doing heavy tasks such as grinding grains with a wooden pestle and mortar, carrying heavy loads, fetching water, collecting firewood, and selling bamboo and charcoal. The husband also buys to

the pregnant wife certain food items such as corn, maize, lentil, sorghum, egg, and chicken.

Neighbors and her husband's relatives also engage in various domestic and field activities to help the pregnant woman. For example, they cook food, bake "injera", collect firewood, fetch water etc. These people around her help her in domestic and field activities only when they are free from their own tasks. Even if she gets help, she is still expected to perform simple tasks such as cleaning the floor and cooking food in the house. This is because being out of work during pregnancy is thought to cause delivery complications and difficult labor. In addition to helping domestic and field works, her husband's relatives and neighbors bring her different types of food items such as soup (broth) porridge, egg, millet, etc. and give her moral support and encouragement about the forthcoming delivery. Such social support is provided more especially to a woman who did not have birth experience before.

It should be noted however that the woman's relatives do not support her during pregnancy. This is because according to their culture, immediately after the marriage ceremony the newly married woman must go to her husband's village. She will be surrounded by her husband's relatives, not by her own relatives. Her relatives visit her only when she is ill or approaching delivery. Desalegn (2005) concludes that "in Berta, pregnant women have strong ties with relatives and neighbors. Women have a daily coffee ceremony where they come together for coffee and deal so many social issues. This daily gathering of women established support network for the prenatal and postpartum care of the mother and newborn. They usually come with a lot of food items during pregnancy and birth. They also come together and give moral support" (pp. 76).

Another study conducted by Tesfaye (1994) in the Omotic Ari community takes us to a different situation. When a pregnant woman approaches delivery, usually after the 8th month, her husband with the help of neighbors builds her a small hut near a coffee plant. She will be separated from the family and society until delivery, being treated by an unmarried girl who has not yet reached a puberty age in providing food, water and other necessary services. The isolation of the pregnant woman is done because she is considered impure and dangerous or because her very pregnancy places her physiologically and socially in an abnormal condition.

CHAPTER THREE

3. RESEARCH DESIGN AND METHOD OF THE STUDY

3.1 Research Design

The study focused on identifying the prenatal care practices of pregnant women in terms of the type of food they eat, the way they prevent diseases, the kind of tasks they perform, the amount of rest they take and the social support they are provided with by their husbands, children, neighbors, and relatives. Addressing all these people living around the pregnant women helped the researcher to use an inclusive approach. To meet the aim of the study, qualitative approach has been used. Gall et al. (cited in Efrem, 2005) stated that one of the main characteristics of qualitative research is its focus on the intensive study of specific instances. So this seemed to be compatible to the present study as the intention of this study was to do an in depth investigation on a limited number of subjects. In this section study area, population and sampling, instruments, procedure of data collection and the statistical techniques of data analysis are presented.

3.2 Study Area

Efrata and Gidim Woreda is located to the North East of Addis Ababa in Amara Region, North Shoa Zone. The highway from Addis Ababa to Dessie snakes its way through the ragged terrain of the Woreda. The Woreda has 1 health center, 3 health posts and 4 clinics, the largest and best center being located in Efeson, the Woreda's centre. In addition, there are 2 privately owned clinics. The facility in Efeson attracts a large number

of patients as a result. The health station gives service to patients coming from all corners of the Woreda and to people living in adjacent Woredas. Based on the above reasons the researcher selected the clients of this health center for the study.

3.3 Population and Sampling

3.3.1 Population

The target population of the study was pregnant women and elder women in the Woreda.

3.3.2 Samples and Sampling Procedure

The source of data for the study was pregnant women and elder women. The total population of the Woreda based on the 1997 E.C. census was 139,132. The majority of the population, that is, about 85 % lives in rural areas which do not have even basic medical services. In order to determine the study population, there must be an actual number of pregnant women. But because of lack of actual number of pregnant women in the area, the researcher was forced to take sample purposefully. Selection is not simply seeking a representative portion of a population. Rather, it is reaching information rich sources related to a study (Amera, 2004). Therefore, selecting appropriate information rich persons has been done through purposive sampling method from the health center based on the agreement reached with the Woreda officials and health officers. In the health center there are on average 54 pregnant women who have monthly regular medical check up. The researcher selected 4 pregnant women for interview believing that they could provide valuable information for the study. 15 elder women (all of them from rural areas) were also selected as key informants based on their experience and knowledge about the cultural practices during pregnancy because they are permanent residents of the

area. The researcher focused on rural areas based on the assumption that people living in rural areas have better chance of reserving their culture without mixing it with other cultures. Elder women were selected purposefully in collaboration with "edir" leaders and Kebele administrators. In addition, their willingness and availability was also taken in to consideration. Participants for the focus group discussion were also taken from the above group. Therefore, for this study, the purposive sampling method was used to select manageable size of sample that fits the nature of data gathering instrument.

3.4 Data Collection Techniques

The better way to study maternal prenatal care practices during pregnancy is through observation. This method helps the researcher to see/follow up the day-to-day activities pregnant women do to care for themselves and the developing fetus by reaching every one of them. But due to time constraint and the inconvenience of traveling around highly scattered community with no road transportation, the researcher was forced to use interview and focus group discussion.

3.4.1 Interview Schedules

The researcher developed two-interview schedules (the first one for pregnant women and the second one for elder women) after reviewing relevant literature regarding maternal prenatal care practices and social support. The interview schedules were prepared in Amharic. The schedule prepared for the pregnant women has two parts, the demographic characteristics and the current activities of pregnant women related to care. In the first part, that is, demographic characteristics of respondents, all respondents are asked to provide information regarding their age, marital status, pregnancy experience,

number of children they have, level of education, occupation and religious background. The second part contains what pregnant mothers are performing currently to care for themselves and the fetus concerning the type of food they eat, the way they prevent diseases, the type of tasks they perform, the amount of rest they take and social support provided. It has 14 close-ended and 6 open-ended items.

The interview schedule prepared for elder women has also two parts. The first part, that is, the demographic characteristics of respondents included the age, marital status, educational level, occupation, and religious background of respondents. The second part contains the cultural beliefs, activities, and expectations related to pregnancy. It has 13 close-ended and 5 open-ended items. The items in the interview schedule are aimed to answer what pregnant women are doing currently to care for themselves and the fetus and what elder women know about the cultural practices during pregnancy. Efforts were made to make the questions easy and understandable to the interviewees in order to promote positive interaction between the interviewer and the interviewees.

3.4.2 Focus Group Discussion Schedule

Wellington (cited in Assefa, 2005) indicated that focus group discussion is considered as a good way of obtaining helpful information because of the fact that conducting discussion in group may provoke individuals mind to generate ideas and to make an exhaustive argument among each other. Based on this a focus group discussion schedule was developed to conduct discussion among elder women. It was designed to examine their common understanding about the cultural practices in the area. It was also utilized to obtain stronger, well-discussed and useful information which can increase the

reliability of the study. To make the discussion more interesting and resourceful, five guiding questions were prepared, each of which represents the main idea of the research questions. All the items in the focus group discussion schedule were designed in the form of open-ended questions.

