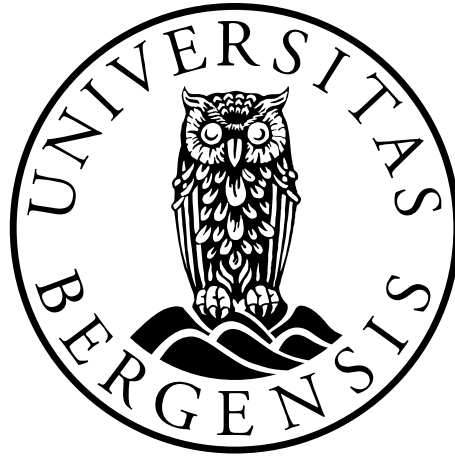


Seeking Health Information In Rural Context:Exploring Sources of Maternal Health Information in Rural Ethiopia

BY

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Abstract

In Ethiopia, the levels of maternal mortality and morbidity is among the highest in the world. However, many of these deaths and injuries could be prevented if they are properly communicated with interventions that are currently available. The motivation for researching in this area comes from an interest in contributing to further understanding of the convenient sources of maternity information that promotes the health needs of the community. This study is relevant in the current health communication context of Ethiopia because many local and international organizations are working and have an interest in promoting maternal health in rural areas. Therefore, having a clear understanding of how rural women obtain information about maternal health may help those communicating to target women more successfully. Additionally, it would help to sustainably improve the overall maternal health communication dynamics. This study has been thus conducted to explore the maternal health information sources of rural women residing in five rural villages of Ethiopia. It further examines factors that motivates and impedes women to seek information and barrier encounter in the process of information dissemination, seeking and usage.

The qualitative research paradigm has been used and focus group discussions and in-depth interviews were utilized. The focus group discussions were used to get a substantial amount of information on the rural women's' sources of information and views as the group dynamics helps to create active discussions. The in-depth interviews were also utilized to understand and explore lived experiences, attitudes on information disseminations and usage.

The study found out that lack of knowledge, perceived personal risk of health complications, and seeking a healthy life are the major factors that motivates women to seek for information. The study further documents women have sought and used various kinds of interpersonal and media related sources to satisfy their maternity information needs during the course of their reproductive life. Of all maternity sources, health extension workers and health professionals were found to be the most commonly used and trusted sources of information. Illiteracy, attitude and perception towards information providers and ignorance related traditional and cultural barriers were identified as the major bottlenecks of information dissemination, seeking and usage.

Acronyms

CSA – Central Statistics Agency

FMOH – Federal Democratic Republic of Ethiopia Ministry of Health

FGDs – Focus Group Discussions

IDIs – Individual in-depth Interviews

HEWs – Health Extension Workers

HIV – Human Immunodeficiency Virus

HSDP – Health Sector Development Program

MDGs – Millennium Development Goals

MMR – Maternal Mortality Rate

NGO – Non-Governmental Organization

STI – Sexually Transmitted Infections

UN – United Nations

WHO – World Health Organization

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1. Introduction

Women's socioeconomic position in a society and the interconnected biological, social, and cultural determinants affect their overall health status (Paolisso ,and leslie,1995;Tinker, 2000). Women's health in the developing world is severely affected by a wide range of health problems (Nour,2008; Paolisso,1995). Maternal mortality, female genital cutting, child marriage, HIV /AIDS, and cervical cancer are among the major health problems that account for most morbidity and mortality of women (Nour,2008). Moreover, most of the women in the developing countries are living in socioeconomically deprived situations, and with high levels of illiteracy (Craft,1997; Nour, 2008). They are also exposed in to traditional practices, work and environmental health hazards and enjoy unequal human rights(Craft, 1997). The overall health services being offered and available in the developing countries including Africa do not meet to the various and complex health problems that women face during their long reproductive ages (Raikes,1989). These all make the health problems of women intensified and the reality observed in the developing countries indicates that millions of women are still suffering , dying and being exposed to greater risks of life threatening situations (Nour, 2008; Raikes,1989 ; Nelms ,and Gorski, 2006).

Unlike men, women are vulnerable to risks related to maternal health (WHO,2013). Maternal health is concerned with health problems that can occur during pregnancy, childbirth, the immediate postpartum period and lactation(WHO,2013). Pregnancy and its complication that poses a challenge for maternal health continues to hold a high risk of deaths.

As recent estimates by the World Health Organization indicate, more than half a million maternal deaths occur every year in pregnancy and child birth complications. These deaths are as Filippi et al., (2006) describe only 'the tip of the iceberg' (Filippi et al., 2006). This is to indicate that for every woman who dies of pregnancy-related complications, there are more others who experience chronic morbidity and due to this annually a total of 10-20 million women suffer in physical, sexual and mental illnesses and disabilities (Filippi et al., 2006; Horton, 2010).

Among nations it is only six countries, namely Afghanistan, Democratic Republic of Congo, Ethiopia, India, Nigeria, and Pakistan, that account for over half of the world maternal mortality rates (Horton, 2010). What makes the scenario more tragic is the fact that almost all deaths which is more than 95% of the maternal deaths, are confined in one continent, Africa, which accounts only 17% of the world population and 12% of births worldwide (Thomsen et al., 2011).

A research conducted by Ronsmans and Graham (2006) indicated that a woman's lifetime risk of maternal death is about one in six in the developing world compared to one in 30,000 in Northern Europe. Such discrepancy between the developed and developing countries reflects the greatest inequalities between the poor and rich countries and shows how pregnancy complications are becoming the highest causes of death of women of reproductive age in developing countries (Horton, 2010; Rosenfield, 2006; WHO, 2013). Furthermore, what makes the maternal health problems in developing countries more disastrous is that because of the crucial roles and responsibilities that women play in the community (Gil-González et al., 2006).

Maternal health in many developing countries has been an issue neglected for long time and an issue that remained far from becoming a global agenda for decades . It was in 1987 that maternal health issues first took the international community's attention when the Safe Motherhood Initiative , a campaign to reduce maternal mortality , was launched in Kenya , Nairobi (Hogan et al ., 2010; FCI, 2006). This movement was launched to bring direct global attention to maternal mortality , which continued to be the highest silent killer of women for long time (FCI, 2006). The safe motherhood campaign set a specific goal in 1990 to reduce maternal mortality rate by 50% by the year 2000 and took further steps to address this 'public health tragedy' (FCI, 2006). Despite all the commitments, it was only few countries that managed to reduce maternal mortality and the goal remained far from being realized in 2000 (FCI, 2006;Nour,2008).

Maternal mortality once again became a widely recognized development global agenda when the international community reaffirmed its obligation by making maternal health as one of eight goals for development in the Millennium Declaration (Millennium Development Goal [MDG5] in 2000. It was at this time that all the 189 United Nations member states gathered and committed to improve maternal health , reduce the maternal mortality rate by 75% and achieving universal access to reproductive health by 2015(WHO, 2014).

Following the implementation of different internationally acknowledged policies and strategies researches have shown a substantial decline in maternal deaths. Since 1990 ,maternal deaths have shown substantial decline globally by 50 % (Thomsen et al., 2011;Ronsmans, and Graham, 2006) However, the registered rate of decrease have been only by 3% rather than the anticipated 5.5% which is needed to achieve the MDGs by the year 2015 (WHO, 2013).

According to a study by Thomsen et al.,(2011) it is only nine of 137 developing countries that are expected to meet MDG 5 targets in the year 2015 (Thomsen et al., 2011).

The high maternal mortality rates in many of the sub-Saharan African countries including Ethiopia seem to indicate the status of women and the inequalities that exist in the society. Therefore, beyond creating access for quality care and finding other health-care solutions , promoting gender equality and empowering women in the society may help to address the maternal health challenges sustainably.

1.2. Statement of the Problem

The purpose of this research is to explore the sources of information used by women to meet their maternal health information needs. The study further identifies which sources were used most frequently; most useful; and investigates the challenges confronting women in accessing and utilizing the available information resources in the rural parts of Ethiopia. Health Issues focusing on how individuals looking for and managing information about their health has been studied for long time and makes the tradition of health information seeking a rich area to study (Longo et al. ,2010; Mayer et al., 2007).

Health information can be defined as an information seeking activity which makes individuals to know, to motivate and to maintain healthful practices and make informed decisions about their own health (Redmond et al ,2010).

Most people living in the developing world were found to be inadequately informed about health matters and lack of health information is one of several factors implicated in the poor health status of people(Wei ,2013). As a result most people were found to be unable to make informed decisions on their health. As a major component in health promotion, health

information play a role by encouraging individuals to adopt health behavior, to use health care services and to make informed decision about their overall health(Connell and Crawford, 1988).

Researches indicate that providing appropriate information empowers people to act in an informed manner and to make right decisions that can transform their lives(Connell and Crawford,1988; Rolinson,1998). It is a widely believed that if a person is provided and riches with a sufficient information about a particular health issue or condition, there is greater possibility of taking further encouraging steps to improve the situation that he / she is faced with (Wallston and Maides,1976). The value of health information can be explained in numerous ways. So as to prevent disease and promote health, people must often search out new information about their health . This health information can help individuals to “cope” with their health problems and make treatment decisions(Brashers et al.,1986, Rakowski et al., 1990). It has also been found that well-informed people are better suited in coping with disease, treatment, survivorship and with their overall quality of life issues. For instance, Mayer and his collogues argues when individuals are confronted with risky illness like cancer, information plays a pivotal role by providing needed knowledge about the disease, treatment, and self-care management(Mayer et al.,2007). Although various kinds of information are generally available from a wide variety of sources, individuals differ greatly in the extent to which they seek and subsequently utilize such inputs. Seeking health information is identified as one of the resources and is a step in a chain of behaviors which ultimately might lead to positive health consequences(Wallston and Maides,1976).

Johnson values information as one of the a “survival tool” for individuals to make decision and to initiate and seek health care (Johnson, 1997). An individual may be motivated to engage

in health information-seeking behavior in an attempt to fulfill his or her needs (Anker et al., 2011; Wilson 1981) .

People engaged in seeking health information for different reasons, depending on individual needs and circumstances(Anker et al., 2011). Mostly individuals are looking for health information in reasons related to a range of health topics including healthy living, illness, treatment and medicine (Johnson, 1997 , Wallston and Maides,1976). One can argue on the fact that providing information alone may not encourage people to do healthy related activities and does not guarantee that behavior change will occur(Rakowski et al., 1990) .However, having adequate information is a major contributor and plays a pivotal role to adopting new health practices, and would be more effective if it is supplemented with other ingredients including the provision of services(Rakowski et al.,1990).

In order to implement different kind of health strategies and policies the health information provision service and how to use the information should be studied and assessed . Exploring factors that influence individuals' information seeking behavior is therefore important to identify information sources and to develop health communication interventions(Longo et al. , 2010).

Disparities in access to health information can be considered as one of the pressing health problems in countries like Ethiopia. So, providing reliable information could play a critical role to address the hitches of health challenges and reduce many of the leading causes of morbidity and mortality .

Seeing that the information landscape broadens and changes from time to time, knowing sources of information and providing accurate health information is critical in enabling women to avoid maternal risky behaviors. As researchers contends, to deal with maternal related issues

and proceed effectively in medical decision-making, women require information which is accurate, relevant to their situation, and which they themselves perceive is important (Maibach & Parrott, 1995 ; Waner and Procaccino , 2004). It can also be argued that information can be very valuable to women if it is provided using the right channels of their choice. Therefore, the question of reliable health information resources becomes paramount.

It is true that understanding how women use the health communication channels is important to guide the works of the maternal health educators and practitioners. Furthermore, knowing the factors that influence women's decision making to seek health information from different sources and how they apply the information accessed to their own health will provide necessary knowledge to facilitate the development of appropriate maternal health resources (Maibach & Parrott, 1995 ; Waner and Procaccino , 2004). Identifying the channels people accessed and tune in for health information ensures that the designed health communication messages are placed in the right channel where the target audience is looking for those messages (Maibach & Parrott, 1995).

As the Ethiopian government health policy documented, health education is one of the strategies used by the government to change individuals' attitude , behavior and practices. Among the channels, providing information using the information, education, and communication (IEC) approach is prioritized by the government to mobilize the community to solve their own health problems (Health Policy of the Transitional Government of Ethiopia, 1993). However, where people access this kind IEC information, and what determines their sources of information not yet examined and that might make things difficult for health promoters working at different levels to select appropriate communication channels.

Maternal health information materials are being produced by the national and local media, by the federal and regional ministry of Health and other local and international Non Governmental Organizations and diffused through various communication channels including broadcast , print and other interpersonal communication mediums. However, which mediums of communication are available to women and from which sources of information would rural women prefer to obtain information on maternal health issues were not yet examined. In spite of the prevalence and severity of maternal mortality and morbidity in Ethiopia, there is no empirical research done so far about maternal health information in Ethiopia.

Therefore, the vitality of researching how rural women access maternal health information and make meaning out of the available channels should be taken as an indubitable agenda in the Ethiopian maternal health information landscape taking into consideration the country's array of complex sources of health information.

1.3. General Objective of the Study

The general objective of the study is to explore and investigate rural women's sources of maternal health information.

1.4. Specific Objectives of the Study

The specific objectives of the study include:

- To assess the communities' knowledge and experience on health information
- To explore the availability and accessibility of maternal information sources

- To document the type of sources used by women and formats used in providing information to the rural women
- To identify the barriers and bottlenecks in seeking, accessing and utilizing maternal health information and suggest better ways

1.5. Research Questions

In order to meet the objectives of the study, an attempt will be made to answer the following research questions.

- What are the major maternal health information sources being used by the rural women?
- What are the preferred and credible sources identified by women? And Why?
- What are the major factors that play a role in rural women's decision to seek and use maternal health information sources?
- What are the barriers and challenges confronting the rural women in accessing and utilizing maternal health information sources and how can they be improved?

1.6. Significance of the Study

A study of exploring the sources of maternal health information in rural Ethiopia is worth doing . As it will be one of the first studies in the country , the research will provide an overall picture of the source of maternal health information in Ethiopia. Moreover, the significance of this study is primarily hinged to its contribution to narrow the gap in the scant body of empirical research and will, therefore, be of vital resource for researchers interested to initiate further studies in the area of maternal health communication. It further encourages other researchers and

implementing organizations to conduct similar or related studies on other communities outside the research region and elsewhere in Ethiopia.

Beyond triggering further questions about how to communicate maternal health, the findings and recommendations of the study will help governmental and nongovernmental organizations, civic societies and other concerned bodies to revitalize the communication channels being used on maternal health, considering the sources preferred by the rural women to address their problems and better their health. In effect, the result of this study will be used as an input in identifying and providing information sources of women that would support to bring an impact to facilitate behavior change and to improve maternal health.

The overall findings of the study may also benefit the field of health promotion by exploring health information field that would give an important contribution to the areas of reproductive health communication. It would help in developing health communication approach that corresponds to the recognized best medium to overcome the maternal health information challenges which would enable and empower women to control over their health.

1.7 .Thesis Organization

This thesis is made up of five chapters. This first chapter deals with the background of the study together with , statement of the problem, objectives, research questions and significance of the study.

Chapter two, literature review, provides basic literature on the health policies and the situation of maternal health in the Ethiopian context. It also briefly discusses health information

and sources of maternity information . This chapter also presents the Johnson's comprehensive model of Information seeking , which guides the theoretical framework of the study.

The third chapter is where the methodology of the study is discussed and justified. Details of methodology paradigm selection, data collection methods, sampling size and techniques are also presented. Then, chapter four presents the major findings of the study obtained from focus group discussions, and individual in-depth interviews.

Finally, chapter five, discusses the major findings of this study. It further describes limitations of the research, highlights the implications of the study and provides recommendations for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In this Chapter, the researcher will discuss literature dealing with health, maternal health and health information . Exploring and examining these issues is central to the study as the research deals with sources of information on maternal health which are all strongly related to the objectives of this study.

The first section of this chapter highlights on Ethiopia's socio demographic situation and overviews on the health policies being implemented in Ethiopia and explores maternal health issues . Then, The researcher will attempt to present a brief description of health information and sources of health information including maternity sources. The following section deals with Comprehensive Model of Information Seeking which is used to guide the study and which stands as the theoretical framework of this study. Background information on the model and its components are illustrated and described in detail so as to eventually see its application on the findings of this research. The last section summarizes and concludes this chapter.

2.2. A Glimpse of Ethiopia

Ethiopia is a country of ancient civilization that survived being an independent nation, during the colonial era. Paleontologists also describe Ethiopia as one of the cradles of mankind (CSA, 2011).

On top of being one of the founding members of the League of Nations and later the United Nations, Ethiopia played significant role in the formation of the Organization of African Unity (OAU). Its capital city, Addis Ababa, has been a seat for the OAU since its establishment and

continues to serve as the seat for the African Union (AU) headquarters today. Situated in the eastern part of Africa, commonly known as the Horn of Africa, Ethiopia shares borders with Eritrea, Djibouti, Somalia, Kenya, Sudan and South Sudan.

The total land mass of Ethiopia is around 1.14 million square kilometers, that makes the tenth largest country in Africa. Ethiopia has a total population of more than 74 million, making it the third populous country in Africa behind Nigeria and Egypt (CSA, 2011).

A multi-ethnic and multi-lingual country, Ethiopia is made up of more than 80 ethnic groups or sub-groups, speaking over 80 languages. Amharic, Tigrigna, and Oromiffa are the most common, spoken by roughly two-thirds of the population. Christianity and Islam are the main religions, half of the population are Orthodox Christians while one third are Muslims and 10% are protestants, and the remaining 3% are followers of traditional religions(CSA, 2011).

Ethiopia is a Federal state with a bicameral parliament: the House of Representatives, whose members are elected from the regions, zones, Woredas (districts) and Kebeles, and the House of Federation, whose members are designated from their respective regions. The country has nine Regional States and two City Administrations(CSA, 2011).

Ethiopia is a country with great geographical diversity with its topographic features ranging from 4,550m above sea level to 110m below sea level. More than half of the country lies above 1,500 metres. The majority of the population lives in the highland areas and the main occupation of the rural population is farming, while the lowland areas are mostly predominated by pastoralists, whose livelihood are mainly depend on livestock.

Ethiopia is one of the least urbanized countries in the world. The overwhelming majority of the population, about 85%, lives in rural areas(CSA, 2011)

Ethiopia is a young country with 45 percent of the population at younger age of less than 15 years, over half (52%) are between 15 to 65 years, and only 3% are over the age of 65 years. The proportion of male and female is almost equal, and women in the reproductive ages constitute 24% of the population. The average household size in Ethiopia is 4.8 and the total fertility rate is 5.9 children per woman(CSA, 2011).

As one of the agrarian countries in Africa, Ethiopia's economy depends heavily on the agricultural sector. Agriculture accounts for 83% of the labour force, and 43% of the Gross Domestic Product (GDP) and 80% of exports.

Ethiopia is one of the least developed countries in the world with an estimated annual per capita income of USD 100. Forty seven percent of the total population live below the poverty line. The literacy status of the Ethiopian population is low. The adult literacy rate is 49% for males and 34% for females (CSA, 2011).

