

Abstract

Study objective and methods

This study aims to investigate the factors which affect the health care seeking behaviour of mothers in Oecusse District, Timor-Leste, in terms of maternal health and obstetric care, focusing on barriers against the utilisation of government services. Methods used were the analysis of data from In-Depth Interviews and Focus Group Discussions with both mothers and health service personnel, and direct observation.

Country profile

Timor-Leste gained full independence in 2002, following a period of post-referendum violence and chaos which resulted in the destruction of 70% of essential public and private services. The Ministry of Health and various organizations have made great efforts to improve the country's health status. Timor-Leste, however, still remains one of the poorest countries in Asia with high mortality rates and disease prevalence. Regarding maternal health, statistics have shown that 13% of deliveries occurred in hospitals while 87% of live-births occurred at home. Little attention was given to the fact that mothers seldom sought health care, even if they had easy access. Timorese mothers in general tend to visit a traditional birth attendant and the reasons for this are not well documented. Their trust in traditional birth attendants seems to be deeply rooted, but this may not fully explain the low rate of seeking health care from government facilities. The present study was carried out in Oecusse district, an enclave district of Timor-Leste typically considered to be poorer and more traditional than the rest of the country.

Results and analysis

Although many mothers in Oecusse make Antenatal Care visits, only 9.8% of deliveries took place in health facilities, which was the lowest rate in Timor-Leste. Mothers made a Postnatal Care visit only 1 month after delivery and the rate, 14.5%, was also one of the lowest. Mothers' health care seeking behaviour in maternal health and obstetric care was influenced firstly by their perceptions and lack of knowledge about their health status and the benefits of health care. Mothers did not recognise complications as problems, and a delivery plan was not usually made. Secondly, the mothers adhered to many traditional beliefs and customs that required them to stay at home in order to follow ritual activities and ceremonies. The custom of having only one caretaker after a birth also inhibited mothers from going to a health facility. Thirdly, the long time needed to reach a health facility, due to distance and poor road conditions, and lack of public transport, contributed to mothers' decisions about whether to seek health care or not. Fourthly, financial constraints and the lack of people who could replace them in caring for other family

members made many mothers decide to stay at home. Finally, health care availability and quality aspects also affected mothers' health care seeking behaviour. The practices of the *Dukun* (Traditional Birth Attendants) were not directly related to whether or not mothers followed traditional beliefs and customs. They followed the customs because they took it for granted that they had to be followed. Mothers were not aware of the negative effects of some customs, and they usually did not change their customs and daily practices.

The health service personnel, on the other hand, emphasized their concerns that these traditional practices had been causing problems to mothers and new born babies. There was also a gap between the perceptions of mothers and those of health service personnel with regard to barriers against choosing health care services. The health personnel thought that mothers did not utilise health facilities because of their traditional beliefs and customs, and lack of health knowledge. Mothers, on the other hand, stated that the availability of health care services and quality of care also contributed to their decision-making about where to seek for assistance when they had problems.

Conclusions

The main problem of maternal health in Timor-Leste is the low rate of utilisation of health services, especially of attended delivery by skilled birth attendants, 4th Antenatal Care visits, and proper Postnatal Care coverage. These problems are particularly severe in Oecusse District. The factors which affected mothers' health care seeking behaviour regarding maternal health and obstetric care in Oecusse were; mothers' perceptions and lack of knowledge about their health status and health care benefits; traditional beliefs and customs that mothers follow which inhibited them from going to a health facility; distance, poor road conditions and lack of public transport to health facilities; financial constraints and lack of replacement for caring for other family members, and the availability and quality of health care. Further studies, for example in-depth analysis on health systems and research from a medical anthropology point of view, will be needed for a better understanding of mothers' health care seeking behaviour in Oecusse district and in Timor-Leste in general.

Based on the results, we conclude that the utilisation of health care services could be improved by: i) Health education and promotion, and experience sharing in school and community, ii) Improvement of infrastructure especially road condition and public transport, iii) Full coverage of services 24/7, iv) Presence of female staff to examine women, and an improvement in health personnel's awareness of the importance of attentiveness, confidentiality and privacy. The maternal health status of mothers in Oecusse could be improved by: i) Distribution and promotion of using sterile materials during home delivery; ii) Focused Antenatal Care and Postnatal Care with individual counselling, additional attention targeted on the first pregnancy and teenage mothers.