The interview and the focus group discussion were recorded by tape recorder with the permission of the respondents in order to minimize lose of information during the interview and discussion process.

3.5 Procedure of Data Collection

As the method of data collection for pregnant women was interview, the researcher met all the research participants turn by turn in different days when they came for their monthly check up. The health officer in the health center facilitated the room to interview pregnant women after finishing check up. Each informants was explained the purpose of the study and told that all of their answers would be confidential and asked to give genuine answers. Then, the researcher began the interview by reading the questions turn by turn. Sometimes, the researcher was explaining questions which seemed vague for informants.

After this, another interview was held with elder women. It is held in different settings primarily because the informants were selected from different areas in the Woreda. Some of the interviews were held in the researcher's relatives house, others in rural Kebele offices and still others under trees.

Lastly, the focus group discussion was conducted. The researcher planned to conduct two discussions each with seven members. But because of the uneven settlement

and time inconveniencies to collect them at the same time, he was forced to conduct with six members each. The same thing was done in explaining the purpose and the procedure for both elder women and participants of the focus group discussion.

3.6 Data Analysis

Through the designed instruments the data was gathered, analyzed and interpreted in line with the research questions raised by this specific study. The data was analyzed qualitatively.

CHAPTER FOUR

4. RESULTS AND DISCUSSION

4.1 RESULTS

The purpose of this chapter is mainly to describe and interpret the results related to the objective of the study, that is, investigating the prenatal care practices during pregnancy. Hence, this chapter incorporates the results and discussion of the case reports by participants selected to the study. The analysis was presented by categorizing similar questions together, i.e., by grouping answers of similar questions together. To respond to the major research questions, a qualitative research method was applied. The interview result for pregnant women was presented using first person pronoun with the intention of bringing the cases live to the reader where as the interview results for elder women and focus group discussion were presented as a reported speech. The report is presented under five categories. These are:

1. Background information about research participants
2. Dietary change during pregnancy
3. Prevention of diseases during pregnancy
4. Work condition and amount of rest taken during pregnancy, and
5. Social support during pregnancy

4.1.1 Background Information about Research Participants

Table 1- background information about pregnant women

Characteristics	Pregnant Mothers			
	1	2	3	4
Age	41	38	35	37
Marital status	Married	Married	Married	Married
Pregnancy experience	3 times	4 times	3 times	5 times
Number of children	2	4	3	3
Education	-	1-8	-	1-8
Occupation	House wife	House wife	House wife	House wife
Religion	Orthodox Christian	Orthodox Christian	Muslim	Orthodox Christian
Way of identifying conception	Cessation of menstruation	Cessation of menstruation	Cessation of menstruation	Cessation of menstruation

It is evident from Table 1 that age range of the participants was between 35-41 years. All of them were married and had over 3 times of pregnancy experience including the current one. The number of children they had ranged from 2-4 with an average of 3 children. Concerning their educational level, 2 of them were at elementary level and the rest two did not begin at all. As far as occupation is concerned, all of them were house wives. But their lives depended on farming. Of the 4 participants only one was Muslim and the rest 3 were followers of Orthodox Christian. Regarding the way of identifying conception, all of them knew they were pregnant by the cessation of menstruation. After

assuring pregnancy one of them reported that she felt nothing because it was a usual phenomenon for her (Case1).The other one (Case 2) was very sad. She reported in the following way: "I was very sad when I knew that I am pregnant by the cessation of menstruation. This is because of my own health problem. I know that I do not have the capacity to be a pregnant and get birth." Another interviewee (Case 4) reported that she was very anxious of her conception in that she lost some of her children by a situation related to birth. It was only one interviewee (Case3) who told the research that she was very happy because of her conception.

Table 2 (Appendix D) highlights that the age range of elder women was 55-64 years. They were all married. Among the 15 women 6 had basic education and only 1 had primary education. The rest of the women, that is, 8 women did not begin at all. 4 out of 15 were farmers and the rest 11 were house wives. Here also all of them depended their lives on farming. Concerning religion, 13 of them were followers of Orthodox Christian and the rest 2 were Muslim.

4.1.2 Analysis of Interview with Pregnant Mothers

4.1.2.1- Pregnant 1

Dietary Change during Pregnancy

I do not have special dietary program just because I am pregnant. I do not change my style of eating. I eat as I was eating before pregnancy. I eat what is available at home. It is not because of ignorance. I know that dietary change during pregnancy is very important. The pregnant should eat different types of food for herself and the fetus. Sometimes I eat what

I want to eat provided that my income permits it. I also eat certain foods as recommended by others (for example, family members, neighbors, or nurses.

As far as I know the health condition of the pregnant and the fetus can be improved if the pregnant woman eats "yetef kita", and drinks tea and "tella" (a local alcoholic drink brewed traditionally), both of which are not commonly consumed at other times. Balanced diet is very important for all human beings let alone pregnant women. Nurses in the health station always tell me to eat balanced diet. But because of limited income I have no the capacity to buy varsities of food.

Prevention of Diseases during Pregnancy

Whenever I am exposed to serious health problems I prefer to go to modern medical institutions to get medical examination and appropriate medicine. Then it is up to them to help me recover from my health problem. I believe nurses can help me more than others-traditional healers. They passed through modern education. They know everything about one's health problem. Traditional healers, on the other hand, prepare and give medicines based on guessing and approximations and the chance of recovering is very low as a result. So I prefer to go to modern medical institutions. But I do not go there for every minor problem. I also go to modern medical institutions once a month for vaccination, and at last by the time when labor comes.

Work Conditions and Amount of Rest Taken during Pregnancy

In principle, I should be able to perform easy domestic tasks such as brewing coffee, cooking "wat", caring after children, and sometimes baking "injera" early in the morning. In practice, however, I perform all domestic tasks, easy or difficult. I also perform non-domestic tasks so long as they do not expose me to direct sun light. The tasks include

preparing food for the household, cleaning and decorating house, milking cow, preparing/processing manure to use as a substitute for firewood, fetching water (early in the morning or in the evening), going to market to sell and/or buy grains or other goods, going to mill house, preparing different spices, grinding different grains with a wooden pestle and mortar, etc. These are all my responsibilities and no one can cover for me if I forget any of them for a minute. Even my children can not assist me as they spend most of their time in school.

I do believe that hard work should be avoided during pregnancy. It hurts the health of the mother and the fetus. For example, it is difficult to lift up heavy material, to grind grains with a wooden pestle and mortar, and to mix dried pepper with spices and salt to taking it to the mill, (or preparing pepper for mills). There is a belief that mixing dried pepper will expose the mother to herpes (what we call "mich" in Amharic). There is also a belief that carrying something that is hot on the pregnant woman back will be felt by the fetus immediately and it is believed that the fetus gets tired as a result. But it is good to perform easy domestic tasks. A pregnant woman who does not work some tasks is more likely to have a larger fetus which will be a problem during labor. In contrast, if a pregnant woman performs some light tasks during pregnancy, she is less likely to have a larger fetus and that labor complication will likely be minimized. When it comes to rest, it is undeniable fact that rest is very important for a pregnant woman. A pregnant woman who works full day will not have time even to think about prenatal care let alone practicing it. So this situation will affect both the pregnant and the fetus. But it might also depend on the habit of the pregnant woman. If in the past the pregnant woman used to take rest during pregnancy, then she should continue with her habit as this is good for her and for the

fetus. If she does not have the habit of taking rest during pregnancy, she can still follow her habit but this is not a good sign and may ultimately be damaging to both her and the fetus.