2.3. The Landscapes of The Ethiopian Health Policies

The Health systems in Sub-Saharan Africa often suffer from weak infrastructure, and lack of human resources. Access to health services is particularly low in most of the sub Sahara African countries ,especially in rural areas, where the majority of the population still lives. (Fantahun and Degu, 2003). Likewise, Ethiopia has a weak health infrastructure and poor health service coverage even by sub-Saharan Africa's standards(MoH,1993 ;MoH,1997; Fantahun and Degu, 2003). As one of the least urbanized countries in the world, most of the Ethiopian population live in rural and remote areas (CSA, 2011). This demographic distribution creates an extensive gap between health service needs and the availability and accessibility of services in Ethiopia(MoH,1997). As health related studies reveal most of Ethiopians live out of reach of health services. According to the 2011 welfare monitoring survey, there is significant urban-

rural disparities in the distribution of health facilities in the country (CSA, 2012). For instance, in urban areas, a health post is available within a distance of 5 kilometers for 89% of the population, whereas for rural counterpart, it is available within the same radius for 63% of households(CSA, 2012). Similarly, while clinics and health centers are available within a 5 Kilometer radius for 88% of urban households, for the rural community it is available only for 24.% of households(CSA, 2012). With regard to access to hospital services, there is large disparity between urban and rural areas. While hospitals are available within 5 kilometer for 49% of urban households, they are available for only 1.5% of households in the rural areas(CSA, 2012). Generally, it is estimated that only 40 percent of the population live within 10 kilometers of health service delivery points(CSA, 2012). Inadequate health services, illiteracy, and shortage of trained personnel hampers the equitable distribution of health services and poses a challenge for effective health service delivery in Ethiopia. (MoH, 1997). As a result, Ethiopia's population still face a high rate of morbidity and mortality and communicable diseases, nutritional disorders and maternal and child health mortality continue to be major health issues(MoH,1997 ; MoH,2010). Beyond the in adequate and insufficient services that are unevenly distributed in the country , the country didn't even have a well established and broad based national health polices which could serve as a comprehensive national plan and as a guiding framework for health practices and activities at the national level (Health Policy of the Transition Government of Ethiopia ,1993). However, the last two decades had been taken as milestone on Ethiopian health service reform as the Government of Ethiopia embarked on the health sector development. In the past twenty years, the country has taken critical steps in introducing and placing a number of national health policies and measures. The development and introduction of a new National Health Policy in 1993 and the formulation of a comprehensive 20-year Health Sector

Development Plan (HSDP) in 1997 were among a few to mention. These health policies were designed after a thorough examination of the nature and causes of the health problems in the country(Health Policy of the Transition Government of Ethiopia ,1993; MoH, 1997). At the heart of the policies is the fundamental principles that health constituting the physical ,mental and social wellbeing is a prerequisite for the enjoyment of life and optimal productivity(Health Policy of the Transition Government of Ethiopia ,1993; MoH,1997).

The major focuses of the national health policy are the decentralization of the health care system and empowerment of the less-privileged rural communities((Health Policy of the Transition Government of Ethiopia ,1993). As it is stipulated in the health policy, more emphasis is given to the development of the preventive, curative and the health promotion components of health that ensure the accessibility of quality primary health care services for all population(Health Policy of the Transition Government of Ethiopia ,1993). The policy has also its focus on a comprehensive health service delivery system to address mainly communicable diseases, malnutrition and improving maternal and child health (Health Policy of the Transition Government of Ethiopia ,1993). In a move to achieve the goals set in the national health policy, Ethiopia has implemented a series of consecutive Health Sector Development Programs(HSDP). Based on the national health policy, a twenty-year HSDP has been formulated and being implemented through a series of five-year plans since the implementation of the first Health Sector Development Program (HSDP) in 1997. The HSDP were designed and implemented to build a health system that offers broad based health services at the lower community level (MoH,1997).

The primary aim of the HSDP approach is to bring health service delivery at community level where the overwhelming majority of the population and the major productive force of the

nation lives(MoH,1997).The program incorporates different sectors and focuses primarily on communicable diseases, nutritional disorders, reproductive health care, environmental health and hygiene, immunization, and on treatment and control of infectious diseases(MoH,1997; MoH, 2001;MoH, 2010). The phases of all HSDP have clear strategies for making targeted interventions against poverty related health issues.

It was in the first HSDP that the Ethiopian health service system were restructured to make it accessible and well functioning. The HSDP I introduced a four-tier health service system which comprised: a primary health care unit, (a network of a health center and five health posts), the hospital, regional hospital and specialized referral hospital. The new health care structure seems to give much stronger role for the health centers, and seeks to meet the needs of the rural community while at the same time reducing the burden of hospitals(MoH,1997). HSDP II saw the development of a new innovative community-based strategic program that serve as a blood line to improve access and equity to diffusing care to the rural community(MoH,2002). The Health Extension program, was first introduced as one of the components of HSDP II in 2002/03 to tackle the challenges posed by lack of skilled health professionals which is one of the major bottlenecks to the attainment of health development goals(MoH,1997 ; Mekbib,2007; MoH, 2007). This program was launched at the national level with the aim to increase access to the universal primary health care coverage and institutionalization of the community health services in the midst of villages after realizing that the basic health services were not reaching the majority of the population(Mekbib,2007; MoH, 2007). The fundamental philosophy is that if households are provided with the right health knowledge and skill through increased primary healthcare workers, they can improve, maintain and ensure their own health(Mekbib,2007; MoH, 2007). The HEP is primarily implemented by Health Extension Workers (HEWs) who

serve as the frontline workers to bring healthcare down to the household level to the communities and families(MoH, 2007). Since the introduction of the program, the government has trained and deployed more than 30, 000 HEW in to the rural communities across Ethiopia, where they provide better and more equitable access to health services for the poor, women, and children in a sustainable manner (Assefa et al., 2010; Ghebreyesus 2010). HEWs are females recruited from the communities with a minimum of tenth grade education who receive , short-term trainings (Mekbib,2007; MoH, 2007). This is because most of the Health Extension Packages relate to issues affecting mothers and children(MoH, 2007). Health extension workers spend 75 percent of their time with families to provide selected health packages including family health, hygiene and environmental sanitation, malaria, and maternal and child health(MoH, 2007).

The implementation of HSDP I and HSDP II paved the way for the subsequent development of HSDP III. Thus, the third phase of HSDP had been implemented from 2005 to 2010(MoH, 2005). The major goals of HSDP III were improving maternal health, reducing child mortality and combating HIV/AIDS and other diseases with the achievement of the MDGs(MoH, 2005). The currently implemented 5-year health sector strategic plan, the HSDP IV (2011/12–2014/15) aims to improve maternal and newborn care,, reversing and maintaining the prevalence of HIV/AIDS, tuberculosis and malaria. This strategic plan builds on previous HSDPs and is aligned to the health-related MDGs(MoH, 2010).

Following the development of HSDP, Ethiopia has designed and implemented a number of other health policies and strategies that help to improve health in general and maternal and child health in particular. These policies and strategies include making Pregnancy Safer, Reproductive Health Strategy , Adolescent and Youth Reproductive Health Strategy. Moreover

strategies that promote free of charge maternal and child health services, institutionalization of the community health care services including clean and safe delivery are being implemented across the country(MoH,2010).

As evaluations and assessments done on HSDP indicated, since the commencement of HSDP in different phases, Ethiopia has made significant progress in addressing major health challenges and improving health service coverage at all levels of the health care system (MoH, 2010). For instance, with regard to child and maternal health ,there is a significant improvement on ante and postnatal care coverage and attainment of institutional deliveries by skilled health workers(MoH, 2010).This is being done through a combination of strategies and approaches which include health-specific strategies and those intended to influence the performance of other determinants of health(MoH, 2010).

So far the researcher have tried to review some of the core policies and strategies that were and being implemented at the national level. The development and implementation of different health policies and strategies can be considered as a big achievement. However, it has to be implemented to address the socio and cultural determinants of health. The researcher believes that in order to improve the health status of the community at large , addressing health determinants that contribute to the health situation of the society is equally important as ensuring the provision of high quality health care services across the country. Improvement in the national health status cannot be fully achieved by only treating diseases, it also requires collective actions on a wide range of factors and actors outside the health sector.

2.4. Maternal Health in Ethiopia

Maternal mortality is high in the developing world and remains to be the main cause of death for women in the reproductive age group.(González et al., 2006). Almost all the estimated half a million maternal deaths that happened worldwide each year are believed to be in developing countries(González et al., 2006).

Currently maternal mortality is one of the major health problems Ethiopia is facing. and maternal health status in Ethiopia is one of the worst in the world (Koblinsky et al., 2010 ;Warren and Mekbib,2009;MoH, 2010). The country is characterized by high maternal and child mortality(MoH, 2006). According to the Federal ministry health data Ethiopia is one of the five countries that together account for 50 percent of the world's maternal deaths(FMoH, <http://www.moh.gov.et/web/Pages/mhs>). Annually, an estimated 25,000 women die of complications related with pregnancy and another 400,000 suffer from pregnancy and related complications(FMoH, <http://www.moh.gov.et/web/Pages/mhs>). Most of the deaths occur during delivery and post-delivery period and the major direct causes are hemorrhage, infection, hypertensive disorders and obstructed labour(CSA, 2011). Insufficient health infrastructure and facilities, shortages of skilled midwives and equipment and weak referral systems are among the identified supply related barriers that significantly influences the maternal health(Abdella, 2010).

Ethiopia is one of the 189 countries that signed the Millennium development Declaration. The UN Millennium Development Goals (MDG # 5) calls for Ethiopia to reduce the maternal mortality rates by a two-third by the year 2015. However, Ethiopia's maternal mortality rate is not decreasing to the level that enables the country to meet the MDG targets by 2015 (MoFED,2012). Ethiopia's progress on reducing maternal mortality rate didn't go beyond reducing to the extent of 676 per 100,000 births in 2011 from 871 in 2001. With the MDG target

of 267 per 100,000 births by 2015, the country clearly seems to be off-track on achieving the MDGs target(MoFED,2012).

Maternal mortality is one of the key indicators for maternal health. As Abdella argues it shows the inequalities between men and women that cannot be attributed to biological differences only which rather shows women's place in society (Abdella, 2010).

Access to health services may be considered as essential to reduce the high rate of maternal deaths. However, the low social and economic status of women is found to be one of the significant determinants of maternal mortality in many countries(WHO, UNFPA, UNICEF, World Bank ,1999). Thus, a focus only on the clinical causes of maternal death may not be the most comprehensive perspective to understand the problem of maternal mortality since it ignores the social, cultural, economic and political determinants of health(WHO, UNFPA, UNICEF, World Bank ,1999). The major medical causes of maternal deaths in Ethiopia are not different from that of other African countries but women's status in the society seems to limit not to even utilize the available services properly. As a result these deaths are caused by a wide range of socio cultural and economic factors and determinants(Warren, 2010)..

As studies indicate utilization of health services is a complex behavioral phenomenon and can be challenged and influenced by different socio cultural phenomenon (WHO, UNFPA, UNICEF, World Bank ,1999) . Likewise a woman's decision to seek maternal health care in Ethiopia can be influenced by different economic and cultural determinants (Warren, 2010). The death and disabilities of a woman before, during and after childbirth is related to her social and economic status, with the norms and values of the community she lives in, and the availability of the services in the nearby area (WHO, UNFPA, UNICEF, World Bank ,1999). As researches in Ethiopia revealed a woman's age, number of previous pregnancies, and education level tend to

play a role in determining whether that woman seek appropriate maternal health services or not (CSA, 2011; MOFED, 2012; Abdella, 2010). However, the other underlying factors influencing health behavior of a woman including family and peers, community influence, cultural norms and all these can operate at inter-related levels of social influence (CSA, 2011; Abdella, 2010). For instance, often women in Ethiopia must have their husbands' and relatives' approval before they are permitted to seek and receive health care in the health facilities (CSA, 2011; Abdella, 2010, Warren, 2010). Even the decision where to give birth is largely determined by other senior family members (Warren, 2010). In some of the communities, husbands disapprove pregnancy follow ups and delivery at the health center on religious grounds or due to lack of awareness on the importance of skilled care during pregnancy, labor and delivery, and in the postpartum period (CSA, 2011, Warren, 2010). These kinds of cultural determinants of health have impacts on women to deliver at the health facility.

Despite increased access to health services, delivery at health facility remains low. Only 10% of deliveries take place within health facilities, according to the Ethiopia's latest demographic health survey results (CSA, 2011). Besides it is only 34% of pregnant women that visit healthcare facilities for antenatal care (CSA, 2011).

As studies reveal out of the expected 2.9 million deliveries a year, 2.6 million are likely to occur at home with the assistance of TBAs, relatives, or alone without the support of appropriately trained health care providers (CSA, 2011; Warren, 2010). Without having any facilities, still women seem to be comfortable and prefer their own home to deliver (CSA, 2011; Warren, 2010). Most of delivery facilities do not allow relatives or friends to be around at the time of labor and delivery. This might be one of the reasons though the decision to deliver at

facility level is not limited to the woman rather influenced by family members to varying extents(CSA, 2011; Warren, 2010).

As the United Nations report reveals women's education, economic status and household autonomy are found to be the basic determinants of health care seeking behavior in Ethiopia(UNFPA,2008). Additionally, the age of the mother is found to be an important determinant of women's health seeking behavior(UNFPA,2008). Mothers who are under the age of 35 visit health facilities for delivery and post delivery services than older ones. (UNFPA,2008).

The Ethiopian government focuses on increasing access to services through expanding coverage of health infrastructure and trained professionals and through a community level health extension program(MoH, 2010). In contrast, available services are not often used and are perceived and seen by women as culturally inappropriate(USAID ,2012). It seems less attention has been given to addressing the range of socio-cultural determinants that limit service utilization. It is true that maternal health care services are the most effective health interventions for preventing maternal morbidity and mortality in places where the health status of women is very low. However, still women take health facility delivery as the last alternative for their maternal health care needs(USAID ,2012). This kind of perception and attitude might be a result of lack of information on the significance and use of maternal health care. So as to promote the health of the women and their newborns, maternal education could play a significant role in creating awareness and in improving women's health seeking behavior. Therefore, understanding the factors that determine maternal health and utilization of services seems indispensable for a comprehensive social determinants approach to maternal health. To this end, health education would be a necessary tool and knowing where they prefer to get health information could play a

critical role to tackle the wide range of maternal health determinants which are prevalent in the country.

2.5. A brief Overview on Sources of Health Information

Communication scholars generally classify health related sources of information into two main groups : interpersonal and mass media sources (Johnson and Meischke, 1991). The interpersonal sources related with health include doctors, nurses, family and friends, health groups, voluntary organizations, and other professions allied to medicine (Johnson and Meischke, 1991). This kind of sources of information channels that are face-to-face in nature , are preferred to transmit information, and teaching complex skills that needs two way communications between individuals(Johnson and Meischke, 1991; Parrott, 2004). The mass media information sources include TV, radio , posters , books, magazines and newspapers, , videos and the internet (Mills and Sullivan, 2000 ; Luker et al., 1996 ; Mills and Davidson, 2002). Media related sources generally provide broad coverage for communication of messages to reach a large number of the target audience quickly and frequently (Mills and Sullivan, 2000 ; Parrott, 2004).

Petro and Clark ,(1984) argue that sources of information are best understood and regarded as sources by individuals in an attempt to answer to their questions (Pietro, and Clark, 1984). People's use of information sources vary based on their socio-economic and demographic characteristics. They use it for the sake of satisfying their immediate information needs and to answer questions about their own health or the health of someone who is important to them(Pietro, and Clark, 1984).Furthermore, they contend that an individual who consults multiple sources has greater opportunities to make a health decision about his/ her own health

than the ones who rely on a single source. Generally, studies indicated that individuals who have high literacy level obtain health information from any written source such as books, magazines, newspapers, or brochures whereas those with low literacy level consult health information from television and radio and other interpersonal sources (Cutilli, 2010; Gombeski.et al, 1982).

Individuals seek health information from various sources and the health information seeking behavior of individuals have been extensively studied in many countries. Most of the health information studies have approached this issue by examining how individuals seek and obtain information about health ,and illness. Most of the studies broadly look at sources of health information in a certain population across countries.

The researcher found two studies examining the sources of health information ; one study occurred in European citizens and the other in the united states citizens and both studies demonstrated that both citizens sought most health information from interpersonal sources. Spadaro's (2003) study that investigates the European Union citizens' source of health information found out the majority of Europeans use health professionals (pharmacists, doctors, etc.) as their primary sources of health information (Spadaro,2003). A similar study conducted in the United State shows that doctors, nurses, and other health professionals were chosen as the primary source of information by the majority of citizens.

Connell, and Crawford's (1988), research involving two Pennsylvania Counties on how they obtain their health information in relation with age and gender noted that, the youngest and oldest age groups received and preferred printed materials as their primary sources on health information where as the middle age groups preferred television (Connell, and Crawford,1988). Printed materials were cited as the most frequently mentioned sources of health information for

women, while no single source of health information was predominant for men (Connell, and Crawford 1988).

There are various researches that examine the relationship between sources of information and race. The most significant difference among researches on race in the usage of sources reflects the black and whites socio economic status. A study conducted in the United States on race and information found out that the majority of white women, (i.e 64%) used newspapers and magazines as sources of health information, while the minority which accounts for only 44% of the black women used these information sources (Nicholson et al., 2003). As the study further indicates more than 40% of the white women used computer-based resources, compared with only one fifth of their black counterparts (Nicholson et al., 2003). The white women used information from health organizations three times more often than the black women (Nicholson et al., 2003). Similarly, Ye and his colleagues (Ye et al., 2009), examines Black and White adults on their choice of primary information sources related with cancer. As their research documented white women use print media, computer-based resources, and health policy organizations as their sources for health information whereas, black women were more likely to seek health information from family, and friends (Ye et al., 2009). The two studies show that whites use more information technology based sources while blacks highly rely on interpersonal sources.

Studies on sources of health information focusing on various health issues have been also published from developing countries including Africa. Miria Pigato (2001), examines the link between Information and communication technology and information in sub-Saharan Africa and South Asia. As this research generally reveals the poor and people living in rural areas, where there is no developed information technology, use informal sources of information. For instance, the rural communities residing in Nepal and India use informal networks than formal sources of

information and rely on and trust informal networks like family, friends and village and local leaders for their information needs (Pigato, 2001). In contrary, formal sources like Non Governmental Organizations , newspapers , politicians, and school teachers are perceived to be least trusted sources of information(Pigato, 2001).

A study that explores the access and dissemination of health information in Africa shows that many African countries use different methods and channels to disseminate health information to the community (Anasi , 2012). In many African countries print , broadcast and other community channels have been widely used as means of disseminating health information and promoting various kinds of health issues(Anasi , 2012). Furthermore, using the strong oral communication, health messages are communicated in the form of songs, drama, stories, role play, and talks (Anasi , 2012). In the far rural villages of Africa, health information are also disseminated by town criers and community and religious leaders(Anasi , 2012). Besides, faith-based and international humanitarian organizations take part in the production and dissemination of health information (Anasi ,2012).

Momodu's (2002) study examines the Nigerian rural communities' health information needs and their information seeking behavior. Information sources identified in the rural communities include radio, television, newspapers, health extension workers and health agents(Momodu , 2002) . As this research further indicated the rural communities look for information to handle the incidence of epidemic outbreaks, to know the best treatment options , to get good health facilities and to lobby the government to assist them in their health problems(Momodu , 2002). Women in particular were found to be interested in seeking information on pre and post natal care and on immunization facilities for their children and themselves (Momodu , 2002). Illiteracy and language were identified as barriers to disseminate

health information in Edo State of Nigeria. Similarly, Popoola (2000), examines consumer health information needs and services in Nigeria. As the study demonstrates most of the Nigerians use informal source of health information and the information obtained from these informal sources are found to be less reliable and accurate Popoola (2000).

Likewise, Omotoso et al.(2013) , also explores the Nigerian students health information needs and found that students health information needs are diversified. They are looking for information on various issues including sexual health, physical exercise, medications, alcohol, and body care. However, in spite of the high needs of information ,the research found that there is low usage of and less accessibility information sources for students. Nwalo and Stella(2010) , also analyzes the accessibility of reproductive health information by in-School Adolescent girls in Nigeria. The study point out that parents are the most accessible whereas the internet as the least accessible source of reproductive health information. Students highly relied on interpersonal and mass media sources of information and use the reproductive health information to protect themselves from sexually transmitted infections , to make healthy decision on reproductive health matters , and for self knowledge and protection of un intended pregnancy . Similarly, Masatu, et al., (2013) investigates the Tanzanian young people's sources of reproductive health information and credibility of these sources. As the investigation indicates media ranked first and teachers as second source of information about family life, Sexually transmitted infections, and HIV/AIDS information, whereas health workers ranked second as sources of information about condoms and other contraceptives. But health workers were found to be the most credible source of information regarding condoms, contraceptives, Sexually transmitted infections , and HIV/AIDS information, whereas parents ranked first in credibility when it comes on family information. Another study on the primary and preferred sources for

HIV/AIDS and sexual risk behavior among adolescents in Swaziland shows print and broadcast media as being the primary source for HIV/AIDS information ; followed by siblings and friend(Aaron G. Buseha, 2002).

