

ABSTRACT

Women's health and reproductive outcome in rural Ethiopia.

Yemane Berhane. Epidemiology, Department of Public Health and Clinical Medicine, Umeå University, SE-901 85 Umeå, Sweden.

The Butajira Rural Health Program (BRHP) was established in 1986 to generate health related information based on a system of continuous registration of vital events and specific studies. Reproductive health researches were envisaged from the inception of the BRHP as the paucity of data and seriousness of the reproductive health issues was clear.

Data generated by the monthly demographic surveillance during the first ten years, 1987-1996, were used for studying gender differences in mortality, maternal mortality and neonatal mortality. Prolonged labour among women delivering at home was studied in a prospective cohort. Combination of quantitative and qualitative methods were used to assess women's social and health status.

Findings of the study revealed that rural women live in poor conditions deprived of social services such as health care and education. About 95% of the women are illiterate. Women's freedom to make decisions at the household level is very minimal. About 90% of married women require permission from their husband or relatives to visit a health facility. Awareness about cause and preventive measures for prevailing health problems is poor. Most women still largely depend on traditional means to deal with their health and social problems. Mortality gender gap showed transition from male excess to female excess in the middle age, particularly in the rural lowland population. About 15% of mothers who delivered at home had prolonged labour exceeding 24 hours. Prolonged labour attributed up to 37% of perinatal deaths in rural Butajira. MMR in Butajira is extremely high regardless of the methods used to estimate the parameter. The highest estimate was however made by the sisterhood method. Neonatal mortality was estimated at 27 per 1,000 live births and accounted for a large proportion of infant deaths. Surviving the first week of life adds one year to overall life expectancy.

The use of qualitative methods has enhanced the understanding of reproductive health issues in a wider perspective. Overall the studies showed the inter-relatedness of mother-newborn health problems. They also indicated that reproductive health problems are rooted in the social, cultural and economic norms of the locality. Although the need for a life cycle approach is important in improving reproductive health conditions in low-income settings, priority should be given to interventions that alleviate life-threatening conditions.

Key words: Maternal Mortality, Neonatal Mortality, Women's Health, Delivery, Health Rural, Ethiopia