Social Support during Pregnancy

Regarding social support, I receive the very little one. Everyone lives for him/herself and his/her family. So they do not have time to help me. As a result, I do not expect anyone to come and help me. I know that it is my responsibility to perform all domestic tasks and some field work. I think it is a reflection of our culture. The culture imposes most tasks on women and does not encourage prenatal care. Having said this let me tell you who provides me the most care and support - My husband. He takes over some of my responsibilities. He fetches water, collects firewood, and takes care of other field works such as going to market. In addition to these, he encourages and gives me moral support. My relatives stay away from me. They do not come and help me. They simply send and receive messages to know that I am well. Sometimes, they advise me to go to health centers. Some of my husband's relatives (especially those who have close relation with me) come and help me when I am sick. My children do not have enough time and capability (because they are kids) to help me. They spend most of their time in school and feel tired when they come back as the school is too far from home. But still, they help me doing some household chores including fetching water during their free time.

4.1.2.2 Pregnant 2

Dietary Change during Pregnancy

I do not know about dietary change during pregnancy. What is the use of changing diet? I eat as I was eating before pregnancy. In addition, I eat what is available at home. If I wish

to eat some delicious foods, it will be only a dream. So I will not spend time dreaming for the impossible. I sometimes eat what I want to eat if my income permits. If pregnant women eat vegetables such as cabbage, dairy products such as milk, and cereals such as linseed they and their children will have a better health condition. This is what I recommend for pregnant women to eat for the good of themselves and the fetus.

I am aware that science advises that pregnant women should eat balanced diet. Nurses always tell us about balanced diet. They tell us what it includes, the different uses it has and how we can get it in economical way, but the culture and the family's economy do not allow us to practice it. The customary food in the area is "injera" with "wat". No one gives attention to balanced diet. We harvest all types of foods including grains, vegetables and cereals but we eat only some types. The rest will be taken to the market. The family's life is only hand-to-mouth and it is practically impossible to eat in variety.

Prevention of Diseases during Pregnancy

Whenever I am faced with a serious health problem I prefer to go to modern medical institutions to get medical attention and appropriate medicines. Nurses and doctors give me medicines which can recover my health immediately. I also go to modern medical institutions monthly for vaccination. I sometimes go to religious fathers too. The religious fathers use holy water to cure one's disease. To recover from the disease however requires strong belief in the religion. In order to get solution one has to believe in the holy water's power of curing diseases. The society encourages pregnant women to go to traditional healers also. Traditional healers do not prepare medicine to the pregnant. They simply massage the body whenever a sick pregnant woman goes to them. They believe that the source of pain of the pregnant woman is the displaced position of the fetus. When the

pregnant woman performs some tasks such as grinding grains with a wooden pestle and mortar, they believe, the fetus will go down towards her organ. Therefore, they massage the pregnant woman's abdomen to bring the fetus back to the right position.

Work Condition and Amount of Rest Taken during Pregnancy

I prefer to stay without work. As a pregnant I do not like hard work. I do not have the capacity to do that. I like to work very easy household tasks. But it is life's obligation that I have to perform all domestic tasks including baking "injera", cooking "wat" fetching water, caring after children, milking cow, decorating house, etc. In addition, I frequently go to market and mill house. If I do not accomplish these tasks, no one can take the responsibility.

Regarding the importance of working during pregnancy, I do not believe it is that important for a pregnant woman. But it does not mean that she should stay idle all day. If she performs some tasks, her body will be relaxed and can give birth with little labor. Generally, I believe rest is very important for a pregnant woman.

Social Support during Pregnancy

My husband advises me to avoid fear and tension. He also helps me with some tasks such as fetching water, collecting firewood, going to mill house, grinding grains with a wooden pestle and mortar, etc. According to the culture, a pregnant woman does not announce/express that she is pregnant. Therefore, relatives and neighbors may not have the information to know that I am pregnant. This is to mean that they do not come and help me. Even if they have the information, however, they still will not be able to help me as their life situation does not allow them to. As I have several responsibilities in my house they also have several responsibilities of their own and hence do not have the time

to help me unless I am seriously sick. When I am sick they in deed help me with some tasks. My children also help me in activities that are performed at home.

4.1.2.2. 3 Pregnant 3

Dietary Change during Pregnancy

I do not have preference as to what type of food to eat during pregnancy. I think everything available is good for a pregnant. Sometimes, as a pregnant, I might be interested to eat certain types of food. But even if I have the interest, I will not have the money to buy the food. I am economically poor. Under such situation I cannot design a food list. I cannot spend time to select which and when to eat. I eat what my home can provide me only. But there are two types of foods which I eat frequently - cabbage and carrot. These food items are, I think, very important for a pregnant woman's health.

With regard to the types of foods that can improve the health condition of the pregnant mother and the fetus, I believe that it is good to eat potato, milk and foods prepared in a liquid and jelly form such as soup and "atmit" (a type of food prepared from wheat floor), in addition to cabbage and carrot. This can be fulfilled if and only if one has good income. For a pregnant woman like me it is unthinkable. In addition to the low economic background, the culture itself does not encourage people to give enough attention to such kinds of foods. Therefore, we want to eat as usual. When it comes to balanced diet, I have no information what it means. I do not know what it includes and its importance to our health. But I sometimes hear professionals such as Nurses saying that balanced diet is important not only for pregnant women but also to all human beings.

Prevention of Diseases during Pregnancy

Whenever I face serious health problems I prefer to go to modern medical institutions to get medical attention and appropriate medicines. I also go to modern medical institutions for a monthly vaccination. I rarely go to traditional healers because of the influence of my family. Traditional healers do not give medicine that can be taken through the mouth for a pregnant woman. This is because of the belief that if the pregnant woman intakes the medicine through her mouth it will endanger her health and the health of the fetus. Therefore, the traditional healers simply massage on and around the pregnant woman's abdomen to cure the problem while the fetus is in the uterus, based on the belief that the pregnant woman is sick because the fetus is out of its position. The result will be that the fetus will come back to its original position. I do however not believe in this treatment and hence do not go to traditional healers.

Work Condition and Amount of Rest Taken during Pregnancy

I know I should not work hard while I am pregnant. But as a matter of luck I am loaded with a lot of domestic tasks such as cooking "wat", baking "injera", grinding grains with a wooden pestle and mortar, caring after children, cleaning and decorating house, milking cow and other out door activities like fetching water, going to market and mill house. Among these tasks, I am capable of doing cooking "wat", baking "injera", and caring after children. These tasks, I assume, are easy and do not expose me to direct sunlight. I also want to go to market if I do not have to carry heavy bags. This helps me to move around a little bit and is good for a pregnant woman.