Bosompra, (1987) also conducted a case study on two Ghanaian villages and explores the rural dwellers sources of health Information in relation with popularity and credibility. As the study reveals that conversation was the most popular but least trusted source of health information. The radio came second both in terms of popularity and credibility, whereas the health officers were found to be the most first in credible source of information (Bosompra, 1987).

An interesting finding among the aforementioned African focused studies on sources of information is that most of Africans sough and rely on information from interpersonal source than other channels.

2.5.1. Health information In Rural Women Context

Information is being provided on women's health that helps them to make informed decisions about their own health and the health of their family members . Researches documented various source that provides health information for women residing in rural areas on a wide range of health topics.

Wathen , and Harris (2006), examines the health information seeking experiences of rural women in Ontario, Canada. In their study they found out that women were active information seekers for their own health and the health of their family members. For Ontario rural women, friends and family were identified as sources of information and they supports them while they are looking for information (Wathen ,and Harris, 2006). Women often begin looking for

information by first consulting these informal, interpersonal sources and used them as a means to explore other more formal sources of information. In contrary to the above finding, Hossain, and Islam, (2012) that explores the information needs and sources of rural women in Bangladesh indicated broadcast media as their primary sources for the rural women. Radio and television were identified as the most available sources for women residing in the rural areas of Bangladesh and women use these media for entertainment purposes and as source of information as well.

In a study that explored the information needs and information-seeking behavior of rural women residing in three non-urban villages in Botswana, Mooko (2005) found that women need various kinds of information on socioeconomic issues including health care services, poverty, economic development and their needs seems to reflect the overall situations that the women were facing in the society . As the findings further shows, women needed health information that makes them more effective and improves their overall family situations (Mooko, 2005). Of the sources identified by rural women, medical practitioners were found to be the most commonly consulted sources whereas printed materials, political leaders, and sales representatives were the least (Mooko, 2005).

As the above reviewed studies indicated there are various channels where rural women sought to obtain health information. However, as Edejer (2000), contends that even if the woman in the rural parts of the world have access to the sources of information including the internet, it doesn't guarantee that the women will able to use the information to improve their health and the health of their child. First , the women has to know how to fetch information from the various sources and has to decide if the information is relevant to improve the situation(Edejer,2000). According to him, information providers should be then be more concerned much on the

accuracy and relevant of health information together with creating access to information sources (Edejer,2000).

2.5.2. Sources on Maternity Information

Studies indicate that Individuals engaging in health information-seeking are more likely to have better health knowledge, feel more comfortable and confident when they are dealing personal issues with health professionals and demonstrates higher levels of health promotion activities than people who do not look out health information (Shieh et al. , 2001; Buseha et al., 2002). Providing health information is considered to be an important component by maternal health information providers and the maternity information may guide women in their decision-making processes towards their health and the health of their children (Shieh et al. , 2001). To this end, knowing their information needs and sources of maternity information plays a paramount role .

Research documents that pregnant women have various information needs and sought various kinds of information sources to satisfy their health information needs during their course of pregnancy.

Aaronson and her colleagues examines on where women often look for pregnancy related information in the united states of America (Aaronson et al., 1988) . As their research investigation indicates health care providers and books were preferred by the majority of women as their first and second most important sources of information. The research also examines the relationship between information sources and socio economic status of pregnant women and reveals women of higher socioeconomic status (SES) relied more on books and less on family than did women of lower socioeconomic status. Similarly, Lewallen(2004), examines

the healthy behaviors and sources of health information of low-income pregnant women living in the Southeastern United States of America . In her research, she confirmed that women learn more about healthy behavior from interpersonal sources (Lewallen2004) . Among family members , mothers were identified as a single and a major cited information source about healthy pregnancy issues (Lewallen, 2004). Additionally, other interpersonal sources like health professionals , and physicians were sources often consulted by women and written and audio information sources were also sought by women sampled in this research (Lewallen, 2004) .

An investigation done by Davis, and Flannery, (2001) on the health information delivery systems for Puerto Rican women indicated that health information were accessed through informal and formal settings. These wide range of information obtaining settings are regarded as a major sources of health information for Puerto Rican Women (Davis, and Flannery, 2001). Among the selected information obtaining channels , obtaining information for friends, remedies handed down through word of mouth, childbirth classes, and health care settings are few to mention(Davis, and Flannery, 2001). Interestingly, this research shows how cultural values are enshrined in the Porto Rican health information looking culture and the meaning of health information is developed through the lens of Puerto Rican culture . A Puerto Rican family member who spoke the Spanish language was perceived as a trustworthy source of health information(Davis, and Flannery, 2001). Whereas interpersonal sources who do not speak the language and stranger to them , was considered as a non trustworthy source(Davis, and Flannery, 2001).

There are also researches that documents the maternal information needs and sources of information on women residing in Africa.

Nwagwu and Ajama (2011) examines the health information needs, sources and information seeking behavior of women living in rural Nigeria. Using data collected through focus group discussion and a questionnaire the research reveals that women owned and used radios more than other sources , and they sought health information mainly for themselves and their children (Nwagwu and Ajama , 2011). More than 90 % of women reported that they needed information about malaria, of which they received most of the information from friends and families (Nwagwu and Ajama , 2011) . As the research further explains women relied on traditional sources for health information and visited health services when they are critically ill(Nwagwu and Ajama ,2011). However , Ogunmodede et al., (2013) study on the health information needs and information sources of pregnant women in the Oyo state of Nigeria documents women use interpersonal source while they are looking for maternity information than broadcast media. As the study show health care providers were the predominant sources of maternity information for women, and women also look for information by themselves to satisfy their information demands. surprisingly the majority of pregnant women were frequently used sources of health information on the daily and weekly bases (Ogunmodede et al., 2013). Ignorance ,illiteracy, lack of health center, power supply, attitude and perception towards information providers and language were found to be the major bottlenecks in the course of looking, accessing and utilizing sources of maternity information.

Interestingly, and in contrary to the above mentioned studies, Naanyu et al.,(2013) research on maternity relation information on mothers who were living in the western Kenyan indicates that, women use church, public media and health care providers as their major sources of information for family planning issues. Furthermore , the research indicates that health care

providers often disseminate health information using the health education sessions and pregnancy follow-ups visits in which most of the women participated (Naanyu et al., 2013).

Davies, and Bath(2002) study that explores the Interpersonal sources of health and maternity information for Somali women living in the UK reveals, women refer and used information from a wide range of interpersonal sources. Accordingly, most of women highly rely on information from general practitioners and from information sought in health visits as their primary sources and they also consulted information sources like friends and neighbors too(Davies, and Bath2002). However, women prefer community health forums organized by health professionals in which professionals are invited to address different kinds of health issues (Davies, and Bath2002). Furthermore, Informal interpersonal health sources which are considered as an easily accessible way by women provides the means through which further information could be consulted and referred (Davies, and Bath, 2002).

Although information on maternal health issues are provided by a wide range of channels , the ability to chose and the tendency to use sources of maternity information can be determined and affected by different factors. . Carol Shieh et al., (2009), research that examines the influence of health literacy on health information seeking behavior of low income pregnant women in the united states, noted that low health literacy in childbearing women affects the women's pregnancy knowledge and potentially the health of the baby (Carol Shieh et al., 2009). Pregnant women who had low health literacy level were found to have had more personal barriers to information seeking than women who had high literacy level (Carol Shieh et al.,2009). Thus, using interventions that promotes the information-seeking skills and creates an access to information may be helpful for women who have low health literacy(Carol Shieh et al.,2009). .

Currently, there are a wide range of health information resources produced by different types of providers to disseminate health care information to consumers and to guide health behaviors (Aaronson et al., 1988, Nicholson et al., 2003). When seeking specific kinds of information, some women are engaged in a range of channels, whereas others confine themselves to a more restricted few channels. Relatively speaking, as Grimes et al., (2014) contends, women's ability to access a wide range of variety sources can be highly impacted by the access they have to different sources and her ability to comprehend the available information (Grimes et al., 2014). Thus, beyond creating access to information, knowing their choices and understanding their health literacy level could play a vital role in meeting their information needs effectively (Grimes et al., 2014).

Regardless of topic, in most circumstances health information resources have been developed using multiple channels and researchers advised to use several channels simultaneously (Nicholson et al., 2003). Individuals who receive information in multiple sources have a better chance of paying attention to the information being provided and taking actions to improve their health status (Aaronson et al., 1988; Roxanne, 2004).

2.6. Comprehensive Model of Information Seeking (CMIS)

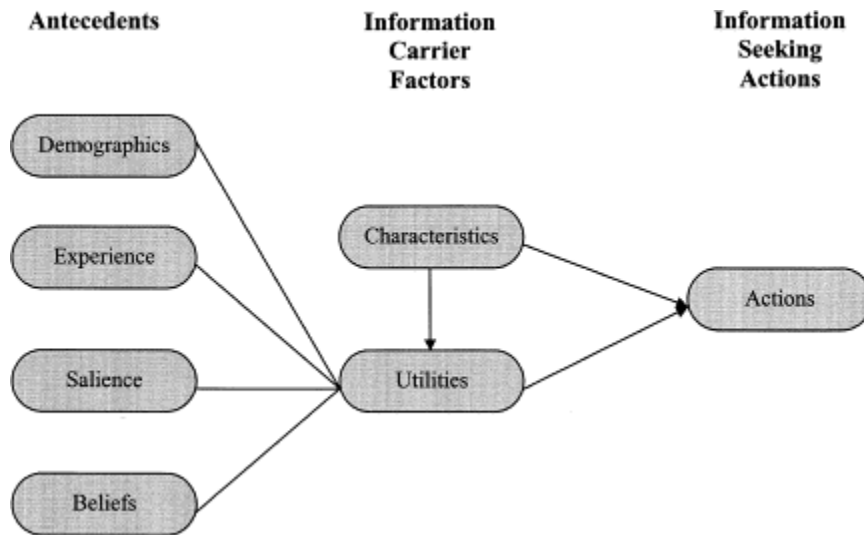
This research is guided by the theoretical foundation from Johnson's (1997) Comprehensive Model of Information Seeking (CMIS), which has been widely used to explain the health information seeking (Johnson, 1995; Johnson et al., 1995).

Johnson constructed his own Comprehensive Model of Information Seeking (CMIS) from Health Belief and the Tran theoretical health behavior change models (Johnson, 1995; Johnson et al., 1995; Mayer et al., 2007). The CMIS model has been developed and empirically tested for

cancer related information seeking and now it has been widely used as a model applicable to universal health information seeking scenarios (Case, 2012; Johnson et al.,2001).

The model postulates that a person’s information seeking actions are directly driven by the characteristics and utilities of information sources, which in turn are influenced by the person’s demographic background, direct experience with the disease, and his or her beliefs, as well as the salience of the disease(Johnson,1995 ;Johnson et al.,2001 ;Johnson, 2003).

The model has three primary components namely antecedent factors, information carrier factors and information action(Johnson,1995; Johnson et al.,2001; Johnson, 2003). These components describe the general health information process and further analyzes the information needs and the information channels selection of individuals (Johnson,1997 ; Case 2012).



The Comprehensive Model of Information Seeking

2.6.1. The Antecedent Factors

The first component of CMIS, the antecedents factors, determine the motivation and underlying imperatives of the health information seeking behavior of individuals (Johnson, 1995; Johnson et al., 2001; Johnson, 2003). There are two categories in the antecedent factors: background information and personal relevant factors (Johnson, 1995; Johnson et al., 2001; Johnson, 2003). The background information factors include the demographic and personal experience. Demographic factors such as gender, age, race, ethnicity, education, and socioeconomic status, as well as direct experience factors which pertain to people's personal experience with disease or the health problem, shape the individuals information seeking behavior and influence people's choice of information channels (Johnson, 1995; Johnson et al., 2001; Johnson, 2003). An individual's utilization of the information field is directly influenced by the CMIS antecedents. One of key concept under the heading of personal experience is the "social network" of the individual with an information need.

Personal relevance factors include salience and beliefs. These two personal relevance factors, are seen as the primary determinants in translating a perceived gap into an active search for information (Johnson, 1995; Johnson et al., 2001; Johnson, 2003). Salience is the key motivator in deciding to look for information. Of all the antecedent variables, it is salience that provides the underlying motive force to seek information (Johnson, 1997). Perceptions of risk to one's health especially are likely to result in information-seeking action ((Johnson, 1995, Johnson, 2003).

Beliefs are important in information seeking because they constrain the individual's thinking and level of motivation regarding information seeking. If people do not believe that knowing more about a topic will allow them to effect a change, then they are not likely to seek

information. In the contrary , feeling that they can solve a problem will motivate them to look for information(Johnson,1995; Johnson, 2003).These beliefs may shape an individual's information seeking behavior.

2.6.2. Information Carrier Factors

The second component in Johnson’s CMIS model has been labeled as “information carrier factors”. Information carrier characteristics shape the nature of the intentions to seek information from particular carriers(Johnson,1995; Johnson, 2003). The selection of specific media channel and the intensity of its use can be explained by the characteristics of media and its utility(Johnson,1995; Johnson, 2003).

Media characteristics describes the nature of the information channel and it includes variables like the users perceived credibility and accuracy of a channel, and communication potential, of an information channel. The second information carrier factor, utility , is related with the perceived usefulness of various channels (Johnson,1995 ;Johnson, 2003). Regarding the utility of channels, as Johnson explains that they are selected on the basis of their match with the seeker’s needs and expectations.

2.6.3. Information Actions

The last variable in the CMIS model is “information seeking actions”. This variable incorporates different styles of information seeking, that are motivated by the antecedent and information carrier factors. Information seeking actions is considered as a general concept and reflect the nature of the search itself and are the outcomes of the preceding factors(Johnson,1995; Johnson et al.,2001; Johnson, 2003). It comprises the users action with the information channel including choice among available channels and searching for useful information . As mentioned

earlier, the antecedent variables motivate or fail to motivate individuals information-seeking behavior and influence the intensity with which this activity is undertaken, while the information carrier factors shape a person's selection and usage of various information sources. This study thus is designed to examine more of the antecedent and information carrier factors associated with different information seeking behaviors or actions of women on maternal health information.

2.7. Conclusion

The literature review of the chapter has provided an essential presentation on the health policies landscapes in Ethiopia and overviews the maternal health issues. Brief description is also provided on sources of health information . The final part of the chapter gave the theoretical framework of the study— Comprehensive Model of Information Seeking —including its contemporary relevance and components of the model.

C H A P T E R T H R E E

RESEARCH METHODOLOGY

3.1. Introduction

This study attempts to explore women sources of maternal health information in rural Ethiopia. In order to carry out this research, the researcher have employed a qualitative research methodology. The present chapter attempts to highlight the methodological approach and the research design of qualitative study.

The choice of methodology and specific methods in a research undertaking depends mainly on their appropriateness in being able to answer the research question and on the situation that helps the researcher to collect data effectively (Maxwell, 2005). Therefore, the chapter attempts to justify the data collection method that have employed in the study, namely focus group discussions and individual in-depth interviews. Later on the chapter, the researcher introduced the study area, participants involved in the research and the role of the researcher alongside with other relevant information on the researches data analysis, and ethical issues , etc. In each case, the researcher have attempted to describe the significance of the approaches that have used in this study.

3.2. Research Methodology: Qualitative Research

This study adopted a qualitative research design which is more appropriate to achieve the study objectives. The researcher believe that it is fundamentally the goals of qualitative research which are strongly tied to the foundations that addresses the question of methodological appropriateness to this study. Qualitative research attempts to seeing the social world from the actor's perspectives (Fossey et al , 2002; Maxwel, 2005). This approach address and explores

questions concerned with an understanding of the meaning and experience of humans' lives and social phenomenon in their natural context(creswell, 2012; Fossey et al , 2002).

Qualitative research has become a popular form of health research today and are found to be appropriate for understanding individuals' and groups' subjective experiences of health and related issues and interactions among participants and health related settings(Fossey et al , 2002). Through the look into the 'insider' perspective, a qualitative researcher attempts to understand social behavior in its social context instead of viewing, as a quantitative researcher often does, events from outside(creswell, 2012; Fossey et al , 2002).

The heart of qualitative research is the participants' subjective meanings and the qualitative researcher attempts to sense the events, situations and lived experiences people are involved with actions and contexts(Maxwel, 2005). In this research, the researcher is not only interested in the physical events and behavior, but also in how the participants make sense of these events and how their understanding influences their behavior (Maxwel, 2005). As opposed to the artificial settings of quantitative methods such as surveys and experiments, the appropriateness of qualitative research in studying attitudes and behaviors is best understood within their natural setting (Babbie and Mouton, 2001). In qualitative the researcher observe events and actions as they happen without any intervention or interference. In relation with this , this research which is participant -focused ,explores meaning and understanding that audiences make out of the maternal health information not just from what they say but also from how they say it and how they react to discussions in a focus groups and interviews. Additionally, this study is mainly interested in exploring the landscape of maternal health information in which how women's sense and make meaning from the sources of maternity information for their health. Their perspective of understanding the sources that they come into contact with will be analyzed

through their reactions to the probing interviews. The focus group and individual in-depth interview are believed to create appropriate contexts for the researcher to exploit the ‘insider’ perspective of participants so as to address the chief philosophical underpinning of the qualitative research paradigm. In exploring sources of maternal health information in rural Ethiopia, this thesis mainly takes a perspective of participants on the maternal health information. In other words, the maternal health information environment in rural Ethiopia has been approached from the rural women’s perspective.

Qualitative description primarily focuses on “thick description” that makes the reader to captures the sense of actions as they occur, placing events in contexts that are understandable to the actors themselves (Babbie and Mouton, 2001, Maxwell, 2005). They seek answers to questions about the ‘what’, ‘how’ or ‘why’ of a phenomenon (Green & Thorogood, 2009). This is contrary to the quantitative, statistical descriptions that make up the foundations of quantitative research. Particularly with the this goal, this research highlight and give detailed descriptions of the study setting and the people using the actual quotes from participants to understand the maternal health information landscape of rural Ethiopia and the role of health information for the rural women’s health(Creswell, 2002). Taking advantage the flexible traits of qualitative methods, it will be possible to adapt interaction with the study participants in such a manner that the researcher gets detail responses which will allow him to provide a thick description of actions and the situation in which they occur from the very perspective of the research participants themselves.

3.3. Data Collection Methods

The researcher chose a qualitative research design for this study because of the necessities and relevancies in exploring and examining sources of maternity information to understand the situation that are not easily quantifiable.

In this study, the researcher employed a data collection design that combines in-depth Interviews (IDIs) and Focus Group Discussions (FGDs), which are linked to one another very closely in such a way that one would provide a means to expand on the findings of the other or draw inferences from the other. Following up a focus group with interviews offered particular advantages to this study as the in-depth interviews conducted with women provide detailed and continuous narratives concerning themes that emerge only from focus group discussions (Duncan and Morgan, 1994). The following section discusses these data collection methods and how they are going to be employed in the data gathering process.

3.3.1. Focus Group Discussions (FGDs)

The qualitative approach that the researcher employed for data gathering was a focus group discussion. Focus group discussions as a qualitative research technique becomes one of the most popular means of data collection instrument in health research (Fatemeh, 2004). It is used to obtain data in a range of health researches and have proven useful to elicit participants' lived experiences and views on health programs and interventions (Fatemeh , 2004; Kvale ,2009). Focus group studies in research are not representative of the general population rather, it is employed on the 'naturally' existing groups or communities to gain shared perspectives from participants on specific topics (Hansen, 1998). Thus, participants who share similar experience and are more feel comfortable talking with others are selected based on their lived experiences

related to the study focus (Fatemeh, 2004; Rice and Ezzy, 2001). FGD is built on the notion that the group interaction encourages participants to explore and clarify individual and shared perspectives on the research issue being studied (Fatemeh, 2004). Moreover, in FGDs the dynamics of the groups helps to trigger discussion, gain insights and generate panoramic views, ideas in order to pursue a topic in greater depth (Freeman 2006)

The researcher chooses the instrument deliberately so as to develop a more complex understanding of phenomena being studied (Rice and Ezzy, 2001). Topics and issues related to maternal health are often more discussed in focus groups. The researcher believes that such group interviews would give a more in-depth understanding of the context to produce data and insights with the interaction in the group (Kvale, 2009). Therefore, it is selected as an appropriate method of data collection to explore the different facets of situations and lived experiences on women's maternal health information.

