

WOMEN'S HEALTH IS GLOBAL HEALTH – ISSUES ACROSS THE LIFESPAN

Maternal Health Literacy and Maternal and Child Health Outcomes: A Review of the Literature

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Background: The significance of maternal health literacy as a concern cannot be overstated because pregnancy for some women, may be the initial encounter with the health system especially in low-income populations. The ability of a woman to process, understand and apply health information is critical to the health of the fetus she carries and the child's formative years after birth.

Methods: For this analysis, a systematic review of published journal articles (from 2001 to 2016) related to health literacy and maternal and child health outcomes was conducted using the following University of Georgia Library Public Health GALILEO Databases: PubMed, Global Health, CINAHL, PsycInfo, Medline databases, Family & Society Studies Worldwide, Child Development & Adolescent Studies and Women Studies International.

Findings: Poor health literacy is a problem that affects the ability of many women to process and apply health information properly. Low health literacy in caregivers impacts the health outcomes in children placed in their care. The role of a woman as a parent is very central to the health outcomes of her children. Low health literacy is linked with poor health outcomes in women and in their children, particularly in the low-income populations.

Interpretation: The association between health literacy of caregivers particularly maternal caregivers and their wards still needs to be extensively explored particularly in populations from underdeveloped or developing countries such as sub-Saharan Africa. For Sub-Saharan populations, an emphasis is placed on studying the women based on the social dynamics of such regions as they would have the most impact on the children and families they affect. Most of the studies included in the review are cross-sectional which present limitations such as generalizability.

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Identifying Barriers to Accessing Maternal Health Care in Rural Morocco: A Qualitative Study

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Background: Over the past 30 years the Moroccan government has made enormous strides towards improving maternal health care for Moroccan women. However, improvements in maternal mortality outcomes for rural women have lagged far behind improvements for their urban counterparts. There is little data currently available to address the reasons for the disparity in outcomes. This study seeks to understand the experience of women giving birth in rural Morocco, and to identify some of the barriers those women face when accessing maternity care at a health facility.

Methods: This is a qualitative study, using focus groups as the means of data collection. 55 participants were recruited from two

villages in Morocco's rural south. Appreciative inquiry, an approach that emphasizes the importance of recognizing all aspects of a system, was the guiding theoretical framework of this paper. Transcripts from the focus groups were translated from Arabic and Berber into English and then coded using the qualitative analysis software NVivo. Codes were organized using the Attride-Sterling framework, to identify over-arching themes.

Findings: Three main themes emerged from the analysis of the focus group data. One, women felt well-cared for and safe giving birth both at home and in the larger hospitals. Two, women did not feel well-cared for and safe giving birth in the small, primary care hospitals. Three, locating and paying for transportation was the biggest hurdle in accessing maternity care at any hospital.

Interpretation: Significant improvements in maternal health care have been felt by rural Moroccan women over the past 30 years, including improved roads which make transport to the hospital easier, and improved quality of care at the larger hospitals. However, care at the small, local hospitals has not improved. Women who give birth at those hospitals report an alarming lack of supplies, the absence of well-trained staff, and mistreatment at the hands of hospital staff. As the Moroccan Government works towards addressing the persistent disparities in maternal health outcomes for rural women, they need to focus on improving the quality of care being given at small, primary care hospitals.

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Early Postnatal Care Service Utilization and its Correlates in Urban Areas of Ethiopia

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Background: According to the world health organization, access to immediate postnatal care service within the first three days after delivery reduces maternal and neonatal mortality significantly. Three fourths of the total deaths during the neonatal period occur in the first week of life (74.3%). During the first week, the first three days of life account for the highest number of deaths (37.6%, 8.4% and 10.7% of total neonatal deaths occur on days 0, 1 and 2 respectively).

Methods: This cross sectional quantitative study aimed to assess the attitude, knowledge and practice of respondents for postnatal care services supplemented by in depth interviews and FGD for mothers and fathers using multistage cluster sampling techniques in 35 kebeles of 22 big towns and cities in five regional states and two city administrations with sample size of 650.

Findings: More than two-third of the study participants (68.9%) received postnatal care service from a health worker after their most recent birth, Despite the fact that urban women have relatively better access and information for health services, 31% of mothers received no PNC service at all. From mothers who received PNC service only 14% managed to make it early within 3 days after delivery which