A pregnant woman should perform easy domestic tasks, but I do not believe she should perform all tasks around her. Not doing everything around her gives the pregnant woman

a chance to get adequate rest. Rest is very important to keep the pregnant woman and the fetus healthy and is also critical for easy labor. But because of the cultural belief that a pregnant woman should work hard in order to have easy labor, she is usually loaded with lots of tasks beyond what she can comprehend. It looks the cultural belief of working hard during pregnancy have been taken out of context.

Social Support during Pregnancy

My husband helps me in providing firewood, going to market, lifting up heavy materials and other domestic and field tasks which are all my responsibilities under normal condition. My relatives participate in fieldwork such as harvesting and going to market whenever I am sick and have to stay at home. But they do not help me with any domestic task even when I am sick. My husband's relatives go to market for me when I am sick. Surprisingly, neighbors do not help me in any way.

4.1.2.2. 4 Pregnant 4

Dietary Change during Pregnancy

Eating varieties of foods is very important for human beings. Everybody should get good nutrition to have a well-fortified immune system to defend diseases. Like anyone else, I like to eat good food whether I am pregnant or not. And I am aware that, as a pregnant, I have to eat different types of foods for the good of the fetus and me. But as a matter of luck I do not have the capacity to get verities of foods. This is because of the family's income level. Our income is very limited that the family receives very limited types of foods, mainly "injera" with "wat". Sometimes I eat potato and drink milk.

Cabbage, honey and eggs are the most important food items for a better health condition of the pregnant woman and the fetus. If I get the chance, I will recommend these food

items for pregnant women. But as I mentioned earlier, because of limited income I think these food items are not for me. I know about balanced diet. It is very important for the strength of the baby. If a pregnant woman gets balanced diet, her child will have an everlasting and reliable health condition.

Prevention of Diseases during Pregnancy

Many people in the area and the culture itself encourage patients to go to traditional healers. Traditional healers are thought to be the only means of solution for patients. As a member of the society, when a pregnant woman is sick, she is recommended to go to them. That means that the pregnant woman faces strong pressure from the society to go to the traditional healers. But, in the case of me, regardless of the pressure imposed on me I will still go to modern medical institutions to get medical attention and appropriate medicine. In addition to this, I will go to modern medical institutions for a monthly vaccination.

Work Condition and Amount of Rest Taken during Pregnancy

I am capable of doing easy tasks, such as cooking "wat", baking "injera", brewing coffee, and other light domestic tasks. But, because of cultural influences and low economic background I literally do all domestic tasks, heavy or light, including grinding grains with a wooden pestle and mortar - which is very difficult for a pregnant woman.

Regarding working during pregnancy, the pregnant woman should work selectively leaving the cultural beliefs behind. She definitely should perform light domestic tasks. If she totally stops working, the fetus will get fatter and fatter and becomes problematic during labor and birth. In reality however, the culture imposes hard work on pregnant women based on the belief that a pregnant should work hard to have a relaxed body which

can help to minimize labor difficulties. This belief does not allow the pregnant to spare any time to resting. Rest is not considered good in the culture. But it is very important for a pregnant. This is because it helps the fetus become healthy and the pregnant woman avoid problems related to pregnancy and labor.

Social Support during Pregnancy

Not much attention is given in the culture with regard to social support. Every family runs to fulfill daily needs. It is only when I face a problem (e.g., health problem) that relatives help me. My husband demonstrates that he cares for me by doing tasks such as collecting firewood, lifting up heavy materials, performing heavy tasks, going to market places that are very far from home. Generally, he performs tasks that are heavy and/or that are non-domestic. My relatives help me in baking "injera", caring for the house and brewing "tella" only when I am sick or face another problem. My children fetch water, clean the floor, and look after the cattle. Neighbors do not have time to help me.

4.1.3 Analysis of Interview with Elder Women

Here the response of key informants (elder women) is presented. Most of the responses were similar. No clear difference was observed in their responses.

4.1.3.1 Cultural Values to Children and Prenatal Care

All respondents reported that the culture gives high value to children. Children in this cultural group are considered as resources. If parents have large number of children, they will be respected by the society. Their enemies, thieves or gangsters will not attack them. They also rush to revenge if attacked. As a family in some ethnic groups with large number of cattle is respected, in this culture those who have large number of family members are respected. In addition, some of them reported that, there is a belief that a

child is a gift from St. Marry, so the family should accept any time he/she comes without question. Another belief related to having large number of children is that, of a large number of children there might be a chance to get one or two who have holy behavior to help or support the family.

There are also other reasons to having large number of children. Parents would like to have large number of children to replicate themselves with as many children as possible (literally replacing their gene), and to have a fair number of children just in case parents lose some by death. In addition, the children will help parents in various tasks such as herding cattle and farming. The other reason is that if parents are poor, it is believed that one of the children (especially if educated) may be able to support to pull them out of poverty. Because of all these reasons the culture gives high value to children.

Although the culture gives high value to children there is no special care provided to the pregnant women who carry the above responsibilities. For example, culturally there is no dietary change during pregnancy. A pregnant woman eats what is available at home. There are no specially recommended food items for her. As far as task is concerned, she is overloaded throughout the day because of two reasons. The first reason is because of the cultural belief that a pregnant woman should work hard so her body can relax especially her back, so as to give birth with little labor. The other reason for working hard during pregnancy is the subsistence life style of the society. In order to survive every woman, including pregnant woman, should work harder. The culture does not encourage pregnant women to go to modern medical institutions. The helping relationship of members of the society is not revealed during pregnancy. Pregnant women also receive insufficient psychological and moral support.

4.1.3.2 Dietary Change during Pregnancy

Most of the respondents responded that in their culture there is no special kind of food that the pregnant is advised to eat. She eats as usual. But sometimes she is provided with certain types of foods only when she expresses interest. Neighbors also sometimes bring her bread, "injera', "wat", and different kinds of vegetables and fruits. This is because of the belief that pregnant women have good appetite to food items that neighbors bring.

Similarly, there is no food item that is strictly prohibited for the pregnant woman. But in some areas there are some food items and drinks that the pregnant woman is not allowed to eat or drink. For example, porridge and milk are believed to stick and form a patch on the fetus's head. Therefore pregnant women are not allowed to consume the two. There is another belief that drinking coffee while it is hot will burn the fetus immediately. (The people living in this culture believe that as the food -porridge in this case or the drink-coffee are consumed they will go straight to the fetus, without having to go through the digestion process, and immediately stick on or burn the baby.) There is also a belief that eating sugarcane will increase the amount of the pregnant woman's urine. These beliefs are given special attention around the ninth month of pregnancy. It is also believed that taking medicines given by modern medical institutions will fatten the fetus. So the pregnant woman is not advised to take such medicines.