Five FGDs in five rural kebeles were conducted with women to examine and explore their perceptions, opinion and lived experience about sources of health information and challenges women faced in accessing and looking for information. A standard list of questions was prepared in advance to guide the interviews and ensure cultural appropriateness and clarity.

The FGD sessions were carried out by a discussion guide which contain a list of questions that guides the sessions in a focused, yet flexible and conversational manner (See appendix).

A pilot FGD was carried out, using a convenience sample of seven mothers to test the FGD interview questions and evaluate. From the pilot interview, the researcher was learnt that there were difficulties in understanding few general questions. For example, few women were seen struggling to define the term health and maternal health information in their level. At a time of

discussion there was also a trend to talk over each other. Following the pretesting of FGD guide and in the whole course of the interview, the researcher rephrases terms and slightly changed questions down to their level of understanding depending on the nature of the group. In relation to talking over each other, women's were informed to speak individually and listen patiently .

The moderator plays a key role and is instrumental to FGD sessions. As gender may play a significant role for encouraging respondents to openly share their views and opinions freely , the researcher selected and trained a female moderator (a social worker), experienced in facilitating and moderating group discussion, to conduct the focus group discussions. Before the FGD, the moderator introduced all participants, explained the general topic of discussions, and let participants know that everyone should contribute their ideas(Basch ,1987).

Each group discussion lasted approximately one-and-a-half hours. However, women were given as much time as they needed to articulate their ideas, opinions and experiences. During the course of the interview, participants were encouraged to use local terms and concepts to describe their opinions , knowledge and practices, and so that it would be easy to construct a picture of the socio-cultural dynamics that influence maternal health information and the information seeking behavior of the rural community. All interviews were tape recorded and translated into (verbatim) into English.

3.3.2. Individual in-Depth Interviews (IDIs)

In-depth interviews are popular in the field of research for their effectiveness in giving a human face to research problems(Kvale , 2009). It is an instrument which offers the opportunity in which qualitative researchers seek to understand the perceptions, feelings and knowledge of

people in a way ordinary life affords them . They allow and provide an opportunity for the researcher to yield rich , detailed information about an issue or experience (Kvale , 2009).

The qualitative research interview attempts to understand the world from the subject's point of view and it also helps to unfold and explore the meaning and gain insight into how people interpret their lived world experiences (Kvale ,2009). IDIs are the most common widely used method for obtaining data for qualitative health research (Kvale , 2009). Accordingly, the researcher employed in depth individual interviews. Researcher recommend that conducting individual in-depth interviews following the focus-group discussions allows the researcher to have deeper insight into the chosen topics (Krueger, 1998; Strickland,1999). Taking this in mind and based on the information identified during the FGDs sessions , the researcher conducted individual in-depth interviews with selected participants to know their personal perspective, opinions and perceptions on the research topic(Silverman, 2001).

the Researcher has designed a couple of questions in advance, is free to modify and ask new questions that follow up interviewees' replies based on the situations that is most appropriate in the context of the discussion (Robinson, 1993). Accordingly, two distinct semi structured interview guides were prepared beforehand, one for women another for health information providers(see Appendix). This allowed the researcher staying within the research's focus while at the same time it helped to expand or refine questions and discussions as the interviews went on. Moreover, in the guide the researcher has list of questions to used during the course of the interview and further questions can be introduced in response to comments made by the interviewee. In all the interview sessions, the researcher tend not asked questions as exactly written in the interview guide rather asked detailed question based on the issues respondent's

touches on and expand on issues that appear to be relevant or unclear. This helped the researcher to get detailed information without disrupting the flow of the conversation

Before the interview sessions the interviewer underlined on the fact that the researcher was interested to know primarily only about their experience on maternal health information rather than on the nature of their maternal related illness, diagnosis and treatments. In-depth interviews were then conducted with purposively selected members of focus groups . Apart from them , interviews were done with other selected women , health officials working in the rural health centers and with a media practitioner. As a follow up mechanism, the researcher selected one participant from each focus group who exhibited better knowledge of health information and conducted in depth interviews. The individual in-depth interviews were primarily focused on their lived experiences on maternal health information provision, and dissemination and on the overall bottlenecks in seeking , accessing and disseminating maternity information.

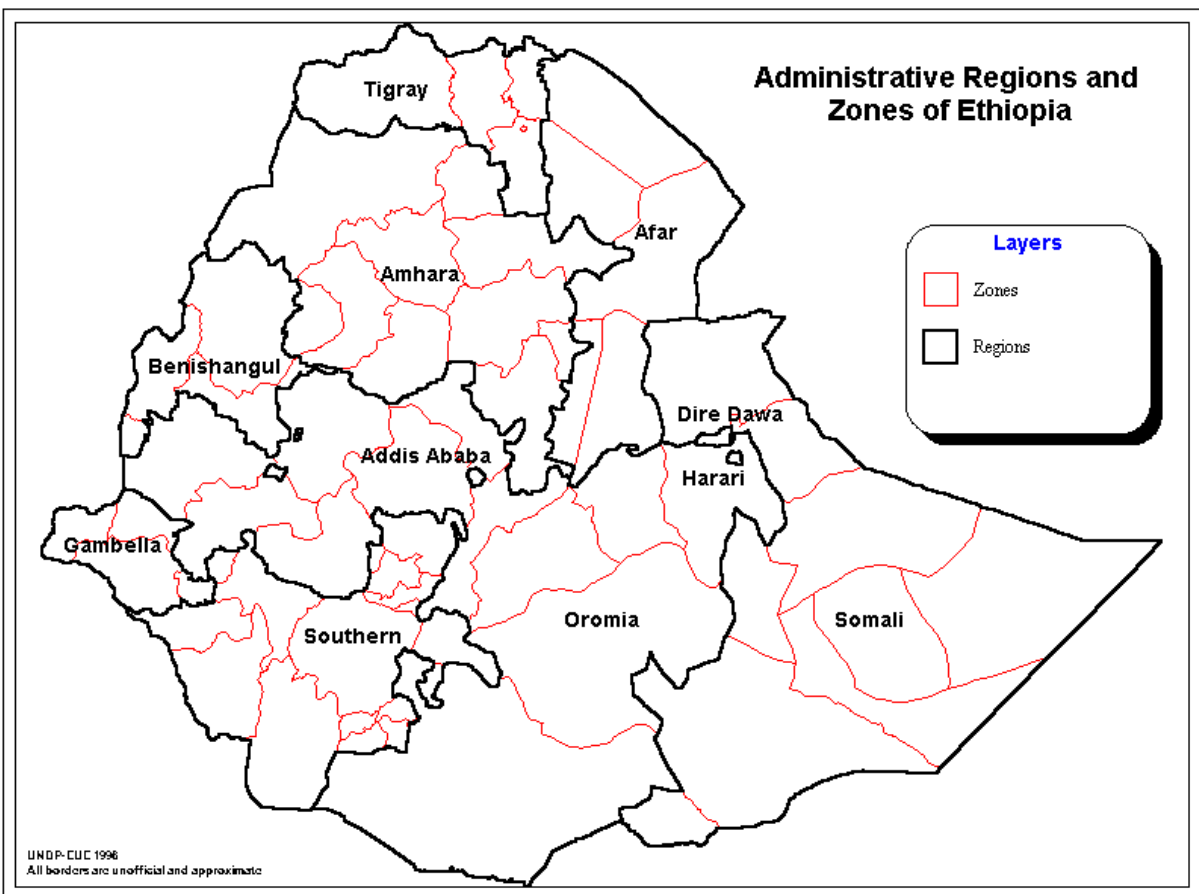
3.3.3. Secondary Data / Documents

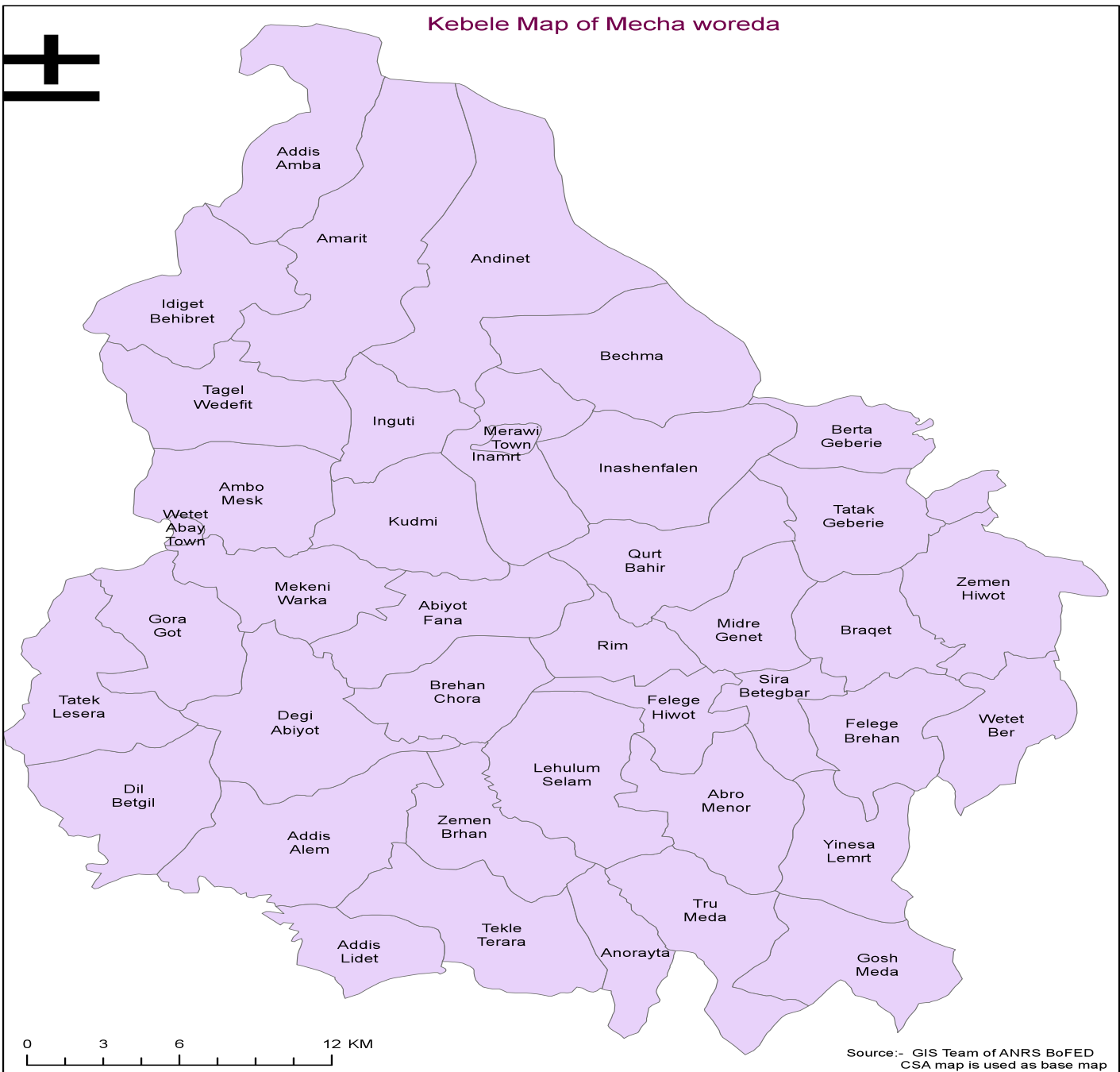
The researcher reviewed secondary source materials both on the health information concepts and practices relevant to the research subject. Relevant scientific journals, articles and books from different resource were referred. Additionally, publications from government and official documents on health including maternal health were also extensively consulted to get clearer idea and background information pertinent to the research topic.

3.4. Study Area

Mecha woreda is located at 500 km northwest of Addis Ababa, the capital city of Ethiopia and 35km to the west of Bahir Dar, the capital of Amhara state. Mecha which is one of the six districts in the Amhara state, is divided in 40 rural and 4 urban kebeles. Based on the

2007 central statistics data , this woreda has a total population of more than 292 thousand, of whom 147,611 are men and 144,469 are women(CSA, 2011). Mecha covers an area of 1,481.64 square kilometers(CSA, 2011). The average household in Mecha is 4.4 person with an overall total of 64,206 housing units. The majority of the inhabitants, 99% , are followers of Ethiopian Orthodox Christianity(CSA, 2011). The largest ethnic group reported in Merawi was Amhara (99.9%) and the majority is spoken Amharic as their first language(CSA, 2011).





The vast majority of households in mecha rely on agriculture, mainly from crop production, as their primary source of livelihood and food security and access to health service is by far the biggest problem compromising their quality of life.

Health centers are located often too far and are positioned in relatively bigger rural kebeles with large geographical areas and population size in which five to six health professionals are assigned(CSA, 2011). Whereas, In smaller rural kebeles, there are health posts where a minimum of two health extension workers are serving the community. In these rural areas residents have limited access to skilled providers and health services that pose challenges for maternal and newborn survival. Due to this, the rate of maternal mortality in the woreda is still high and women continue to die in pregnancy related complications .For instance, among the reproductive age group , in 2006 alone close to 11 thousand women's death were registered in pregnancy and childbirth complications(CSA, 2011).

Even if there are government schools that provides basic education to the rural community, there is still low literacy level in these rural areas. Information and knowledge for the rural community are being disseminated in different ways using interpersonal and mass communication. However, the majority of the population are still far from access to electronic information services. As the statistics reveals, of 6,405 housing units 3,447 has radio whereas 2,958 has no radio access at their home. Similarly, among 6,405 housing units, only 639 has television sets whereas the remaining 5,766 has no television in their home(CSA, 2011).

Of the forty rural kebeles, the data were collected in five rural kebeles , namely , Bachema, Berakat , Kurt Bahir , Midre Genat and Zemena Hiwote.

3.5. Recruitment of Groups

The population of the study were women residing in the five rural villages of Mecha Woreda and their maternal health information providers. The research areas were identified based on their population size, accessibility and with their high maternal mortality rate. Research

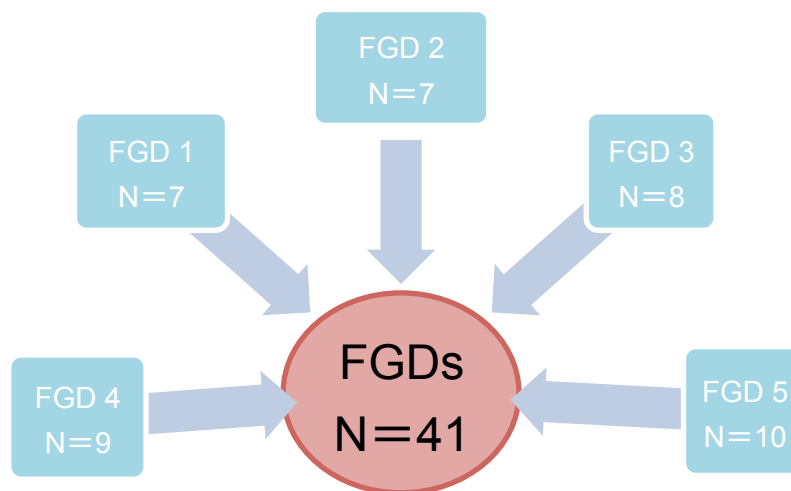
participants were purposefully sampled. It was the researcher together with the moderator who identified eligible participants of the study.

The process of recruiting research participants take in to account the importance of identifying appropriate participants who can best inform the study to successfully address the research question. Therefore , the study research participants were selected on the basis of their ability to provide relevant data on the area under investigation (Horsburgh, 2003). As Webb (2002) emphasizes, establishing homogeneity is very important when setting up a focus group as it allows participants to capitalize on their shared experiences. The researcher had then selected subjects for the focus group interview participants from ‘naturally’ existing communities who lived in homes closely situated in the same village (Kitzinger, 1993). In the recruiting process the researcher early set predefined inclusive and exclusive criteria to select focus groups participants. One of the basic criterion for being a participant in the discussions were being a woman in reproductive age above 18 and have at least one child . The study topic under discussion was on maternal health and as such being a woman in the range of reproductive age was seen as a relevant impetus to the discussions. Women who were not in reproductive age were not eligible to participate in the study as it was felt that their experiences were outside the scope of this study. Women who were working in maternal health organizations and in information provision and dissemination activities were excluded from the focus groups. This group were excluded to avoid their professional biases they might brought into the discussion. Women who were living outside the research area were excluded from the group.

Five of the ten women took part in the five focus group discussion were part of the individual in-depth interviews too. Besides to perusing new information and knowledge on lived experience of mothers and sources of maternity information the researcher select and interview

other five women based on the inclusive criteria . In depth interviews were also conducted with the identified maternal health information providers and disseminators. Using the FGD data, health information providers primarily identified in health information dissemination were selected for individual in depth interviews. Because these were the experts who were identified by women as their primary sources of maternity information.

3.5.1. Brief Profile of Research Participants



The five FGD conducted in five selected rural villages yielded a total of 41 women participants. All Women participated in the study were married and responsible for the vital tasks of caring their children and other household activities. None of them are formally employed and almost all are engaged in farming activities and their livelihood depends on crop production. To diversify their household income sources, few women are involved in off-farm income generating activities like processing and selling locally brewed beer (tela), selling fire wood, selling bread , tea and coffee beans and handcraft work for the community around them. Most of them were illiterate and few were quitted from elementary levels .Their living conditions are

poor from seeing their housing made of mud, tattered roofs, and extended family size to mention but a few.

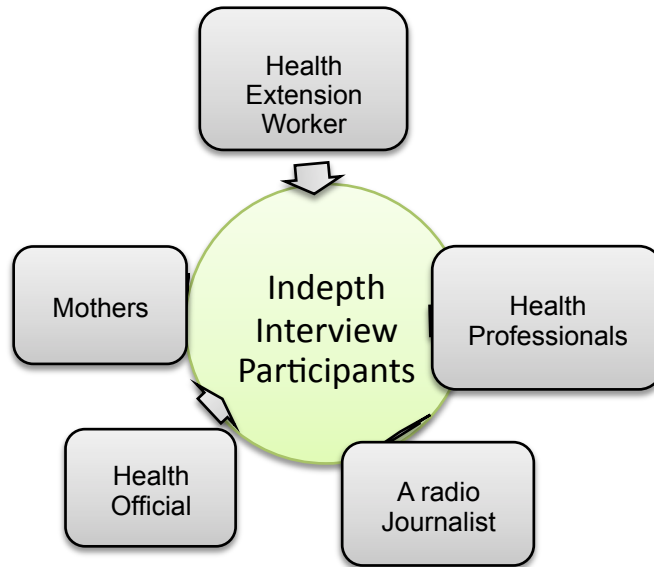


(Source: FGD, Bachema Rural Kebele)

Together with mothers twelve semi structured interviews were also held with key informants including health extension workers , and health professionals who were found to be the major sources of maternity information and were considered to have greater knowledge on the production and dissemination of maternal health information

All the HEWs participated in the in-depth interviews were women and recruited from the rural communities and have 10th grade education and completed a one-year course of instruction

and field training on health related issues in the mecha wordea Technical and Vocational Education Training School.



Two of the HEWs were working in two rural villages since 2010. The other was assigned in 2009 and all are working in pairs. The researcher learnt that they are the closest health worker for households living in their village. They spend most of their time by visiting families in their homes and performing outreach activities in the community. Additionally, they provide maternal health and other health related counseling and referral services at the health posts and frequently works to integrate 16 different components of the health extension package.

