

Bottlenecks in the Intervention of Improving Maternal and Newborn Health in Rural Areas of Tanzania: A convergent mixed-method approach



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Background

The Maternal and Newborn Health (MNH) Improvement Kishapu Project aimed to decrease maternal mortality ratio among women of reproductive age and improve newborn health in one of the most vulnerable areas in Tanzania. This study identified the main bottlenecks hindering outcomes from project design matrix and proposed various measures for overcoming these obstacles.

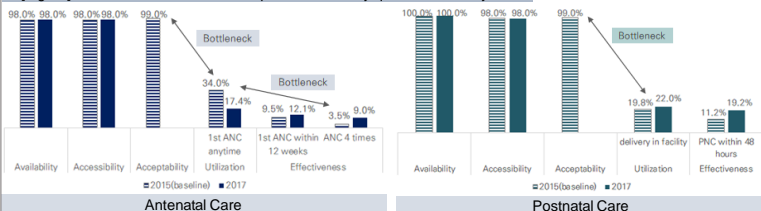
Methods

This study was designed in a convergent mixed method in that survey, in-depth interview, and FGD were conducted. This research assumed that there is a bottleneck as a primary barrier if health outcomes are not achieved. The Tanahashi framework selected three outcome indicators related to effective coverage of antenatal and postnatal care.

Results

As integrating results, the occurrence of bottlenecks in MNH service utilization found in quantitative analysis seems to be caused by a combination of obstacles in the stages of availability, accessibility, and acceptability found in qualitative analysis. The significant bottlenecks which hindered MNH service use were as follow: Lack of healthcare personnel, capacity gap, poor transportation conditions (supply), lack of support from family (demand), sociocultural norms and lack of knowledge about MNH (enabling environment), and negative experiences with using health facility services (quality).

[Figure] Bottlenecks of antenatal and postnatal care by quantitative analysis



<Table> Barriers to maternal and neonatal health by integrative analysis

Supply (Availability and physical accessibility)	Demand (Financial accessibility and cultural practices)
<ul style="list-style-type: none"> Inadequate service provision due to a lack of medical supplies and an insufficient staffing level based on the minimums of the national guidelines. Places constrain on accessibility in regards to continuous usage of a health facility. 	<ul style="list-style-type: none"> Family members (husbands and mother-in-law) could fail to provide practical support despite their recognition of the importance of MNH.
Quality (Quality of services and continuity of use)	Enabling Environment (Social norms, management, and policy)
<ul style="list-style-type: none"> Negative experiences with health facility personnel from previous attempts to use MNH could dissuade women from coming again. 	<ul style="list-style-type: none"> Superstitions and norms hinder women from using the health facility as well as their lack of specific MNH knowledge.

Conclusions

Factors omitted in the project logic model were acting as obstacles in each stage of the Tanahashi model in a complex way, affecting outcome performance and MNH promotion. To improve the poor coverage of MNH services and achieve sustainability of intervention effects, continuous activities to change community awareness of MNH and the utilization of its services should be included. It is also essential to reinforce the infrastructure of maternal health supported by policy.

Keywords Maternal health, Newborn health, Bottlenecks, Intervention, Mixed-method