4.1.3.3 Prevention of Diseases during Pregnancy

Traditionally, if a pregnant woman feels sick in any case, it is believed that the fetus moved towards her thigh (misplaced). The reason for the fetus to move towards her

thigh according to the respondents is because of heavy tasks such as grinding grains with a wooden pestle and mortar, or lifting up heavy material. Therefore, she will be advised to go to traditional healers (especially to traditional midwives) where, she will be massaged with butter on and around her abdomen to bring the fetus back to its original position. According to the respondents, traditional healers are preferred because of the fact that the people leaving in this area do not want to go far away from their home and also because they do not believe in modern medical treatment. After undergoing the traditional treatment if the pregnant woman still feels the pain, then she will be advised to go to modern medical institutions as a last resort.

All respondents agreed that any kind of traditional medicine, especially those prepared in liquid form, are not given to pregnant women. This is because of the belief that such medicines will affect both the mother and the child. But pregnant women will be given certain kind of traditional medicine (prepared in liquid form) by the time when there is a prolonged labor or to remove the placenta.

4.1.3.4 Work Condition and Amount of Rest Taken during Pregnancy

There is a belief in the culture that a pregnant woman should work hard so her body can relax and have easy labor. If she remains idle during her pregnancy, her body gets stiff and tighter and may result in difficult labor. In addition to this, the low economic level of the society forces her to work all day without rest. Therefore, the pregnant woman is expected to work most domestic tasks including preparing food, baking "injera", cleaning and decorating house, caring after children, brewing coffee, and outdoor tasks such as fetching water, going to market and mill house, etc. Generally, unless she is sick it

is her responsibly to accomplish all these activities. By the time she is sick neighbors and relatives will help her in some tasks.

While the above reflects the general situation that is seen in the society there are also tasks that the pregnant woman is strictly prohibited from doing. These tasks include preparing dried pepper for mill (a task that requires the pregnant woman to stir-mix and warm the pepper on fire), preparing "beso" (a type of food prepared from barley floor mixed with water), processing butter to make it eatable, and preparing spices. According to the cultural belief, the consequence of doing these tasks is either abortion or exposure to herpes (what we call "mich" in Amharic), which result in pain. If there is no one else to cover these tasks, she will have to perform in the evening or early in the morning and wash her body. Grinding grains with a wooden pestle and mortar and lifting up heavy material are other tasks that a pregnant woman is restricted to do. The consequence is pushing the fetus towards her thigh and causing pain.

As mentioned above working during pregnancy is highly advised to ease labor. She is advised to work and walk to relax her body. The attention the culture gives to working during pregnancy goes to the extent that if a pregnant woman has a servant and children who can cover all tasks at home and if she has nothing to do all day, she is advised to carry a pot full of water and rotate around in the compound. This helps her, they believe, relax her back and ease labor. Otherwise, her body will be stiff and tight and may cause prolonged labor.

Regarding the time to stop working, the pregnant woman does not stop working before labor because of the above cultural and economic reasons. It is amazing that she might give birth while baking injera", going to fetch water, or doing any other task. This

shows that she does not have time to get rest. Only those who have servants can get some rest. But it is surprising that it is very rare to find a family that has a servant.

4.1.3.5 Social Support during Pregnancy

Generally, the culture does not force men to do tasks labeled as women's responsibilities. But, sometimes the pregnant woman's husband provides firewood, helps her in grinding grains, lifting up heavy material, fetching water, going to market and mill house and other field and heavy domestic tasks. It is only when she is sick that relatives (including her husband's relatives who have close relationship with her) and neighbors try to help her. They help her with some domestic tasks such as baking "injera", and going to market. The other thing that neighbors do is, when they get together to drink coffee they treat her with a comfortable seat, and give her priority, out of courtesy, in some other activities. Other than this they do nothing to her. Surprisingly, the culture reinforces the community to visit her only after she gives birth, and little is expected from them before birth. Almost everybody visits her when she gives birth as a result. Regarding children, if especially, they are females, they help her seriously in all tasks. But if they are males, most of the time they will go to field with their father.

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4.1.4 Results of the Focus Group Discussion

Focus group discussions were held among elder women who were selected for interview. The result of the focus group discussion was almost similar to that of the response given to the interview.

Generally, there is no food item in the culture that the pregnant woman is specially recommended to eat. Similarly, there is no food item that the pregnant is advised not to eat in fear of consequences on health or because of cultural beliefs. But in some areas the pregnant is advised not to eat porridge and drink milk because of the belief that these food items will stick on the head of the fetus. Drinking coffee while it is hot is also prohibited because of the belief that it will burn the fetus.

According to the participants of the focus group discussion, traditional medicines are the only means of keeping the society healthy. If any one feels sick, his/her first choice is traditional healers. This is because they are available anywhere and any time, and are cheaper. Related to pregnancy, when a pregnant feels sick she will be advised to go to traditional healers (especially to traditional midwives) and they will massage her on and around her abdomen to give solution. The very thing that they give special attention is that - traditional medicines that are taken through mouth (in a liquid or solid form) are not

recommended for pregnant woman because of the belief that they will negatively affect the mother as well as the fetus.

Concerning working during pregnancy, preparing dried paper for mill, "beso", butter, and spices are believed to cause either abortion or exposure to herpes. In addition, grinding grains with a wooden pestle and mortar, and lifting up heavy material will result in pushing the fetus towards the woman's thigh and causes pain. Other than these tasks the pregnant is expected to do all domestic tasks and some outdoor activities like fetching water, going to market and mill house, etc. According to the culture, a pregnant woman should work harder to ease labor. If she does not work, her body will be stiff and tight and may cause a problem during labor. In addition to the cultural belief, the subsistence life style of the society imposes hard work on women. The responsibility of the men is only farming, harvesting and herding cattle.

Participants of the focus group discussion reported that no special care is provided to the pregnant women. Except the exemption of some tasks (provided that she has somebody to help her) her responsibility during and without pregnancy is the same. But sometimes her husband provides her with firewood, helps her in girding grains, lifting up heavy material, fetching water, etc. The help she receives from relatives and neighbors is insignificant. They help her only when she is sick. Female children help her seriously.

4.2 DISCUSSION

The major points to be discussed in this part are the pregnant mother's activities in relation to care. These points are care related to nutrition, prevention of diseases, work condition and amount of rest the pregnant woman takes. In addition, the care and support the pregnant woman receives from the society (including her family) and the cultural beliefs are also included. This part of the research encompasses the discussion of the results of the study focusing on the above points.

Higher educational attainment is consistently associated with more adequate prenatal care. All pregnant women participated in the study do not have more than primary education. Education affects one's food preferences. It also affects one's probability of obtaining medical care early, late or not at all.

Similar result was found for income. Having good income means having good housing, sanitation, diet, health care and generally having good life style. One's occupational status also shows his/her living standard in that those who have better occupational status will have better income and as a result better care. Marital status is also directly related to prenatal care. Pregnant women who are married are more likely to obtain sufficient prenatal care than those who are unmarried. With regard to age, the result of the present study corroborates with that of previous research in that as age increases there is decrease in prenatal care. Pregnant women that participated in the study reported that they receive better support from their husbands than from relatives and neighbors.

Generally, the result of this study indicated that socio-economic and demographic factors are associated with prenatal care. That is, low socio-economic and demographic status means obtaining care late or not at all.