Two of the in-depth interview participants, (male and female) are health professionals working in two health centers. Both have certificate in nursing(2 years) and are in charge of providing primary health care services including maternal and child health care and refer patients to higher level health facilities. The other two key informants are health official and a radio

journalist. The official is the head of the mecha woreda health office and the radio journalist is working in the Amhara state mass media agency as a chief editor of health programs since 2008.

3.6. Interview Setting

An interview setting is an important factor contributing to the success or failure of an interview. For a meaningful discussion to take place, it's important to choose a physical setting that is comfortable and intimate for the interviewees. It was particularly important for me to find a setting for my subject, rural women, which is 'familiar', 'natural', 'non-threatening', and 'formal' for them. The women who had never heard and had never been participated in a research before would be confused if they were exposed in to a strange, unfriendly settings. Regardless to the location, the researcher and his assistance tried to choose a warm, quiet and familiar personal atmosphere to the FGD participants based on their interest and recommendations.

All focus groups and in depth interviews with women were conducted in their houses and or nearby areas made with grass roofs and walls made of dirt or cow dung, that were large enough for participants to sit comfortably and discuss freely. Of five FGDs, three of them were conducted inside their homes and whereas two interviews were conducted outside. In most of the FGDs, women were participated with their babies sitting in their lap and or strapped to their backs. The in depth interviews with women were done in side their home without being disturbed by any members of the family. The in depth interview of health extension workers and health professionals were held in their working place, at the health posts and health centers respectively. The interviews were done in their quite offices lately in the afternoon in which a

lot of people were not coming for medical treatment and support .The interview with a health official of the woreda were conducted within separated room undisturbed by noise and the usual activities in the health office. An interview with a radio journalist of the Amhara state was conducted in a separate office located in the building of the Amhara state mass media agency .

3.7. My Role as A Researcher

In qualitative methods, the researcher plays a critical role in strengthening and weakening the validity and quality of the research by his or her direct involvement with study participants(kvale, 2009). The role and position of the researcher in creating smooth entry in the research site, in the data collection process and analysis has a major impact on research(Creswell, 2009). The overall open-ended nature of data collection process and the researcher's efforts to capture the emic perspective of participants influence the study and participant in qualitative research(Creswell, 2009). Thus, the quality of data is highly dependent on researcher's skill in observing, interviewing, gathering physical evidence, and analyzing qualitative data. Therefore, the researcher's presence may influences the phenomenon under study, as his/ her own biases possibly affect the overall data collection and interpretation process. However, there are several concepts in qualitative methods that are employed to ensure high quality results and reduce researcher bias and interference with the integrity of the study.

In studies of this nature, the researcher was curious about how open and honest the rural women would be in disclosing information related to health. Most of the participants had never heard about research and never been participated in this kind of researches . This makes me a bit worried about how the discussion and their reaction turned out to be. The researcher and his assistance provide a brief background as to the nature and purpose of the study and assure

mothers that their anonymity to and protection of the data during the entire period of this study. This introductory discussions and seeing the women moderating the discussion brought their confidence and make them to be comfortable in FGDs. The researcher played a facilitating role in the group discussions as an agent that makes sure the discussion is going in agreement with the topics and issues highlighted in the interview guide. The moderator maintained a general balance in the group discussion so that neither participants are dominant nor are passive; and ensured that dialogue occurs among group members rather than between them and the moderator.

Although the researcher was in some ways significantly different from the interviewees in aspects of age, gender , educational level, etc., the researcher was able to establish an excellent relationship with them focus on the role as a researcher and presented as a learner and treated study participants as experts. Before interviews the researcher had a ice-breaking casual discussion with all the interviewees and that helped them to avoid their fears and to well prepared for the main interview. It is at this introductory talks that the researcher made appointments with interviewees about the real interview dates. The role that the researcher had during the data collection process enabled to capture the real meaning of the whole study problem. Moreover, the researcher is a native Amharic language speaker able to read, write and speak fluently. This enabled to carry out the research without a translator. It made it easy for respondents to connect with the researcher thereby reducing suspicion and mistrust; and encouraging openness and truthfulness in the course of the data collection process.

3.8. Discussion Guides

The FGDs discussion guide is used as a map to direct the discussion and to stimulate conversation about the research topic, as well as to ensure that all the desired information is sought. In order for the focus groups to remain focused on themes relevant to the research, the researcher designed a set of thematic questions that served as an interview guide. The guide consists a number of sections that steer the course of the discussion around certain issues. The points addressed were: introduction; the guarantee of anonymity ; general questions on health and health information ; main questions related with health information ; detailed question on sources of maternity information , summing up , reflections and conclusion. The semi-structured interview guide for individual in depth interview also included main questions focusing on their lived experience on maternity information and a large number of probes that addressed issues of maternal health information.

3.9. Discussion Procedures

At the beginning of all interview sessions, participants were welcomed and explained about the purpose of the discussion. Besides, protecting confidentiality and anonymity were discussed and rules for facilitating the discussions were outlined. Participants were requested to refrain from interrupting others and to respect all contributions. They were encourage to talk, prompted the discussion in appropriate directions to ensure all issues were covered, and changing the direction of the discussion when a point is felt to have been sufficiently covered. The moderator was also required to 'control' the group interaction to ensure that the viewpoints of all participants were allowed to be expressed. The discussion focused on maternity issues and the women's experiences of maternal health information, the appropriateness and usage of the information sources , the barrier and challenges on information seeking , disseminations and

usage. When the discussion had concluded, individuals were thanked for participating in the study.

3.10. Data Management

While in the field, the researcher made sure that each interview was recorded. Tape recorders were used to capture discussions during interviews. Moreover, the researcher did not note down main points and key examples/quotes during the actual interview. The recordings were manually transcribed and harmonized with the notes, to ensure accuracy and reliability. Then, they were stored in a Word format, and backed up in separate password protected drives to prevent loss of, and restrict access to the raw and processed data. The transcribed documents did not contain any names that make it possible to trace the identity of the participants. The original names had been replaced with pseudonyms. The transcribed documents were marked with numbers that match a participant list that is stored separately.

3.11. Data Analysis

In exploring sources of maternal health information, the researcher utilized a qualitative thematic content analysis method. Thematic content analysis involves generating frequency counts of the dominant themes in a data that guides to analysis. The analysis further involves identifying themes from the transcript and comparing those themes to the study purpose and existing literature (Vaughn et al. 1996). First, the audio-taped interviews were transcribed verbatim and translated into English separately. Then the researcher organized the data for coding. In order to avoid researcher bias, the researcher hires two independent coders who read the whole text several times and make meaning out of clause and key concepts relating to the research questions. This coding process was driven by the collected data in which the codes were

developed after reading through the data. The coded data were grouped in to the recurrent or commonly emerging ‘themes’, patterns and structures. And then the themes were merged in to categories with similar content and analyzed manually in line with the objectives of the study. In my own case, many of the themes that emerged from the group discussions match with the thematic headings of the interview guide. Since qualitative research claims to represent participants’ own perspectives, or subjective experiences of their worlds, it is important to consider the extent to which the qualitative research report reflects the perspectives of those it claims to represent (Fossey et al.2002) In effect, the researcher used quotations (i.e. participants’ own words) put side by sided with descriptions and interpretations

3.12. Quality Assurance Methods

As qualitative researchers argues there are several procedures that should be in place to ensure that the study is undertaken properly, efficiently and effectively and the researcher's systematic execution of these strategies assures and enhances , rigor or quality in the study of qualitative research(Mays and Pope, 1995; Malterud ,2001; Shenton, 2004) . Shenton (2004) contends that trustworthiness in qualitative research can be achieved by using different techniques which can be implemented from the data collection up to the data analysis stages of the study.

The issues of the validity, and reliability and generalizability in qualitative studies are different in connation with quantitative researches and qualitative researchers interchangeably use terms like ‘trustworthiness’ , 'credibility' and 'transferability to describe it (Creswell, 2012; Rolfe, 2006) .

Validity in qualitative research indicates the accuracy of findings and can be achieved using different validating strategies (Creswell, 2012). Most of qualitative researchers experienced in health research agree on the methodological rigor, members checking, spending prolonged time in the research area, the researcher experience and skill as basic and appropriate criteria used in assuring the validity of findings (Creswell, 2012; Johnson, 2000; Malterud, 2001).

Methodological rigor can be applied to both in the stages of study design and the research process (Johnson, 2000). Accordingly, the choice of data sources, data collection and analysis techniques, must be appropriate for addressing the study's research questions. In this study the data sources and data collection strategies were clearly explained and described in the way that justifies the means and in the manner in which the study was conducted. Triangulation, an approach in which evidence is sought from a wide range of different sources and comparing findings from these sources, is another method used as a methodological rigor approach to increase the validity of findings (Creswell, 2009). This study, which investigates and explores sources of maternal health information in the rural Ethiopia, addresses the research question using in depth interviews and focus group discussions. By using in depth interviews and focus groups as data sources of information and examining evidence from sources, the trustworthiness and credibility of source and the accuracy of the findings were checked and examined. Along with triangulation, the researcher also undertook thorough examination and verification of data sources. Upon completion of the data collection, the researcher have done a discussion with the research assistance as a checking mechanism on highlights of the key findings to verify the validity of the data. This helps the researcher to correct factual or interpretive information supplied during the time of data collection. Additionally, the researcher also spent a prolonged

time in the field to build rapport and to develop an in-depth understanding of the phenomenon under study.

Kvale (1996) indicated that qualitative studies can be strengthened and would have detailed descriptions if the study uses the researcher as an instrument in the data collection process. The researcher's interview experience that he had familiarized while he was working as a journalist in the Ethiopian television agency and as Communication officer in different international NGOs, motivated him to carry out the individual in depth interviews by himself. This also contributes to increase the validity of the study and to detail the description of the study settings and situation of the study.

Alongside issues of validity, qualitative researchers used various and several procedures that protect researchers' bias and enhance the consistency and reliability of findings used (Creswell, 2009). Among the strategies in which qualitative researchers ensure the reliability of their research independent assessment of transcripts and codes, proper and detailed documentation of all the stages of the research process, assessing interviews, transcription and analysis are a few to mention (Creswell, 2009).

Researcher's interpretations of what they see, hear and understand cannot be separated from their own backgrounds and contexts and might influence how one transcribes data (Creswell, 2009). Therefore, all the interviews were transcribed with as much accuracy as was possible by independent transcribers and translated into (verbatim) into English. Besides, to enhance the reliability, the data were coded by two independent coders. The researcher also crosschecked translations to ensure they do not contain mistakes made during translation as well compared the coded data and assessed.

In this study all the interviews were performed in the mother language of the participants and the researcher's native background of the language minimizes all the language bias related with this research. To ensure reliability of the qualitative study, it is suggested to document as many steps of the procedures as possible (Creswell, 2009). So that, the researcher documented all the procedures and steps of the data collection process in an effort to maintain evidence of the study.

The findings under study reflected the small number of rural communities sources of information on maternal health issues and would not arrive at insightful, inductive generalizations regarding the phenomenon under study. The study provided details about the settings studied and explanations of how and why things worked in the rural settings and contexts. The degree to which a setting outside this study is similar to other study settings depends on how they match on key factors, situations and contexts influences the findings. Results from this study may not be applicable in environments outside the study site in which the data were collected. However, considering the narrow limited sources of information landscape in rural Ethiopia the findings may be transferred to other rural settings and can be viewed as lessons for other settings. Therefore, with the widening of the sample characteristics and inferences drawn from results, this study have the potential of being used as a pointer to better understand the subject of the study.

3.13. Ethical Considerations

Throughout the process of any qualitative study ethical considerations must be made and so also in this study. According to Kvale (1996) ethical decisions do not belong to a separate stage of research rather they can arise at any time. Therefore, it is important to consider these issues

from the beginning of the study to the end. The researcher give a brief background as to the nature and purpose of the study. The participants were informed that the interviewer is particularly interested in their opinion because they are the 'expert'. The researcher ensured that all focus group discussions and interviews were held in venues, dates and times convenient with the participants. The implications here were that the research participants were not subjected to any physical or social harm. By taking this precaution, the researcher ensured that the research participant's identities were not exposed to any social or psychological harm. The researcher elaborated briefly that the information would be kept anonymous, confidential and guarded against revealing any information collected during the research to any unauthorized persons. Research participants were also told they could terminate the interview at any time, or choose not to answer some question or not to talk about some issues.. They were guaranteed that the data would be destroyed at the conclusion of the study and all data would be anonym zed by ensuring participants that the researcher would only use pseudo names of the participants.

3.13.1. Consent and Anonymity Form

The study sought the informed consent of participants prior to commencing data collection. This was done after briefing them about the study. At individual level, all informants signed the consent form to agree that they were free to participate. Written consent to enable a researcher to audiotape the discussions was obtained by asking participants to sign a consent and anonymity form.

3.14. Ethical Clearance

All fieldwork preparations started while the researcher was in the University of Bergen, Bergen, Norway. The researcher secured research clearance from the Norwegian Social Science

Data Service (NSD). When the researcher went to Ethiopia for field work the researcher thought that the process of getting clearance to conduct the research would not take long time. After the researcher arrived in Ethiopia, On July 5, 2013, the researcher applied to the Amhara state health bureau, a regional office that is responsible for clearing to do research in the region. The researcher was told to rewrite the proposal in a format they wanted to follow. The researcher translated all the FGD and in-depth interview guides into Amharic, a local working language. So, the researcher did what he was told to do and resubmitted five copies of thesis proposal together with supervisor's letter of support. While the researcher was submitting the proposal they told the researcher that the approval wouldn't take more than two weeks. However, the proposal was approved by the Amhara state Health Bureau Research Ethics Review Committee on September 17, 2013, it took 72 days for the committee to approve the proposal. Having been cleared by the Amhara health bureau, the researcher proceeded to get permission from the Mecha woreda health office. The researcher did this by giving them copies of a clearance from the region and the letter from supervisor. Within two weeks, the office finally granted the permission to do the research and wrote a supportive letter for rural kebele to conduct the research. Then the researcher started recruiting participants and the data collection after October 2013.

3.15. Study Obstacles and Challenges

The fieldwork was not done without challenges and obstacles. As there were no hostel or hotel in the nearby rural woreda, the researcher should stay in Amhara state capital, Bahirdar and had to travel by public transport and walk to the rural villages for hours on the daily basis to reach the targeted audiences. Since the data were collected in the rainy season, the rain makes the dirt road from merawi to the rural villages between impassable except by foot. The households

are far apart from each other, without any proper roads in between most of them . Thus, the walk from one point to another in the rural villages was long. While the was walking by foot my shoes sink deep into mud and gave hard time in the process of data collection. The researcher was then forced to spend longer time in the field than what was initially planned in the work plan.

The next hurdle that the researcher faced was the process of recruiting study participants. Residents in the study site are rural women who spend most of their long working hours in household chores and often engaging in subsistence agricultural activities. Since the data were collected in busiest harvesting season, women should go to farmland and support their husbands in agricultural activities and return late in the evenings. This meant that the only day the researcher could comfortably find them was on monthly religious holidays and Sundays after church sessions. To work on the one or two day -a-week data collection process, the researcher should drew a detailed timetable with the help of the research assistance on how the researcher had to get them all the respondents with the little time available. Together with the research assistance, we made prior visits to each and every sampled respondent. The women in this rural area had not heard anything about research or heard anybody talking about research to them. Therefore, the researcher and his assistance had to explain to them first all about research, its aims and significance to the researcher and to them, before embarking on the data collection process. Then ,we booked appointments with them and asking them to avail themselves in view of the timetable developed The idea of having a well known recognized research assistance throughout the entire study period is the reason why the researcher managed to finish the data collection process within seven weeks.

3.16. Conclusion

In this chapter, the researcher have attempted to provide the methodological framework of the study. The researcher utilize a qualitative perspective since it is most appropriate to examine and explore sources of maternity information. The philosophical underpinnings of qualitative research and the significance and relevance of data collection tools including FGDs and IIDs are described in the beginning of the chapter whereas sampling and quality assurance methods, ethical issues and challenges in the process of data collection ,etc, are discussed later on. The results of the study are to be presented and analyzed in the next chapter. It should be noted once again that the findings are not generalizable given the non-representative sample taken and the qualitative approach followed.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1. Introduction

In the previous chapter, the argument was made that a qualitative method, combining and using the methodological techniques of focus groups and in-depth interviews, was the most appropriate way of approaching the research questions. Accordingly, the researcher had conducted five focus group discussions with women on the range of reproductive age and interviewed key informants involved in the production and dissemination of maternal health information apart from in-depth interviews with selected women residing in the rural areas.

This chapter presents findings the participants gave to different questions they were asked through the group and individual interviews. First, the basic socio-demographic characteristics of women who were involved in this study will be reviewed. The researcher will then present result of findings in line with the research questions and based on the themes that were commonly emerged in the analysis.

4.2. The Socio demographic Characteristics of Women

Health information seeking behavior may be linked with several socio economic and demographic characteristics. Thus, providing this description might be is useful so as to understand the variables and contexts related with the health information seeking behavior of women. The socio demographic characteristics of women profiled in this study were collected first by asking individuals participated in the research . Research participants age , educational level, and number of children were initially recorded in exact years, numbers and levels respectively and then regrouped for the purposes of the data analyses.

The age range for woman participated in this study has come out to be between 18 and 40. As the findings from the study revealed, a large number of respondents 16 (34.8%) were fall within the age group of 18-23 years. 14(30.4%) of respondents were within the age range of 24-29 years, while 9(19.6%) were within age range of 30-35 years. only a total of 7 participants (15.2%) were aged more than 36 years old. Most of the respondents (65%) of were at their younger age of less than 30 years .

As far as marital status is concerned , all woman participated in this study were married. The majority of women which accounts 28 (60.9%) had at least one child. 16 (34.8%) of women have more than four children while only 2 women were found to have more than 6 children.

In a country like Ethiopia, where a large number of women are illiterate and have attained little or no formal school education ,women in the study areas were found to be less educated. The study demonstrated that , 69.6.% of women were illiterate or never gone to school while 23.9 % were completed 1– 6 grade level of primary school. It is also evident from the study that only three women reached up to secondary level of education. The study further revealed that there were no woman currently attending at primary and secondary educational level. This means that all women were quitted , dropped or left school between grade 1 and grade 9 due to various reasons.

Findings from focus group discussions as well as in-depth interviews have indicated that that Malaria, Maternal mortality and morbidity, and HIV / AIDS and communicable diseases were found to be the major health problem in the five sampled rural areas of mecha woreda. Rural women were thus seeking for health information to satisfy the information needs posed by the

prevalence of diseases. The following section presents the major findings in line with the research questions together with the direct quotes of participants.