4.2.1 Dietary Change during Pregnancy

Similar answers were given by all research participants for the question that was raised in relation to dietary change during pregnancy. All research participants agreed that culturally there is no specially recommended type of food during pregnancy. Pregnant women eat what is available at home. They do not frequently eat food items which are scientifically recommended for pregnant women. Even if they are aware of the importance of eating varieties of food, they do not eat them. As the elder women in the study responded, they mostly eat "injera" with "wat" which is the traditional dish of the area. This happens, the pregnant women reported, because of cultural and economical reasons. There is also a belief that it is because of God's help, not by food, that the child becomes fatter and has normal birth weight at birth.

This result is found to be inconsistent with other similar studies in Ethiopia and China. Desalegn (2005) reported in his study that in Berta culture pregnant women were recommended to eat meat and dairy products in order not to give birth to a small and weak child. In China, pregnant women are advised to follow a specific dietary program in every month of pregnancy.

It is undeniable fact that good nutrition is important for pregnant women. The importance of good nutrition is discussed by different scholars. For example, Jones & Jones (2004) stated that our body needs a variety of foods to stay healthy. They also stated that adequate amounts of vitamins and other food items must be consumed before

pregnancy and until the first six weeks. This helps improve a woman's nutrition before she becomes pregnant so as to ensure optimum health at the beginning of the pregnancy. The pregnant woman should also take a lot of calcium (for the baby to build his/her bones) and iron to support the growing baby. Brisbane (1988) added to the importance of good nutrition in that balanced diet is important for the proper development of the baby and for the pregnant woman to give birth without damaging her own health.

Regarding the types of food that are prohibited to be eaten, most of the respondents reported that in this cultural group there are no food items which are strictly prohibited to be eaten. But in very few areas there is a belief that eating certain types of food will affect the fetus. In contrast to this, in other cultures it is very common to restrict a pregnant woman to eat certain types of foods. For example, in Berta culture as studied by Desalegn (2005), eating certain types of foods during pregnancy was thought to cause headache, nausea, vomiting and stomachache. In addition, eating lemon was thought to reduce blood volume, which in turn affects blood circulation (causes coagulation), and finally results in extended birth time and labor difficulty.

There are also restricted food items in different cultures for different reasons. In Sudan, to avoid morning sickness, in Sokoto state in Nigeria to avoid prolonged and painful labor, in China to reduce the risk of miscarriage, etc. In any case, whether these beliefs are correct or not the pregnant woman should eat varieties of food. People living in different cultural groups have developed their own beliefs regarding the impact of the mother's nutrition on pregnancy and on the future health of the new born. In addition, the cost of the diet and strong dislike for a certain food may affect the pregnant to follow the

suggested food items during pregnancy. However, some adaptations can be made without impairing the nutritive value of the diet.

Generally, it is recognized that mothers whose diets are nutritionally adequate during pregnancy have a good chance of giving birth to healthy babies with normal birth weight. On the other hand, children of mothers with nutritionally inadequate diets may be born prematurely, have lower birth weights, less health, have decreased cell size and number in various organs including the brain and a small-than-normal placenta, which can prevent the fetus from obtaining the nutrients necessary for its development.

4.2.2 Prevention of Diseases

In the light of this study, the culture encourages the pregnant woman to go to traditional healers. Traditional healers are thought as the only means of getting solution not only for the pregnant woman but also for everybody living in the area. But if the pregnant woman does not get remedy from them, she will be taken to modern medical institutions as a last resort. Similar to the above, the study conducted by Desalegn (2005) on 120 pregnant Berta women indicated that the majority of them preferred to go to traditional healers. In Latin America, most expectant mothers living in the poorer socio-economic classes and in rural areas often receive care from traditional birth attendants due to differing cultural and personal preferences. The situation in Kenya is a different one in that nurses and trained midwives are the predominant prenatal care providers.

The cultural influence to go to traditional healers might be a risk factor for both the pregnant and the fetus for two reasons. First, traditional healers do not conduct any medical examination before providing treatment. Second, they give similar treatment for

all pregnant women. They simply massage the pregnant women to bring back the "misplaced" fetus.

In contrast to the above, all pregnant women that participated in the interview reported that they prefer to go to modern medical institutions whenever they face serious health problems and for monthly vaccination. The similarity of their response was may be because they were all taken from a health center. But even if they have frequent visits to the health stations, they do not give attention to other care related activities. Diseases that can endanger the health of the mother and the child (such as malaria, tuberculosis, gonorrhea, herpes) can be prevented and cured by frequent medical treatment and professional help. Prenatal care visits should start early in pregnancy and continue throughout the pregnancy.

4.2.3 Tasks performed and Rest Taken during Pregnancy

It is said repeatedly that it is perfectly safe for a healthy woman to continue working during pregnancy. Daily household chores can be continued as long as she desires and unless her physician advises her differently. It is however interesting to note that some cultures impose difficult tasks on pregnant women. Even if the pregnant women in this cultural group are capable of doing easy domestic tasks such as cooking "wat", brewing coffee, caring after children, etc., the culture imposes hard work because of the belief that if a pregnant woman works harder, her body will be relaxed and she will give birth with little labor. In addition, the low economic background of the pregnant women forces them to do a lot of tasks. As a result, pregnant women are expected to do most domestic tasks and some field works without getting enough rest. Moreover, the pregnant woman's body works nonstop for nine months to create and nurture a baby.

This study correlates the study conducted by Desalegn (2005) in Berta culture. The culture imposes difficult tasks on women under normal condition (such as when they are not pregnant). This influence however continues even after the Berta women become pregnant. This is because of similar belief as what was discussed above. Ringness & Gander also added that in some parts of Ethiopia pregnant women were expected to work harder until the day of birth.

Results of different studies show significant association between physically demanding work such as heavy repetitive lifting, manual labor or significant physical exertion and preterm labor, low birth weight, maternal highpertention or preeclampsia. Strenuous working conditions during pregnancy are also related to preterm birth.

Work load is also related to economy. Roberts & Williams (1993) in their study related poverty with work during pregnancy. They reported that those pregnant women who are under poverty spent their time to earn money. Because of this reason they do not receive sufficient care for themselves and the fetus.

Regarding the importance of rest, Brisbane (1988) has given great attention stating that rest should be taken several times a day and the pregnant mother should avoid overtiredness. Getting enough sleep is very crucial that a ten or eleven hours sleep a night should be a usual phenomenon for a pregnant woman. Rest helps prevent edema and will improve lower-extremity circulation. It can also improve the pregnant woman's productivity and prevent her from nausea and fatigue. Therefore, the pregnant woman should get enough rest everyday to prevent herself and the child from hazardous results. A pregnant woman is also advised not to work up until her due date to get a little time to relax.

According to this culture, pregnant women are prohibited from doing some tasks because of the belief that these tasks (preparing dried paper for mill, "beso", butter, and spices) will expose the pregnant women to abortion or herpes. It is scientifically accepted that lifting or carrying heavy loads, prolonged standing, bending, and exposure to harmful substances can harm the pregnant and the child's health seriously.

With respect to rest during pregnancy, the result of the present study is inconsistent with the findings of previous studies. According to the present study, the pregnant is expected to work most tasks without enough rest. She is also expected to work until the time to give birth. These situations can seriously affect both the mother and baby.

4.2.4 Social Support Provided during Pregnancy

With Regard to social support, it is not as such enough for the pregnant women to be satisfied with. This concept has not been given a special place in the culture. The pregnant does not receive sufficient care and support psychologically as well as in some physical works. It is only her husband who provides her with the necessary care and support. He sometimes gives her moral support and helps her in some domestic and field tasks such as providing firewood, grinding grains, lifting up heavy materials and sometimes fetching water. According to the elder women and participants of the focus group discussion some husbands also help their wives in some household chores. Relatives and neighbors help her only when she is sick. In this cultural group the pregnant is visited by her relatives and neighbors only when she gives birth. Contrary to this however, a pregnant woman in Oromo culture receives support from elder females throughout pregnancy and childbirth.

In Berta culture even if the pregnant mother receives care and support from family members, neighbors and her husband's relatives (provided that they are free from their own tasks), she is still expected to perform simple tasks to avoid difficulty in labor and birth complications. The case in the present study is not even comparable to Berta and Oromo cultures. The pregnant woman is forgotten until birth especially by neighbors and relatives. Most of the time, they visit her only when she gives birth.

The pregnant mother needs support not only from her husband but also from relatives, neighbors and children. She needs advice, counseling, moral support, physical assistance, etc. A child of mother in a socially disadvantaged environment is more likely to be small and so have health problems.

CHAPTER FIVE

5. CONCLUSION AND RECOMMENDATION

5.1 CONCLUSION

It was mentioned earlier that the major concern of this study was to find out the maternal prenatal care practices in terms of the type of food the pregnant woman eats, the way she prevents diseases, work condition and the amount of rest she takes. In addition, the social support provided from people living around her was given special attention in the study. Prenatal care is the only means of preventing the pregnant and the growing fetus from different complications throughout pregnancy. It is also a means of modifying existing complications and protecting adverse pregnancy outcomes both for the mother and the child.

The results of the present study indicate that pregnant women do not give enough attention to prenatal care because of cultural and economical reasons. In addition, their educational background, occupation and age might impose some effects on their motivation to take the necessary care.

Most importantly, the culture imposes its power on pregnant women in terms of the type of food eaten, prevention of diseases, work condition and rest taken during pregnancy. Educational, economic and occupational factors also affect the pregnant women in that even if they try to make themselves free from cultural influences to some extent, these factors do not allow them to escape from the problem. Lack of awareness on

what to do and capability to fulfill one's needs become an obstacle for the pregnant women to take adequate care for themselves and the child.

Even though most pregnant women know about the importance of balanced diet for the pregnant, they mostly eat limited types of food with little nutritional value because of the cultural belief that the fetus gets fatter not by food but rather by God's help; and also for economic reasons. Rather than simply feeding information about balanced diet health workers have to focus on some practical activities with pregnant women to help them adapt to new habit of feeding.

It is good for pregnant women to go to modern medical institutions. But, it should not be only when they face serious health problems and for monthly vaccination. No one in the study could identify conception by medical examination. Health problems that are aggravated by the condition of pregnancy need frequent contact to health workers. Pregnant women should also develop strong position to oppose the cultural influence that forces them to go to traditional healers.

All pregnant women are forced to perform most domestic and some non-domestic activities because of the belief that if a pregnant woman works harder during pregnancy, her body will be relaxed and she will give birth with little labor. This belief affects them adversely in that they do not have enough time to get rest. A pregnant woman who does not receive enough rest will face different health related problems such as nausea and fatigue. Some working conditions such as physically demanding work, which is common to pregnant women living in this cultural group, also affect the mother and the child adversely. Being married is an advantage for pregnant women in that they receive some support from their husbands in domestic and non-domestic activities. But, it does not

mean that the support they receive from their husbands is enough. Generally, pregnant mothers receive little support from their relatives, their husbands' relatives and neighbors. Carrying most of the responsibilities at home, they receive the support only when they get sick. In other times they are considered as normal and capable of doing all tasks. Since all pregnant women participated in the study are aged 35 and above their age might also have some influencing effect in relation to the time to begin and quality of care.

To conclude, the cultural beliefs related to food, prevention of diseases, and work force pregnant women not to focus on sufficient care. In addition, the economic level, educational background, occupation and to some extent age also affect the way the pregnant women receive care. Pregnant women need to understand the importance of prenatal care. They also need to know the consequence of poor prenatal care. Therefore, they need information and support from professionals on how to care for themselves and the fetus to have a healthy outcome.

5.2 RECOMMENDATIONS

Based on the results of the study the following recommendations are made.

1. Pregnant women should be provided with information about the importance of prenatal care by health workers, and facilitate situations which can increase their level of income through governmental and non governmental organizations to strengthen their capability to fulfill their needs in relation to food, health, etc.
2. Adequate number of healthcare institutions with qualified health workers should be built so as to let pregnant women go to them by overcoming the influence of the culture.
3. Even though it is difficult to change the belief of a cultural group in a short time, awareness creation programs have to be initiated to gradually alleviate problems that pregnant women are facing in relation to food types, work conditions and beliefs related to health problems during pregnancy.
4. Awareness programs should also be implemented in order to change the attitude of the society toward pregnant women. This can be done through the media on a larger scale, through local meetings, by using influential individuals of the community and locally elected officials, and the like.

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Appendix A

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

Interview Schedule for Pregnant Women

General objective

The purpose of this interview schedule is to get some information about maternal prenatal care practices. The interview schedule has two parts. The fist part contains items about the demographic characteristics of respondents. The second part contains what pregnant mothers are performing currently to care for themselves and the fetus concerning the type of food eaten, prevention of diseases, tasks performed, rest taken and social support provided.

Dear Pregnant women:
I would like you to talk about the role you are playing in caring yourself and the fetus. My objective is to identify what you are doing during your pregnancy period to care for yourself and the fetus so as to get a fruitful outcome. In this regard you play an important role. That is why I want to ask you some questions. The study can be accomplished successfully only when you respond all the items honestly and frankly. Please answer the questions that I am going to ask you genuinely by sharing your experience.