Codes Used to Analyze the data

IDI - In-depth Interview

FGD - Focus Group Discussi

FGD 1 - Focus Group Discussion with women living in Bachema Rural Kebela

FGD 2 - Focus Group Discussion with women living in Kurte Bahir Rural Kebela

FGD 3 - Focus Group Discussion with women living in Midira Genete Rural Kebela

FGD 4 - Focus Group Discussion with women living in Braqat Rural Kebela

FGD 5 - Focus Group Discussion with women living in Zemen Hiwote Rural Kebela

IDI 1- In-depth Interview with a women living in Bachema Rural Kebela

IDI 2- In-depth Interview with a women living in Rraqat Rural Kebela

IDI 3- In-depth Interview with a women Living in Zemen Hiwote Rural Kebela

IDI 4- In-depth Interview with a Women Living in Midira Genete Rural Kebela

IDI 5 - In-depth Interview with a women Living in Kurte Bahir Rural Kebela

IDI 6- In-depth Interview with a Women Living in Midre Genete Rural Kebela

IDI 7- In-depth Interview with a Women Living in Braqat Rural Kebela

IDI 8- In-depth Interview with a Women Living in Zemen Hiwote. Rural Kebela

IDI 9- In-depth Interview with a Women Living in Bachema Rural Kebela

IDI 10- In-depth Interview with a Women Living in Kurte Bahir Rural Kebela

IDI 11- In-depth Interview with a HEW working in Bachema Rural Kebela

IDI 12- In-depth Interview with a HEW working in Medre Genete Rural Kebela

IDI 13- In-depth Interview with a HEW working in Kurte Baher Rural Kebela

IDI 14 - In-depth Interview with a Nurse Working in Braqat Rural Kebela

IDI 15 - In-depth Interview with a Nurse Working in Zemene Hiwote Rural Kebela

IDI 16 - In-depth Interview with a Health Officer Working in Mecha Woreda

IDI 17 - In-depth Interview with a Radio Journalist Working in Amhara State Mass Media

4.3. Information Seeking Behavior and Motivating Factors

In order to provide relevant information to people, information needs and seeking patterns and behavior of individuals have to be known. Rural women residing in five rural villages were thus investigated if they have ever felt the need for any kind of health information under any circumstances. This was asked in order to find out if these rural women have experienced in looking for information. Almost all woman sampled in FGDs and in depth interviews indicated that they have had an experience of looking for information to satisfy their information needs. As the study reveals, women's perspectives of health information seeking were seem to be influenced by their family members' experience with health problem complications including maternal health. Among the reasons women gave for why they look for

information about maternal health, because of a family member experiencing pregnancy problem and a personal scare of maternal death are a few to mention. In an in-depth interview a woman said she did start to search for maternity information because she had been affected by it, "Well, If nobody is affected with it or if it's not affecting me directly, or somebody I know, I just never thought to just look for it." (IDI5) From the perspective of woman who were affected by maternal problems, women seem to seek information because it affected them in one way or another. A woman in an FGD said, *"because I think they know the seriousness of the problem. they've passed in it and it's happened to them. I think that's the reason why women looking for information"* (FGD1). Similarly an informant in an in-depth interview discloses that:

"Mothers die of bleeding only for the lack of information on the danger signs of pregnancy and safe delivery. As mothers were not informed about the importance of follow up during pregnancy they were exposed to pregnancy related complications. The fact that mothers were not having access to maternal health information had negatively impacted their lives. In my opinion, currently mothers start to looking for information to avoid such a kind of pregnancy complications and to lead a health life" (IDI13)

When women were asked about what would make them or another women seek information, the majority of women stated that they were looked for information because someone whom they know being affected by complications would cause them to learn more about the situation. From women responses, personal scare appears to be one of the motivating factor that causes women to look for information about maternal health. One of the discussant said that she looked for maternal information because it is *"concerning us,"* referring to her or her families. *"it's pertaining to my life and my family. so that I can try to get a better understanding of it."* (IDI5). This kind information looking experience for the benefit of the

family seem to indicate that information that the women looked would help both the women and their loved ones. So that the search for information might help both to avoid the maternal health complications early .

This study further demonstrated that women's health information seeking was further driven by the desire for information about health promoting behavior. Most of the interviewed woman said that they had looked information at times in primary to have a healthy life. The question of why they need and seek health information also elicited different responses of the following kinds.

'It is to be healthy and lead a healthy life. It also helps us to enlighten members of the family. . For example the information I got on family planning helps me to plan ahead. If I am going to have another child, I will plan to conceive after 3 or 4 years. This will be good for the child and the family'.(FGD1)

"The information helps us to go to health centers whenever we are sick. If we are able to practice the information, we will keep ourselves healthy. This enables us to lead a better life" .

(FGD3)

Rural women sampled in this study mentioned various factors which push them to seek for maternity information including lack of knowledge, association of pregnancy complications with death, and above all to have healthy life. These factors found to likely affected women's views and experience on seeking maternal health information.

This study further demonstrated that rural women applied the information that they seek so as to change their states of health, beliefs, attitudes and behavior. The sampled women acknowledged that the health knowledge they acquired in various forms were used to improve

and promote their health and the health of their families. Rural women information seeking experience seems to be driven by the value of information that they attached on it. The following excerpts from woman confirms how information seeking is driven to promote health in many ways.

'Because of the information I am getting, I have changed a lot. It has helped me to have a healthy child. I gave birth to my older child with the support of traditional birth attendant. By then, I lost my child and have suffered a lot. Now because of the information I have, I ask for the support of health workers to deliver at health facility. I delivered at health center and have a healthy baby'. (IDI3)

"It was when I was 3 months pregnant that I discovered my HIV status. The health workers provided me the right information at that moment and then I started to use medicine that prevent mother to child transmission of the virus. It is because of the information I got that I came to give birth to an HIV negative baby. That information was motivated me to use the medicine and I can say it has benefited me a lot"(IDI7).

"For me personally getting the information has saved me from unintended pregnancy and it has also protected me from unsafe sex before marriage"(IDI5).

To sum up, the overall findings indicate that rural women have experience in information seeking and their information seeking behavior are related with various personal reasons and reflects situation that they were involved in. It further cautions that if women are

empowered with appropriate information, they will be better equipped to take care of their own health, the health of their families and their communities' health at large.

4.4. Sources of Information used by The Rural Women

Health Information seeking requires an access to diverse sources of information. Individuals might be exposed in to a wide range of sources in which they obtain information on various health issues and health problems. To explore where rural women look for information about maternal health topics and examine the available sources of information, women were asked to list the sources from which they received information on maternal health issues. Results of the focus group discussions and in-depth interviews clearly indicated that women are using multiple source to deal with maternal health problems. The sources sought and consulted by the rural women can be categorized as interpersonal and media sources.

4.4.1. Interpersonal Sources Of Maternity Information

The majority of respondents asserted that the most frequent source of information used by the majority of rural women were health extension workers and health professions. Furthermore, relatively few women also consulted information from family members and friends. Among the health professionals nurses and midwives were predominantly consulted by rural women. Women used this interpersonal sources depending on the nature of their maternal health information need and based on their accessibility and usage.

4.4.1.1. Health Extension Workers

As the majority of participants indicated, health extension workers are their primary sources of information for maternal health issues. One discussant from FGD stated that: "*the health extension workers are my favorite sources of information. Previously, I had no one to consult. But now I can go to them and consult on health issues. For me they are the preferred ones*". (FGD 2). Health extension workers are becoming preferred source of information by the majority of women because they are close to them and deliver information at door to door. For instance, the following excerpts taken from FGDs and in-depth interviews asserts the aforementioned facts .

"When I need information, I go to the health extension workers. This is because they are easily accessible as they frequently do home visit.", (IDI 8).

" Health extension workers began services in our area two years before. They are the ones who provide health information on child and maternal health going door to door. Most importantly in a time where health support is needed, health extension workers are the first to come", (FGD4)

Many women acknowledged that health extension workers are their most preferable and most consulted sources of information for maternal health issues. Here, it may be important to note that since the majority of women are illiterate, they cannot exploit information available in other sources. Besides , most of the HEWs are recruited from the community and working in the health posts where the majority of the rural community get health care services . As a result, HEW as sources of information seems always readily available almost all the time when needed as compared to other sources of information. It is also common knowledge that people tend to exploit information from what is closer to them than what is far away.

4.4.1.2. Health Professionals

As this study further reveals the other interpersonal sources often consulted in a second place by the rural women are health professionals. Health professional are trained health practitioners include nurses and midwives that are assigned to work at the rural health centers. Woman indicated that health professionals are contacted while women need detailed and clinical related maternity information. A woman said, *"For me health professionals are my favorite source of information. In particular health professionals' gives us immense information and understanding about different health issues"(FGD4)*. Similarly, another woman confirmed that she often visit health professional when she is not satisfied by the information provided by the HEWs. She said : *" I will only go to the health professionals at higher level if I do not find sufficient information from the health extension workers."*, (IDI10). The health extension workers themselves also refer women to consult and look for information if the health problem is beyond their level and scope.

" Mostly mothers come to us seeking information on family planning, pre and post natal care and pregnancy test. If they ask for pregnancy test ,and medical complications, we refer them to a nearby health center where they will consult health professionals".(IDI12)

As the interpersonal sources investigation further show health workers and health professionals were preferred by the majority of women because they are perceived as sources who can be able to give relevant information to relevant people, and can help them to solve their maternal health information problems. Generally, they are also regarded as knowledgeable, with skills and relevant training.

4.4.1.3. Friends and Families

Rural women also sought maternity information from interpersonal sources like families and friends. As the findings reveal, friends, neighbors and relatives are consulted by the rural women living in the five rural areas of Mecha woreda. However, women sampled in the focus group discussions and in-depth interviews disclosed that they used these sources to supplement the information that they obtain from other sources of information. A woman interviewee explained: *"Beside the information I get from outside, I sometimes ask my mother about pregnancy and other reproductive health issues. I also share what I know about the issue to family members"*. (IDI3). Additionally, women also share and discuss the information which they brought from any sources of information within their family members. A woman said: *"I also get information from family members especially from elder sisters and family members. We usually discuss on mother's health, pre and postnatal as well as HIV/AIDS issues"*. (IDI 10).

Beyond family, women also used the informal social gatherings like coffee ceremonies to seek for information from their peer groups. They often ask information from those who had often participated in the formal information provision sessions organized in the health posts and health centers. In one of the FGD sessions, a woman said:

' Those mothers who haven't been to the health center for information, listen and utilize the information they get from us who have been in the session. We do this during coffee ceremonies and other social gathering. They always want to know what we learned and ask us what to do when they are in difficult situation. It is common for us to discuss and share our personal experiences on which health facility a woman has got good service and on the kind of birth control pills that are convenient for us'. (FGD1)

4.4.2. Media Sources of Maternity Information

Despite the majority of women rely on information from interpersonal sources, the information they obtain from media is found to be very low. The study demonstrates that media were the least consulted sources of maternal health information in the rural community. Among media related sources, print media sources including booklets, and brochure are used by few number of woman. Relatively, radio was found to be the least consulted source of information. Although maternity information from media sources were rarely sought by the majority of illiterate women, the information provided using media related channels seems to appear in many formats. In an in-depth interview, one of the information providers explained that:

'There are posters with variety of messages posted in the compounds of health centers dealing with prenatal and postnatal care. Apart from this, we provide mothers leaflets and pamphlets which they take home to be read and shared by literate members of the household such as husbands and children. In the health centers there are also audio and video materials that inform mothers about issues of pregnancy'(IDI16).

In the last few sentences of that quote, the interviewee brought up an interesting point that print media sources were provided to mother to be read by the literate member of the family. Here it can be noted that print media sources seem to be used to supplement information provided by other sources. It is also interesting to know that interpersonal information providers like health extension workers also use print media source as a teaching tool while they are dissemination information for women.

'The health extension workers do the counseling services to mothers consistently throughout the time of pregnancy. This counseling is supported by different awareness creation materials such

as pictorial booklets which they took home and educational films which they watch at facilities when they come for antenatal care'.(IDI16)

Among the print sources ,surprisingly, it was booklets that are designed to be used by both literate and illiterate rural women, sought by women as a maternal related source of information. An in-depth interview with an informant shows how booklets are used to communicate and disseminate information to and with in the rural community.

'There is a booklet that we provide to pregnant mothers. The booklet has two version but similar content. For those literate pregnant mothers we give them the one produced in text. The other that we give to illiterate pregnant mothers has a pictorial description that can easily be understood by looking at the descriptions. We have also organized mothers in a group of five members with one trained traditional birth attendants leading discussions guided by the booklet. Moreover there is another information booklet we provide for mothers who are on postnatal care. We distribute the booklet when the mothers come for immunization' (IDI1)

The researcher also observed maternal health informative posters posted on the health posts and health centers with more text and less practical pictures. Considering the literacy status of these women, posters may not be communicate properly and may not ringing a message bell to the rural community, because the targeted majority women cannot read what is posted .

The rural women's illiteracy status contribute to their low level of use of print media sources. Overall, rural women who use the print media for health information are relatively better educated.

A part from print media, few members of rural women have barely sought broadcast media as sources of maternity information. As the study discovered that few numbers of rural women

have access to radio. Yet they don't often listen radio messages. A women in a FGD explains her experience as follows:

'There are radio messages on raising children, preparation of food, the use of family planning (particularly birth spacing), sanitation and hygiene of babies, and the importance of nutritious foods for children. Those we listen the information on these issues, we give little attention as we are rather preoccupied and busy with household chores'(FGD2).

Generally, using broadcast media as a source of information in this rural community is rare and therefore seems insignificant. It is very obvious of course that even if these media were available, it seems impossible to use them at present, due to lack of power and electricity.

4.5. Trust and Preference of Sources

Of all the information sources, interpersonal information sources in which information is disseminated in a face to face approach are highly preferred and trusted by the majority of rural women. Rural maternal health information seekers consider HEWs and health professionals as their most preferred and credible source of maternity information. This might be because the majority of rural women, are illiterate and have low health literacy levels so as to use written information sources. Some participants, also indicated that informal sources, such as family members, friends, and relatives, had been useful to them as source of maternity information but regarded as least credible. Among media, radio were found to be the least preferred sources of information.

4.6. Accessibility and Availability of Information Sources

The accessibility and availability of an information source is vital for information seekers at a point in time. Information seekers continue to use information sources if and only if it is accessible and available to them. Women were then asked which of the information sources are the most accessible and available sources of maternity information to them. The majority of women disclosed that HEWs are the most accessible and available maternal health information sources. This is simply because HEWs provide and made information available to women at their door to door services.

4.7. Channels used to deliver Maternity information

As the study previously documents rural women sought maternity information from multiple sources. The study thus further explores the channel often used to disseminate maternity information to the rural women. As this study found out that information providers often used traditional birth attendants, community forums and mothers groups as a channel to disseminate maternity information to the rural community.

4.7.1. Traditional Birth Attendants

In Ethiopia where there is no adequate number of trained health professionals, traditional birth attendants support home delivery services to rural communities, especially in areas with poor health infrastructure. Though, they may not receive formal education and training in health care service, they are respected in their communities and enjoy communities goodwill.

As this study also found out that traditional birth attendants are used as a channel to disseminated maternal health information to the rural community. Interestingly, it is both the government and nongovernmental organizations that trains and uses them as a channel to reach

and disseminate information . One of the informants disclosed : "*The government in collaboration with non-governmental organizations trained traditional birth attendants to go back to the community, identify pregnant mothers and convince them to seek the services of health professionals*"(IDI16)

4.7.2. Community Forums

The other channel which are used to disseminate information is community forums . From FGDs and in depth interviews, it was learned that women obtain maternal health related information from health forums organized by various organizations in which women, husbands, community and religious leaders were invited to attend. This forums organized in monthly basis at higher level are perceived as an important channel to disseminate information. Especially, issues related with maternal health social and cultural determinants and misconception are usually addressed and discussed using this kind of forums. An informant who often organizes the community forums said:

" There are monthly conferences of pregnant women aimed at raising awareness. At the conference pregnant mothers along with their husbands, mothers who delivered at health facility, mothers who delivered at home, community leaders, religious elders and local government officials participate and share their experiences.. This is one of our mechanisms to disseminate information related with maternal and child health. This is a forum where mothers share their experiences and learn each other on issues such as the advantages and disadvantages of delivering at home and health facility".(IDI16)

In addition to community forums organized at the higher level, women also attend weekly forums organized in their rural localities. A woman who had attended the community health forums explained:

' Every Saturday in each locality there is a meeting where mothers come up with issues related to pregnancy to discuss with health professionals. At that session the health professionals give detail explanation about issues raised by the mothers. . If the problems raised by the mothers are need more private consultation and examination, this is the place they make an appointment with the professionals for further support'.(IDI14)

4.7.3. Mother Groups

In rural areas five women are organized to form a group , namely, 'mother group'. This groups were formed aiming to foster open discussion and peer support between the mothers on various socio economic issues. They also often conducted discussions centered on various health issues in an informal setting with a coffee ceremony program. As this study also found out that mother group are used as a channel by health communication programmers to disseminate maternity information. Furthermore, among the group members a mother who perform best in implementing health packages are selected as a model to disseminate information and encourage others to follow her footsteps. An informant said that :

'As per our health extension program, we are supposed to conduct 16 health packages. We select mothers who fully implemented the 16 packages in their households as models in the community. We use these mothers as change agents to inspire others and to disseminate information'(IDI13)

4.8. Contents of Maternal Health Information

The study also explores the content of maternal related information being provided to the rural women. Therefore, women who took part in both FGDS and in depth interviews were asked to list the contents and types of maternal health related information being provided by different sources. The study reveals that rural women obtain various kinds of maternal health related information from different sources. For instance as one of the FGD discussant stated that women have learned various kinds of issues related with maternal health.

"They gave us detail information about the birth complication that arise from early-marriage, and its adverse health effect on young girls. They told us the advantage of delivering in the health facilities and the purpose of visiting the health professionals for counseling in time of menstrual irregularity, and counseling and testing for HIV/AIDS before and during pregnancy".(FGD4)

It can be noted from the excerpts that pregnancy complications, health facility delivery and pregnancy counseling and testing are among maternal related issues addressed to women. Similarly, information providers were also asked about the kind of maternal health information that they often disseminated to the rural women. As the following excerpts from various information providers indicated a wide range of maternal topics are being entertained.

"When we provide information, our primary focus is on the health of mothers especially on antenatal care and delivery at health facility. Family planning and prevention of HIV/AIDS are other issues that we focus on" (IDI14)

"our program mainly focuses on women at reproductive age who are between 15 to 49. specially women up to 29 are our major target groups. we focus on different awareness creation issues

like early marriage, birth related traditional practices , HIV and STI. We also focus on pregnancy women nutrition issues".(IDI 17)

4.9. Identified Barriers Of Information

Women were asked to list the barriers that they encountered while they are seeking, accessing and using maternity information. The majority of women mentioned that illiteracy, lack of awareness, attitude and perception towards information providers and ignorance as the major bottlenecks for seeking, accessing and using the information. Informants who were part of the in depth interview elicited the following barriers.

'Though we are trying to create awareness on maternal health among the community, mothers' existing attitude towards the service is a big challenge for us. This is I think related to their literacy level. The other challenge is the long lived custom of giving birth at home. When we teach about the importance of safe delivery, mothers tend to mention more about the story of those women who gave birth at home safely and who look healthy. But ,they don't mention about those who died and suffered from complications as a result of delivering at home'. (IDI16) .

" Most mothers are illiterate, they suffer from traditional norms and influenced by the interest and decision of their husbands. It is in this difficult situations that we use all the means to disseminate information to mothers". (IDI15)

Furthermore, lack of open communication is also found to be one of the bottleneck that hinder rural community to use the available maternity information.

" Being scared of their husbands, mothers don't use the information they get from different sources. As mothers don't have the culture of openness when it comes to their health conditions,

they always refrain from sharing their health related problems to others including health workers".(IDI, 14)

'Though the information is available in various forms, the people don't have the culture and interest of coming out by themselves to ask and discuss on pregnancy issues. This is something related to illiteracy".(IDI,16)

Additionally, lack of time was also mentioned by some participants as a factor to access maternity information.

Knowing their low level of awareness and education, it is not surprising to hear about so many kinds of barriers that prevent women from seeking and using health information. It can also be noted from the excerpts that, such factors could be tackled by increasing women and their husbands level of awareness targeting and focusing on awareness raising campaigns.

4.10. Sources for the 'Sources'

Information providers were also asked where they get information that they disseminate to the rural women. As the study discloses that information providers obtain information from health related books; national and regional health policy documents and information from their own work or life experiences. Moreover, they also get information from Non Governmental Organizations working in collaboration with them.

" I get different kinds of information from midwife nurses. Besides, I get information mothers and child health by referring books. In addition, the trainings provided by different organizations as well as flyers and posters on maternal health are our sources of information". (IDI12)

'As a source of information we contacted some nongovernmental organizations working in the region , particularly path finder Ethiopia ,Intra health ,Care Ethiopia and Management Science for Health'.(IDI15)

4.11. Conclusion

The researcher tried to present the major findings on the type of maternal health information sources that rural women sought , factors that motivate them to look for information and the barriers that they encounter in seeking and using maternity information.

The study documents that rural women have rich experienced on health information seeking and lack of knowledge, perceived personal risk of maternal complications, and seeking for a healthy life are the major factors that motivates them to look for information.

The findings further discloses that rural women have consulted various kinds of information sources to satisfy their health information needs during the course of their reproductive age. The number of sources that the participants mentioned was not restricted in order to get full picture of the various kinds of information sources that women living in the five rural villages sought . Of the interpersonal and media related sources identified, HEWS and health professionals were found to be the most commonly used , preferred and trusted sources of maternity information.

Traditional birth attendants, community forums and mother groups were identified as channel often used by information providers to deliver maternal health messages to the rural women.

Illiteracy, lack of communication infrastructure , attitude and perception towards information providers and ignorance related traditional and cultural barriers were the major bottlenecks for information seeking, dissemination and use.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1. Introduction

This study has investigated the maternal health information sources of women living in rural Ethiopia. It further explores factors that motivate and impede women's information seeking and use at various points in their journey of reproductive life. Furthermore, the study has identified the channels that the maternal health information is being presented and used in to and for the rural women.

In this chapter, the researcher discusses the basic findings of the study in line with the research questions. In the course of the discussion, the findings of this study have been compared and contrasted to a number of findings detailed in the literature review part.

Later in this chapter, the researcher will attempt to summarize what this research has been all about and forward concluding remarks. Finally, the researcher will also describe the limitations of the study, highlight the research implications and suggest some subjects and themes that have a potential for further research.

5.2. Information Seeking Behavior of Rural Women

As this study found out that rural women have an experience on seeking for maternal health information for their own health and the health of their families. The information needs of women in the rural areas seem to reflect the situations that they were faced with. For these rural women, information seeking plays a crucial role in enabling them to cope with challenges posed by maternal complications. As it was echoed by rural women, being well informed on

complications related to maternal health seems to force them to be an active information seekers. The findings of the study further suggested that the women seek maternal health problem solving information to make decisions pertaining to themselves and to members of their family. It seems to appear that women are in an acute need for health information that would make them more effective in their different roles that are assigned to them in the society. One might expect the high need for health information because women in this rural areas are highly affected by maternal mortality and morbidity. Thus, the need for health information would be linked to the fact that women were not in good health and seems to be keen to seek maternity information to improve this situation. Moreover, the findings may show the poor health status of the sampled rural women and women who are in poor maternal health status are more likely to seek information than healthy women.

Seeking information about one's health is increasingly documented in studies as a key coping strategy in health promotive activities and psychosocial adjustment to illness and sufferings. Studies indicate that Individuals engaging in health information seeking are more likely to have better health knowledge, feel more comfortable and demonstrates higher levels of health promotion activities than people who do not look out health information (Shieh et al. , 2001; Buseha et al., 2002). The information looking behavior of rural women seems to support the aforementioned fact. Rural women were engaged in information seeking to have a better knowledge that would help them to cope with the challenges posed by maternal health situations.

The data presented in this study also suggest that women actively seek for information to meet their information needs and their information seeking activities are driven by different factors. One of the motivating factors which push rural women to seek maternity information is a desire to take care of their health and the health of their families (often their children). This

motives arise from fears and anxieties that was posed by the maternal especially pregnancy related complications. The accessibility of information within their everyday environment, that helps to get information in order to take actions towards a situation that they come across could also be seen as a factor that motivate information seeking.

Factors that were identified in this study as motivational to look for information and use are asserted by the findings of other researchers . As studies indicated that individuals motivated to look information in order to reduce negative effects, like fear, anxiety, uncertainty and to be involved in health-related decision-making(Clark, 2005 ;Johnson,1997)

5.3. Maternity Information Sources sought by Rural Women

As the study found out that interpersonal sources played an important role in the communication of maternal health information to and among the rural women. It appears that HEWS and health professionals were the most preferred and trusted sources of maternity information by the rural women. As the study also documents, sometimes informal sources, such as friends, family, and relatives, who are closer to them, are sources women turn to when they need health information. Rural women were also obtain information from print media sources.

The findings of this study clearly indicates that rural women use multiple sources of health information. However, HEWs and health professionals are preferred in particular when information is sought. The predominance of health extension workers and health professionals as major sources of health information merits special attention. The majority of women in this sample cited HEWs and health professionals as their first or second major source of information supports the assumption that health care service providers are indeed major information sources. As this findings suggest, a large proportion of health care consumers are receiving sufficient

maternal health information from their health care providers. It further seems to demonstrate the fact that the rural community desires for information is produced and supported by the health care services which women consider important and trustworthy. The findings seem to indicate that there is a match between community expectations and provision of information. These preferences further seem to suggest that community members feel most comfortable obtaining health information from sources more closer to their local community.

The provision of health information to women is an important part of the role of the health extension workers and health professionals. Therefore, the utilization of interpersonal information sources by rural women is likely a product of accessibility and availability of these sources. Although, family and friends were found to be an important source of health information by the rural women, they were not a highly preferred and trusted. In the rural communities of Ethiopia, families and friends are quite influential in terms of providing advice and information on locating health practitioners and health services. As this study also shows women consulted families and friends in their first instance and then more detailed or specific health information were sought from other qualified information providers. So, rural women seem to use their families and relatives as an entry point on where to find information of professional source.

As this study further indicates women who sought media as sources of health information were very few. This shows women's low literacy level. Since the majority of rural women were illiterate, they might not have an option to explore print media. As a result, they are forced to turn in to interpersonal sources of information. However, seeing the booklets which are presented in more pictorial formats for the illiterate women may also seem to show that the availability of relevant information in appropriate format may not hinder to exploit maternity

information. The point that has to be noted here is that pictorial written messages or information available with pictures can be used to provide information for illiterate members of a community if they are presented suitably and appropriately .

As this study demonstrated that women have a range of information sources in seeking information on maternal health related topics. This finding supports the assertion of previous findings that women sought information from multiple sources depending on the nature of their information needs(Davies and Bath 2002; Nwagwu and Ajama , 2011; Momodu ,2002; Davis, and Flannery, 2001)

The maternity sources that the majority of women consulted in this study were interpersonal sources and similarly , Ogunmodede et al., (2013) study on information sources of pregnant women in the Oyo state of Nigeria finds the same result. Like the Ethiopian rural women who predominantly consulted HEWs and health professionals for their maternal health information needs , women in Nigeria also use health care providers as their primary sources of maternity information. This could be is because of the low literacy level of women existed in both countries and or because they presented maternity information in a certain appealing way.

Similar findings also exist between the Ethiopian rural women and Somali women residing in the United kingdom. Somalia women living in the United Kingdom highly rely on information from general practitioners and from information sought in health visits. Surprisingly , both women also share forums as an information channel . Like the Ethiopian community forums, Somalia women also use health forums to exchange maternity information (Davies, and Bath, 2002). Likewise, Naanyu et al.,(2013) research on maternity relation information of women in western Kenya indicates that, health care providers often disseminate health information using

the health education sessions and the health visits (Naanyu et al., 2013). The similarity of findings related with the channels might reflect the oral traditional culture of information exchange existed in the three countries . Furthermore, this oral information exchange forums could be used because they are easily accessible for women to sought information in which further information could also be consulted and referred.

Contrary to this study , in which radio was found to be the least consulted source of information , Nwagwu and Ajama (2011) who examines the health information needs, sources and information seeking behavior of women living in rural Nigeria found out that women owned and used radios more than other sources to look for information for themselves and their children (Nwagwu and Ajama , 2011). A noted difference between the two studies might show the economic position and the accessibility of radio as an information source for women living in Nigeria and Ethiopia.

Generally, studies indicated that individuals who have high literacy level obtain health information from written source whereas those with low literacy level consult health information from television and radio and other interpersonal sources (Cutilli, 2010; Gombeski.et al,1982). The findings from this study support the aforementioned assertion that women who are illiterate rely on interpersonal information sources.

5.4. Barriers to Information Access and Use

In the previous chapter , the researcher documents bottlenecks that women faced in the course of seeking, accessing and utilizing maternity information. The rural women high illiteracy level , poor infrastructure and traditional and cultural barriers were the identified barriers which prevent rural women to access and use maternity information . From all the

factors, the biggest and most obvious barrier to women's use of the information sources is Illiteracy. Illiteracy is a major bottleneck which affects other traditional and cultural barriers in many ways. For instance, the negative perception and attitude towards information providers might stem from ignorance and it seems to reflect their low level of awareness. Though many barriers still appear to challenge information seeking, provision and usage, the majority of women are still looking for maternity information. This might also reflect the barriers low degree of influence.

Studies demonstrated that women who had low health literacy level were found to have more personal barriers to seek information than those who had high literacy level (Carol Shieh et al., 2009). The majority of rural who are illiterate were found to have illiteracy based personal barriers in seeking, accessing and using maternity information. The low usage of print media as a source of maternity information can be cited as an example. Thus, using interventions that help to tackle determinants of information and create an access to information that is tailored to women's culture might help to increase the use of the available maternity sources of information.

5.5. CMIS in the Ethiopian Rural Women Context

To examine the sources of maternity health information in rural Ethiopia, this study uses the Johnson's Comprehensive Model of Information Seeking (CMIS). CMIS is found to be beyond the scope of this study to apply as it appears but the study attempts to capture the core elements of the model.

In conformity with CMIS, the demographic and socio economic characteristics of the rural women seem to influence the action the women take about their maternal health

information needs . As the study reveals, women demonstrated to explore and use all the available information sources available to around them in order to meet their maternal health information needs.

The rural women's socio economic background including their poor economic status and low literacy level seem to clearly indicate that the women uses sources that are easily available and accessible to them.

Of all the antecedent variables, it is salience that provides the underlying motive force to seek information (Johnson,1997). As this study demonstrates, salience, in this context, fear of maternal related complication, found to be one of the key motivator for the rural women to seek for information. As the findings of the study further shows, personal experience factors were found to influences the rural women information seeking activities . As women's lived maternal related experience shows the majority of women and their families were affected by the maternal related complications in some way and the occurrence of the problem often seems to motivate women to seek information about maternal health.

One of key concept under personal experience is the “social network” of the individual with an information need. In this context , rural women have culturally strong social ties with their friends and families. Additionally, the social networks that the rural women are involved in , like mother groups in which information is channeled could support their information seeking activities . As it has been found in this research, women were recommended and consulted by their family members and relatives to look for information. Therefore, these kinds of social networks were found to be critical for rural women for the development of their health information seeking and usage.

There are interesting findings on information channel selection too. According to CMIS, information channels were selected for specific information needs and channels involving the least effort are typically selected. The findings of this study seems to goes in line with this result. As this study indicates rural women selected channels that are more accessible for them

5.6. Limitations of the Study

As it is stated previously, this study employed qualitative approach , which explores subjective meaning out of women maternity information seeking behavior. Therefore, the qualitative nature of this research limited the results numerical representation of all women and the findings may not be generalizable to the wider population of the Ethiopian rural women. The inclusion of quantitative research in this area may have provided a more representation of women and would give a more complete understanding about the way in which women use maternal information sources. Therefore, future research might seek to replicate this study with mixed methods as well as complement the study with other methodological explorations

The other major limitation was that the majority of women who took part in this research were illiterate and had difficulty in answering some of the interview questions. Although , a lot of interpretations and explanations were made by the researcher, some of the women who were part of the in-depth interview were not provide sufficient information as expected by the researcher. As a result , among informants, the researcher was forced to repeatedly use direct quotes from some of the respondents.

This research is also a highly constrained by shortage of time. The approval of the research proposal by the Amhara state has taken quite long time. As a result, the researcher had some

very tight moments in the course of making this research. Considering the actual time, the researcher used the short span of time to produce this research.

5. 7. Conclusions

This study has been conducted with the chief aim of exploring how rural women in Ethiopia are looking for maternity information. The study reveals that sources of maternity information that women sought are diverse in nature. Interpersonal and media related sources of information are available to the rural women. However, interpersonal sources were found to be the most preferred, trusted, and available sources of maternity information. Avoiding maternal related health complication, and seeking a healthy life are among the factors that motivates rural women to seek maternity information. Illiteracy, lack of infrastructure, and attitude and perception towards information providers, and ignorance related traditional and cultural barriers were the major bottlenecks for maternity information seeking, provision and usage.

Public health efforts to tackle the challenges posed by maternal health in Ethiopia seems to depended to a large extent on the available formal and informal channels targeting communities at different levels. These health campaigns and interventions have utilized a variety of information sources such television, radio, posters and interpersonal based targeted interventions to reach their audiences. Each of these interventions and are appropriate for different target groups. Therefore, knowing where the majority of people are looking for information and targeting to satisfy their information needs is critical. To communicate maternal health, understanding where women in rural Ethiopia received most of their maternal health information and where they would prefer to obtain such information is necessary for designing and implementing effective maternal related programs.

As it is stated in the literature, the government of Ethiopia has taken some health initiatives for the empowerment of women. However, government does not seem to have a targeted strategic initiative to meet the information needs of women. Nutbeam (2000), argues that improving people's access to health information is one of the critical elements of empowerment. Thus, provision of health information help to improve the overall health status of women (Nutbeam ,2000). like any other health promotion programs, providing appropriate information to women might help to take healthy decisions so as to avoid maternal related complications .

This study demonstrated that Interpersonal sources played an important role in the communication of information to and among the rural women. However, researcher indicated that Individuals who receive information in multiple sources have a better chance of taking actions to improve their health status (Aaronson et al. ,1988, Roxanne,2004). Thus, in addition to interpersonal sources , using several channels simultaneously to satisfy women information need might have an impact to tackle maternal health related challenges.

Woman's ability to access wide range of variety sources can also be challenged by their ability to comprehend the available information(Grimes et al., 2014). Therefore, beyond creating access to information sources, understanding their health literacy level and reaching women with relevant maternal health messages could play a vital role in meeting their information needs effectively .

5.8. Implications of the Study

One of the significances of research like this one is to apply what is learned from this research to health interventions .The findings of study demonstrates that rural women sought

maternal health information from a wide variety of sources . It was also revealed from this study that the mode of information provision services which is based on print media found to be largely unsuitable to the rural women. The study has importance to organizations that are trying to serve rural communities and seeking to understand the maternal health information lived experiences of women . Knowledge of information needs and information-seeking behavior should be addressed in the development and implementation of information services intended to empower and assist rural women. The findings of this research may thus provide some direction to organizations seeking to support and establish sustainable information resources for women living in rural Ethiopia . As a result ,the findings of the study might be beneficial for organizations working on maternal health to revise their health communication interventions sources to widely address the maternal health problems of the rural community .

The effective provision and usage of maternity information to rural women were found to be hindered by ignorance related tradition and cultural barriers. Maternal communication Intervention planners seeking to use maternal communication channels for health education and promotion should address these determinants of information so as to effectively communicate the rural women .

5.9. Future Research

One of the fertile areas for further research is the issue of the health information needs of women in Ethiopia. An investigation in this area will have implications to know the overall health interventions landscape on women health. Another important area of further research is in the dimension of information determinants and its impact on promoting health. It is also possible for researchers to examine how literacy in general and healthy literacy in particular affects

women health information seeking and usage. Further research can also be done to further probe into how the rural women in Ethiopia explores health information by breaking down the thematic discussions of this study and investigating them separately.

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Appendices

Interview Guides :

Guide for Focus Group Discussions

Research Title: Exploring sources of Health information in Rural Ethiopia

FGD Date.....

Place of FGD.....

Number of Participants.....

Duration of FGD.....

Introduction

My name is Ashenafi Berihun. I am a master student in the department of health promotion in the university of Bergen . This research is part of the requirements for the Masters of Philosophy in health promotion. The aim of the study is to explore women's source of health information. The FGD is for the collection of information for academic purposes only. All information given will be treated in strict confidence. Your cooperation towards the fulfillment of this objective is sincerely appreciated. Your responses will go a long way in the conclusion of this study. You are assured that your responses will be treated with utmost confidentiality and any information identifying the informant will not be disclosed to anyone under any circumstances. Your participation will be acknowledged in this study.

Thank you

This interview will consist of four parts. The first part is about women's knowledge, attitude and experience on health information. The second part will explore their sources of maternal health information. The third part deals with the challenges and barrier related to health information. The last part incorporates suggestion related questions to tackle barriers of health information

Questions dealing with women's knowledge , attitude and experience about health information.

- ✓ What are the major health issues/ concerns for women living in this area?
Probe: malaria, maternal health , HIV , Communicable disease
- ✓ Have you seen or heard information – may be on a brochure or on TV, or radio that tells you about women's health ? Tell me about what you saw or heard?
- ✓ How common is it for women in your community to look for information about health ?
- ✓ Could you explain to me what you know about health information?
Probe: Is health information useful? - If yes or no, why? What is the benefit?
- ✓ What is health information for you?
- ✓ Tell me some reasons why you and your friends or family would look for information about health?
- ✓ Do you think health information helps to improve the health of women? if yes how? . If not why?
- ✓ Do you think that health information influence the way you behave in health? How?
- ✓ Have any of you ever used the information sources to get health information, if so, what for?
- ✓ What kind of information did you need?
Probe: informative, Educative .
- ✓ For what purpose you need health information?
- ✓ What did you do to satisfy your information needs?
- ✓ How likely are women in your community to use health information about maternal health?
- ✓ How often have you used the maternal health information?

- ✓ What are some features that you like from information about maternal health?
- ✓ Tell me about what you wanted to learn about maternal health when you looked for information?
Probe: What are some reasons why you used sources to find information about maternal health?
pregnancy, ANC, PNC
- ✓ How well did the information you find answers your questions about maternal health?
- ✓ How did finding or not finding the information make you feel?
- ✓ Did you make any changes in your life after learning about the maternal health Information?
- ✓ Do you think that there is adequate maternal health information for women living in this area?
Probe: If yes, why do you think this?
Probe: If no, what would you recommend or like to see implemented as a more effective approach?
- ✓ How would you describe the maternal health information available to you in terms of being appropriate for you?
- ✓ How would you describe the maternal health information available to you in terms of being accessible for you?
- ✓ Are there any traditional and cultural influence that affects the way you receive and treat new health information?
- ✓ When you receive new maternal health information do you understand what it means?

Questions exploring sources of health information

- ✓ What forms of media/information sources did you use to obtain the information you needed?
- ✓ Probe : Interpersonal, health professionals , media , reading, hearing.
- ✓ List the media/ channels you have ever used?
- ✓ How easily accessible has each been?
- ✓ What is the most preferred media /channel for you to receive maternal health information ? Why ?
- ✓ What is the least preferred channel for you receive maternal health information ? Why?
- ✓ Which information sources are more credible/ trusted to you ? Why?
- ✓ Do you think that women have adequate health information sources that are acceptable, and of sufficient in quality?

Probe: If not, do you think the lack of accessible and inadequate information prevents women from taking care of their health?

Questions related to factors , barriers and challenges to health information

- ✓ What kind of factors plays a role in your decision to use maternal health information?
- ✓ Do you find it difficult to find thematernal health information you are looking for? if yes or no why?
- ✓ What obstacles did you encounter during the whole exercise of looking for the information?
Probe: Access, attitude, illiteracy, cultural factors
- ✓ Is there any cultural and traditional barriers that prevented you from seeking information?

Questions about tackling barriers and challenges

- ✓ What could be done to increase the accessibility and appropriateness and acceptability of the maternal health information in this area?
- ✓ Give any suggestions that would help improve the way you acquire and use information in this area.

Guide for in-depth interviews for information providers

- ✓ Do members of the community come to you for any kind of information?
- ✓ Who mostly comes and for what kind of information?
- ✓ How often do women come for health information?
- ✓ What kind of information do women look for?
- ✓ What media/means of information do you use to disseminate maternal health information to the women in this community?
- ✓ Where do you get the information that you disseminate to the people who come to you?
- ✓ Why do you think information is required by women in this area?
- ✓ How do women use the information that you give them?
- ✓ Are women satisfied with the information you give to them? Elaborate.
- ✓ How do you measure the appropriateness or acceptability of the information being provided to women?

- ✓ What kind of impact arises or behaviors observed on maternal health from following the information given to women ?
- ✓ What are the problems and challenges encountered in information dissemination?

In-depth Interview Guide For Women

Name

Education

Number of Children

Age.....