Demographic characteristics of respondents

1. Age___________

2. Marital status

   Married ☐
   Single ☐
   Divorced ☐

3. Pregnancy experience

First ☐

Twice ☐

Three times or more ☐

4. Number of children ________

5. Educational level

Not at all ☐

Basic education ☐

Primary (1-8) ☐

Secondary (9-12) ☐

Post secondary and above ☐

6. Occupational status:

Employed ☐

Housewife ☐

Farmer ☐

Businesswoman ☐

Specify if any other____________________________________

If employed specify the kind of profession____________________

7. Religious background:

Orthodox Christian ☐

Muslim ☐

Catholic ☐

Protestant ☐

Specify if any other_____________

8. How did you identify/know that you are pregnant for the first time?

By the discontinuity of menstrual cycle ☐

By medical examination ☐

Specify if any other________________________________

9. What did you feel when you know that you are pregnant?

Happiness ☐ Anger ☐ Fear ☐

Sadness ☐ Anxiety ☐

Specify if any other_______________

Questions related to prenatal care in relation to food, prevention of diseases, work condition, rest taken and social support

10. As a pregnant have you changed your diet to care for yourself and the fetus?

Yes ☐ No ☐

If yes, what type of food items do you eat? _________________

11. What do you think pregnant women should eat for the betterment of themselves and the fetus?

12. As a pregnant how do you see the importance of balanced diet?

Important ☐ Not important ☐ I do not know ☐

If important, how do you know? _________________________

13. As a pregnant whenever you feel sick which alternative do you prefer?

Modern medical institutions ☐

Traditional healers ☐

Religious fathers ☐

I will go nowhere ☐

Specify if any other_______________________

14. Based on your answer to question number 13 what do you expect from that body?

15. When do you prefer to go to modern medical institutions?

16. As a pregnant what type of tasks are you capable of doing?

    Easy domestic tasks ☐ Any task ☐ Not at all ☐

17. As a pregnant do you think work during pregnancy is important?

    Yes ☐ No ☐

    If yes, why? ______________________________

    If no, why? ______________________________

18. As a pregnant do you think rest during pregnancy is important?

    Yes ☐ No ☐

    Why? ____________________________________

19. As a pregnant who provides you with the necessary care and support?

    Your husband ☐

    Your relatives ☐

    Your husband's relatives ☐

    Elder children ☐

    Neighbours ☐

    All of the above ☐

    Specify if any other ______________________________________

20. Based on your answer to question number 19 what type of care and support do you receive?

Appendix B

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

Interview Schedule for Key Informants

General objective

The purpose of this interview schedule is to get some information about the cultural beliefs and practices during pregnancy: what the culture expects the pregnant woman to eat or not to eat, to perform or not to perform and activities that the culture encourages and discourages the pregnant woman during pregnancy for the good of the mother and the fetus. The interview has two parts. The first part contains items about the demographic characteristics of key informants (elder women). The second part contains questions related to the cultural beliefs and practices in relation to food, prevention of diseases, work and rest and social support during pregnancy.

Dear women:

I would like you to talk about the cultural beliefs, activities and expectations related to pregnancy. I would like to identify what the culture encourages and discourages to be done during pregnancy for the good of the mother and the fetus. In this regard, you play an important role. That is why I want to ask you some questions. The study can be accomplished successfully only when you respond all the items honestly and frankly. Please answer the questions that I am going to ask you genuinely by sharing your experience.

Demographic characteristics of respondents

1. Age____________

2. Marital status
   Married ☐ Unmarried ☐ Divorced ☐

3. Educational level

Basic education	☐	Secondary	☐
College and above	☐	Primary	☐

Specify if any other______________________

4. Occupational status:

Employed	☐	Farmer	☐
Businesswoman	☐	Housewife	☐

Specify if any other________________________________
If employed specify the kind of profession_________________

5. Religious background:

Orthodox Christian Primary	☐	Catholic	☐
Muslim	☐	Protestant	☐

Specify if any other_____________

6. What is the cultural value of bearing a child?

High ☐ Low ☐

Explain______________________

7. What is the cultural value of prenatal care in terms of the type of food eaten, prevention of diseases, tasks performed, rest taken and support provided to the pregnant?

High ☐ Low ☐

Questions related to the cultural beliefs and practices during pregnancy

8. In your culture, are there specially recommended food items to be eaten during pregnancy?

Yes ☐ No ☐

If yes, why do you think these food items are recommended? ________

9. In your culture, are there strictly prohibited food items not to be eaten during pregnancy?

Yes ☐ No ☐

If yes, why do you think these food items are prohibited; consequences on health, both for the pregnant and the fetus, or relation with other cultural beliefs if eaten during pregnancy?

10. In some cultures there is a belief that eating certain types of food may cause morning sickness, large fetus, prolonged labor etc. In your culture, is there any belief which can relate the type of food eaten and its consequence?

11. According to your culture, where do pregnant women go when they feel sick to get remedy? To:

    Modern medical institutions ☐

    Traditional healers ☐

    Religious fathers ☐

    I will go nowhere ☐

    Specify if any other____________________

    Why? ________________

12. What type of traditional medicines are there for the pregnant women? What is their use?

13. In your culture, are there tasks the pregnant woman is expected to perform?

    Yes ☐ No ☐

    If yes, what type and why? ____________________

14. In your culture, are there tasks the pregnant woman is restricted to perform?

    Yes ☐ No ☐

    If yes what type and why? ____________________

15. In some cultures there is a belief that a pregnant woman should work hard in order to bear the child with little labor. Is such kind of belief applicable here? Or, is there any other kind of belief related to work?

16. According to your culture, when is a pregnant woman expected to stop working?

    In the first trimester ☐ In the first trimester ☐

    In the first trimester ☐ Not at all ☐

17. Does the culture accept the importance of rest during pregnancy?

    Yes ☐ No ☐

    Why? ____________________

18. According to your culture, what type of care and support a pregnant woman receives in relation to domestic tasks, fieldwork, psychological and moral support etc?
    - Is there any role the husband plays in providing care and support?
    - Is there any role the pregnant's relatives play in providing care and support?
    - Is there any role the husband's relatives play in providing care and support?
    - Is there any role the elder children play in providing care and support?
    - Is there any role the neighbours play in providing care and support?

Appendix C

Questions provided for Focus Group Discussion

1. According to your culture, what are the most widely recommended and strictly prohibited food items during pregnancy? Why?

2. Where does a pregnant woman should go to get remedy when she feels sick? Why?

3. What is your attitude towards traditional medicines?

4. What type of tasks is a pregnant woman expected to do? Why?

5. What type of care and support is necessary for the pregnant? Who should be responsible in providing such care and support?

Appendix D

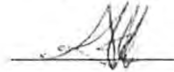
Table 2- background information about elder women

Characteristics	Elder Women														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Age	59	61	55	60	58	62	62	56	59	64	56	60	61	57	59
Marital status	married	married	married	married	married	married	married	married	married	married	married	married	married	married	married
Education	Basic education	-	-	-	Basic education	Basic education	Basic education	Primary education	-	Basic education	-	-	Basic education	Basic education	Basic education
Occupation	Farmer	House wife	House wife	House wife	Farmer	Farmer	House wife	House wife	House wife	Farmer	House wife	House wife	House wife	House wife	House wife
Religion	Orthodox Christian	Orthodox Christian	Orthodox Christian	Orthodox Christian	Orthodox Christian	Orthodox Christian	Muslim	Orthodox Christian	Orthodox Christian	Orthodox Christian	Muslim	Orthodox Christian	Orthodox Christian	Orthodox Christian	Orthodox Christian

DECLARATION

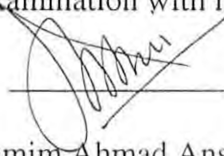
I, under signed candidate declare that this thesis in my original work, has not been submitted for a degree in any other university and that all sources of materials used for the thesis have been acknowledged duly.

Sisay Zeleke



Candidate's signature

This thesis has been submitted for examination with my approval as university advisor.



Prof. Shamim Ahmad Ansari, PH.D