- ✓ Can you list me the kind of information sources that you use using ?
- ✓ In What kind of information sources you are familiar with
- ✓ which sources are convenient for you ? and Why?
- ✓ is there any member of the family that supports you while you are seeking information?
- ✓ changes seen in the provision of maternity information ?
- ✓ are there sufficient sources of maternity information?
- ✓ do you face challenges in seeking and using sources?
- ✓ are there any traditional and cultural barriers in seeking and using maternity information?

Interview Guides For FGDs (Amharic, Ethiopian language)

FGD Guide Amharic

ግብይት

ታሰ ማጠቃለያ እርሶ ከሌሎች አሉት። የሚመረጠው ከሌላ ከጠና ማረጃ ጋር በተያያዘ የሌሎችን ልምድ ልወጥኑ አማካኝነትን ይገልጻል። ሁለተኛው ከሌላ ደግሞ የሌሎችን ጠና ማረጃ ምንም ላይ ያተኮራል። ስለተኛው ከሌላ ከጠና የሚረጃ ምንም ጋር የተያያዙ ተገዳሮቶችን ይመለከታል። የሚጨረሻው ከሌላ ደግሞ የጠና የሚረጃ ምንም ተገዳሮቶችን ለመቅረፍ መወሰድ ያለባቸውን ነገሮች ያስተካክላል ጥያቄዎችን የያዘ ነው።

ክፍል 1

ከጠና የሚረጃ ምንም ልወጥኑ፣ አማካኝነትና ልምድ ጋር የተያያዙ ጥያቄዎች።

- የዚህ አካባቢ ሌሎች ጥያቄ የጠና ችግር ምንድን ነው?
 ወይ፣ የሌሎች ጠና፣ እቸ እይቤ፣ ተገላጫ በሽታዎች
- ከሌሎች ጠና ጋር የተያያዙ ማረጃዎችን ከርዥር ላይ ወይም ቲቪ ላይ እይታችሁ ወይም ረዳዩ ላይ ስምታችሁ ታወቃችሁን? እስኪ ስለሌላችሁት ወይም ያያችሁት ነገር ግለጹልን።
- የዚህ አካባቢ እናቶች ለጠናቸው ማረጃ የሚፈለግ ልምዳቸው ምን ይመስላል? ማረጃ ማፈለግ የተለመደ ነው?
 ?
- እስኪ ስለ ጠና ማረጃ የምታውቁትን ግለጹልን ?
 - የጠና ማረጃ ይጠቅማል - አዎ ለምን ?
 - ላይ ከሆነ ለምን
- ለእናንተ የጠና ማረጃ ግለጹ ምን ግለጹ ነው ?
- እናንተ ወይም ባልደረባችሁ ወይም የሚተሰባችሁ አባላት ለጠናችሁ ማረጃ የምትፈልጉት / የሚፈልጉት ለምንድን ነው?
- ስለ ጠና ማረጃ ግጥም የሌሎችን / የሌሎችን ጠና ለማግኘት ይጠቅማል ?
 ካልሆነ ለምን ?
- የጠና ማረጃ ግጥምችሁ ለጠንቅታችሁ በምታደርጉት እገባቸዎቹ ላይ ተጨማሪ ይኖርዋል? እንዴት ?
- ከእናንተ መሀል ስለ ጠናው ማረጃ ለማግኘት የጠና የሚረጃ ምንድን ተጠቅሞ የሚሆንዎት አለ ? አዎ ከሆነ ለምንድን ነው የተጠቀሰችሁት?

- ምን ለይት የጤና ማረጃዎችን ነው የምትፈልጉት ?

ማረጃ ስሜህ አስተማሪ

- ለምን ለይት አገልግሎት ነው የጤና ማረጃዎችን የምትፈልጉት::
- የጤና ማረጃ ዋናው ተቃራኒውን ለማርክት ምን ተደርጋለች ?
- የዚህ አካባቢ እናቶች የእናቶችን ጤና ማረጃ የሚፈለግ ልምዳቸው ምን ይመስላል:: ይገለጻልን
- የእናቶችን የጤና ማረጃ ምንጮችን ምን ያህል ትጠቀማላችሁ ?
- ከእናቶች የጤና ማረጃ ምንጮች ምን ለይት ማረጃዎቹ ይመደባቸዋል::
- ስለ እናቶች ጤና ማረጃ ስትፈልጉ ምን ለይት ማረጃዎቹ ላይ ታተክራላችሁ

እርግዝና፣ የእርግዝና ከትንሳ ከወላደ ጋር ከትንሳ

- የምትፈልጉት ማረጃ ምን ያህል ጥያቄዎቻችሁን ይመልሳላቸዋል::
- የምትፈልጉትን ለይት ማረጃ ጥገና እና አጠቃቀምን የሚፈጥሩበት ስሜት ምንድን ነው ?
- ለእናቶች ጤና ማረጃ ከሰጣችሁ ወይም ከሰጥዎት በጎ በጤናችሁ ላይ ያደርጋችሁ ለውጥ አለ ? ምንድን ነው ያጠራራት
- በዚህ አካባቢ ላሉ እናቶች በቂ የሆነ የእናቶች ጤና ማረጃ ምንጮች አሉ ትላለችሁ? ካል ያጠራራት
- ለእናቶች በሚመችና በሚመጣ መንገድ የእናቶች የጤና ማረጃ አጠቃቀም ነው? ይገለጻልን
- እናቶች በተለሉ በሚሆኑት መንገድ የጤና ማረጃ ይተርጋልን ?
- አጻጻፍ የእናቶችን ጤና የተመለከቱ ማረጃዎችን ሲገኙ ወይም ሲሰጡ በተለሉ ይረዳቸዋል::

• ክፍል 2

ከእናቶች የጤና የማረጃ ምንጭ ጋር የተያያዙ ጥያቄዎች::

- ማረጃ በምትፈልጉበት ጊዜ ምን ለይት የማረጃ ምንጮችን ነው የምትጠቀሙት
 - ወው ለውው መገናኛ ቤቶችን
 - የጤና ባለሙያዎችን ገዛብ
- ተጠቅሞቻችሁበት የምትቀርቡትን የማረጃ ምንጭ ለይትቶች ይጥብቡ ?
- የማረጃ ምንጮች ምን ያህል ተደርገው ናቸው ?

- ለእናቶች ጤና የምትወርጡት የሥራ ምን ዓይነት ምን ዓይነት ነው ? ለምን ?
- የግድግዳቸውን የሥራ ምን ዓይነት ምን ዓይነት ነው ? ለምን እንዲሁ ?
- የትኛው ልዩነት የሥራ ምን ዓይነት ነው ለእናት ተለያዥነት ያላቸው ? ለምን ?
- ለእናቶች ጤና ጋር የተያያዘ ወቅት እና ጥራት ያላቸው የሥራ ምን ዓይነት አሉ ?

አመኖናል በእናቶች ጤና ላይ ተፅዕኖ አሳይሯል።

ክፍል 3

የጤና የሥራ ምን ዓይነት ተገዳሮት ጋር የተያያዙ ጥያቄዎች

- የእናቶችን ጤና የሥራ ምን ዓይነት እንዳትጠቀሙ የሚያደርጉትን ምን ዓይነት ምን ዓይነት ነው ?
- ለእናቶች ጤና ሥራ ማግኘት ለሰባሪ ነው ? ለምን እንዲሁ ?
- የጤና ሥራ በምትሰጡት ጊዜ የሚጠይቁት / ያጋጠማቸው ችግሮች ምን ዓይነት ነው።

- ሥራ አጠቃቀም
- ሥራ ጋር የተያያዙ ለማሳካት
- ለመጠን
- ባህሪ ተፅዕኖ

- ሥራ እንዳትሰጡ የሚያደርጉ ባህሪ ወይም ልግሳዊ ድርጊቶች አሉ ? ከላይ ያሳይሯቸው።

• **ክፍል 4**

የጤና ሥራ ተገዳሮቶችን ከመቅረብ ጋር የተያያዙ ጥያቄዎች

- ለእናቶች ጤና ጋር የተያያዙ የሥራ ምን ዓይነትን ተደራሽ ምን እና ተለይተው ያላቸው እንዲሁ ምን ማድረግ አለባቸው ?
- የእናቶች የጤና የሥራ ምን ዓይነትን ለማሻሻል ደረሰው የምትሰጡትን ነገሮች ይጠቅሙ።

Interview Guide for Information providers

ለመረጃ ሰጪዎች የሚቀርቡ የቃለመጠይቅ ጥያቄዎች

- ሀብረተሰቡ መረጃ ፍለጋ ወደ እናንተ ይመጣል? ?
- እነማን ናቸው መረጃ ፍለጋ እናንተ ጋ አዘውትረው የሚመጡት ? ለምን አይነት መረጃ ?
- እናቶች መረጃ ለማግኘት አዘውትረው ይመጣሉ? ?
- እናቶች ምን አይነት የጤና መረጃዎችን ፍለጋ ነው ወደ እናንተ የሚመጡት ?
- ለእናቶች የሚሆኑ የእናቶችን ጤና መረጃ ለመስጠት ምን አይነት የመረጃ ምንጮችን ትጠቀማላችሁ?
- እናንተ ለሚመጡ ሰዎች የሚፈልጉትን መረጃ ለመስጠት መረጃ የት ታገኛላችሁ ?
- የአካባቢው እናቶች የጤና መረጃን ለምን አይነት አገልግሎት የሚፈልጉት ይመስልዎታል ?
- የምትሰጧቸውን መረጃዎች እናቶች እንዴት እየተጠቀሙባቸው ነው?::
- የሚሰጡት መረጃዎች የእናቶችን ፍላጎት የሚያረኩ ናቸው? ?
- የመረጃዎችን ተገቢነትና ተቀባይነት በምን መስፈርት ትገመግማላችሁ ?
- ለእናቶች ጤና መረጃ መስጠት ከጀመራችሁ በኋላ በእናቶች ላይ የታዩ የባህሪ ለውጦች አሉ? ያብራሩዎቸው
- መረጃ በምትሰጡበት ጊዜ የማያጋጥሟችሁ ችግሮች ምን ምን ናቸው?

Consent Forms

Explanation of the study for participating women and information providers :

The purpose of this study is to explore women's sources of maternal health information residing on on this rural parts of Ethiopia.

The information that will be obtained from all participants in this interviews will be used for academic purposes only. I believe your experience on this issue will be of great importance to my study.

You can choose whether or not to participate in the interview and focus group and stop at any time. If you agree to participate in this study, you will be involved in interviews and focus group discussions that takes up to two hours. Although the interviews will be tape recorded,, your name will not be used. So that no reader can identify and trace the interviewees. Personal views or comments that may reveal any person's identity will not be passed to other study participants and to other people in the community. Recordings of the interviews or group sessions will be destroyed after they have been written down.

If you agree to participate in this study, you are free to withdraw at any time or you may refuse to answer any questions.

If you agree, please read and sign the statement below.

Thank you very much for your cooperation and time time.

Ashenafi Berihun Tsehay

Written Consent:

The purpose of this study has been explained to me and I have understood what the study is all about. I will be involved in interviews and focus group discussions.

It has been made clear to me that my participation in this study is voluntary. The researcher has clearly informed me that my own name will not be used. Therefore, in the written report , it will not be possible to trace who said what. My personal views or comments that may reveal my identity will not be passed to other participants during interviews or to other people in the community. Recordings of the interviews and group sessions will be destroyed after they have been written down.

I hereby declare to participate in this study but I remain free to withdraw at any time or refuse to answer some questions.

Name.....Age..... Number of Children.....

Signature.....Education

Date

Consent Forms For Participants (Amharic, Ethiopian Language)

Explanation of the study for participating women and information providers

ለጥናቱ ተሳታፊ ሴቶችና መረጃ ሰጪዎች የሚደረግ ገለፃ

ይህ ጥናት አላማው በገጠር አካባቢ የሚኖሩ እናቶችን ጤና የመረጃ ምንጭ ማጥናት ነው።

የጥናቱ ተሳታፊዎች የሚሰጡት መረጃ ለትምህርት ብቻ የሚውል ነው። በጥናቱ የምታካፍሉት ልምድ ለጥናቱ ወሳኝነት አለው። በዚህ ጥናት ላይ ለቃለ መጠይቅና ለቡድን ውይይት የመሳተፍም ያለመሳተፍም መብታችሁ የተጠበቀ ነው። ካልተስማማችሁ ውይይቱንና ቃለመጠይቁን በፈላጊነት ጊዜ ልታስቆሙት ትችላላችሁ። በዚህ ጥናት ፈቃደኛ ከሆናችሁ ቃለ መጠይቁ ወይም ውይይት አስከ ሁለት ስድስት ሊወስድብን ይችላል።

ቃለ መጠይቁ ወይም የቡድን ውይይቱ በቱፕ የሚቀጻ ቢሆንም ጥናቱ ላይ ግን ስማችሁ አይጠቀስም አይገለፁም። ስለሆነም ማንም ሰው የማንንም ሰው ማንነት ፈፀሞ ሊያውቅ ወይም ሲለይ አይችልም። የግለሰቦችን ማንነት ሊያሳይ የሚችሉ አስተያየቶች ለሌሎች የጥናቱ ተሳታፊዎችም ሆነ የማህበረሰቡ አካላት ተላልፎ አይሰጥም ። በቃለመጠይቁ እና በቡድን ውይይቱ የተቀረፀት ደምጾች ከጥናቱ በኋላ ይደመሰሳሉ።

በዚህ ጥናት ላይ ለመሳተፍ ከተስማሙ በማንኛውም ጊዜ ጥናቱን የማቆርጥና ያልፈለጉትን ጥያቄ ያለመመለስ መብትዎ የተጠበቀ ነው። በጥናቱ ላይ ለመሳተፍ ከተስማሙም ልሁፍን በደንብ አንብበው መስማማትዎን በፈረማዎ ያረጋግጡ።

ለትብብርዎ፣ ለጊዜዎ እና በጥናቱ ተሳታፊ ለመሆን ፈቃደኛ በመሆንዎ እናመሰግናለን።

የፅሁፍ ስምምነት

የጥናቱ ዓላማ የተገለፀልኝ ሲሆን የጥናቱን ምንነት በሚገባ ተገንዝቤለሁ። በመሆኑም በቃለ መጠይቁ ወይም በቡድን ውይይቱ ላይ አሳተፋለሁ። በጥናቱ ላይ የምሳተፈው በፈቃዴ እንደሆነም ተገልጿል። በጥናቱ ላይም ስሜ እንደማይገለፅ በግልፅ ተነግሮኛል። በመሆኑም ማን ምን እንዳለ መለየት እንደማይቻል ተረድቻለሁ። የእኔን የግለሰብ ማንነት የሚገልፁ እና የሚያሳዩ ነገሮች ለሌሎች ተሳታፊዎችም ሆነ የማህበረሰብ ክፍሎች ተላልፈው አይሰጡም ወይም አይነገሩም። በውይይቱ ወይም በቃለ መጠይቁ የተቀረጹ ድምጾች ከተፃፈ በኋላ ይደመሰሳሉ ።

እኔም በጥናቱ ላይ ለመሳተፍ ፈቃድኝን፣ ይረጋገጥኩ ሲሆን በማንኛውም ሰአት ተሳታፊነቴን የማቆርጥና ያልፈኩትን ጥያቄዎች ላለመመለስ ተስማምቻለሁ።

ስም -----

Study Permissions



በአማራ ብሔራዊ ክልላዊ መንግስት
Amhara National Regional State
ጤና ጥበቃ ቢሮ
Health Bureau

ቁጥር RTS/1/02/106
Ref.no.....
ቀን
Date 06-01-06

Amhara National Regional State Health Bureau Research Ethics Review Committee

Response Form

To:-Ashenafi Berihanu

Adis Abeba

Subject: Health Ethical Clearance

You have submitted a project proposal entitled with “ **Exploring womens maternal health sources of health information In Rural in Ethiopia**” to Regional Health Bureau Review Board for ethical approval. The Regional Health Bureau Research Ethics Review Committee /RERC/ has reviewed the submitted project proposal critically. We are writing to advise you that the RERC has granted **Full approval**.

The project indicated above allowed for a period of **Ten months**. All your more recently submitted documents have been approved for use in this study. The study should comply with the standard international and national scientific and ethical guideline. Any change to the approved protocol or consent material must be reviewed and approved through the amendment process prior to its implementation. In addition, any adverse or unanticipated events should be reported within 24-48 hours to RERC. Please insure that you submit progressive report prior the expiry date of project.

We, therefore, request your esteemed organization to ensure the commencement and progress report of the study to us accordingly and wish for the successful completion of the project.

With regards,

Tenagnework Antefe

Research/E/C/Worker officer



C.C:-

- Research and Technology transfer core process

☒ 495

Tell. **0582201698**
0582220191

Fax. **0582266701 : 0582262396**
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በአማራ ብሔራዊ ክልላዊ መንግስት
Amhara National Regional State
ጤና ጥበቃ ቢሮ
Health Bureau


ቁጥር ጤ/ሠ/ገ/ጽ/11/03/06
Ref.no.....
ቀን 06-01-06
Date.....

ለሚጫ ጤና ጥበቃ ጸ/ቤት

ጉዳዩ፣ የትብብር ደብዳቤ ስለመስጠት

በርገን ዩኒቨርሲቲ በሌልዝ ፕሮግራም ትምህርት ክፍል ተማሪ የሆኑት አቶ አሸናፊ በሪሁን 'Exploring womens maternal Health Sources of Health information In Rural in Ethiopia.' በሚል ርዕስ መመረቂያ ጥናታዊ ጽሁፍ እንዲሠሩ ፕሮፖዛላቸው በክልሉ Ethical Review Board ታይቶ የጸደቀና እኛም የተመሰከሩትን ስለሆነ አስፈላጊውን የሥራ ትብብር እንዲደረግላቸው እንጠይቃለን።



ከሠላምታ ጋር

ተናኘወርቅ አንጥኔ
የጤና ምርምርና ቴክ/ሽግግር
ትግበራ ኮሌጅ

ግልባጭ፣

- -ለአቶ አሸናፊ በሪሁን
- ለጤና ምርምርና ቴክ/ ሽግግር የሥራ ሂደት ባህር ዳር



UNIVERSITY OF BERGEN



Department of Health Promotion and
Development
The Psychology Faculty

WHO Collaborating Centre
International Union for Health Promotion and Education

04/07/2013

To whom it may concern,

Ashenafi Berihun Tsehay is a student pursuing an M.Phil. degree in Health Promotion at the University of Bergen. I, as his academic supervisor, confirm that he will require ethical clearance related to his thesis research in Amhara Region, Ethiopia, where he is expected to collecting field data, returning to Bergen on 28 November 2013. His research proposal has been reviewed and approved by this Department. I will appreciate your support for, and approval of, his application in Ethiopia for ethical clearance.

A handwritten signature in blue ink that reads 'Maurice B. Mittelmark'.

Maurice B. Mittelmark



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Vår dato: 19.04.2013

Vår ref:34173 / 3 / SSA

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 10.04.2013. Meldingen gjelder prosjektet:

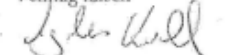
34173	<i>Exploring Women's Information Needs and Sources of Health Information in Rural Ethiopia</i>
Behandlingsansvarlig	Universitetet i Bergen, ved institusjonens øverste leder
Daglig ansvarlig	Maurice Mittelmark
Student	Ashenafi Berihun Tsehay

Etter gjennomgang av opplysninger gitt i meldeskjemaet og øvrig dokumentasjon, finner vi at prosjektet ikke medfører meldeplikt eller konsesjonsplikt etter personopplysningslovens §§ 31 og 33.

Dersom prosjektopplegget endres i forhold til de opplysninger som ligger til grunn for vår vurdering, skal prosjektet meldes på nytt. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>.

Vedlagt følger vår begrunnelse for hvorfor prosjektet ikke er meldepliktig.

Vennlig hilsen


Vigdis Namtvedt Kvalheim


Sondre S. Arnesen

Kontaktperson: Sondre S. Arnesen tlf: 55 58 25 83

Vedlegg: Prosjektvurdering