

Critical issues in improving health services: empirical evidences

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The central issue in the Millennium Development Goals (MDGs) is to improve the health status of the population. Countries those especially in developing world have been struggling to achieve those goals with various degrees of success depending on their national and local capabilities and commitments. Evidences published in the Ethiopian Journal of Health Development need attention in the effort of improving reproductive health conditions.

Expanding quality family planning services is one of the strategies in improving reproductive health. Ideally client preferences need to be satisfied in terms of methods availability and mix in order to increase demand and use. So far in Ethiopia knowledge and utilization of long and permanent contraception methods were known to be low. The evidence from South Wollo zone in Ethiopia demonstrated that it is possible to create high demand for long and paramagnet contraception methods by improving the availability of the methods and through appropriate awareness creation programs (1). In areas where ensuring sustained availability of methods is very difficult and barriers to short term contraceptive use are rampant expanding long and permanent contraceptive methods need to be seriously considered in planning reproductive health services and reducing unintended pregnancies and births.

Worku and Fantahun reported that 33% of recent pregnancies among sexually active women were unintended; and 14% births and 14% of abortions were also reported to be associated to unintended pregnancies (2). This reported from urban communities in Harar town demonstrated a mere presence of health services in not sufficient to achieve high coverage in some key health programs. It particularly emphasized the need for expanding quality family planning methods with adequate and effective

information, education and communication (IEC) strategies to address the needs and barriers to utilization of family planning methods among the various community subgroups. For instance, although generally the young and unmarried women were more likely to report unintended pregnancies the literate women were more likely to report abortion.

Biratu and Lindstrom article on the influence of husbands' approval of prenatal care utilization of women brought a very import issue that need to be addressed in expanding reproductive health services (3). In many reproductive health programs it is common to target mainly women as they are believed to be the primary victims. This study showed the husbands' approval has a greater effect on prenatal care utilization of the women than whether the pregnancy was wanted or not, and the level of women education. Another study from a rural Ethiopia has also previously reported that husbands and other senior family members, such as in-laws, have greater influence on health service utilization of women (4). The influence is greater among younger women with no formal education. Thus, it is important to target all influential family and community members in a society in order to ensure that women have access to essential health services that can substantially improve their health status. IEC strategies must be tailored to specific socio-cultural conditions and all influential members as there are evidences suggesting that there is heterogeneity in attitude and perception of the value health services even within ethnic and religious constituencies.

These current evidences are good reminders that while the struggle to improve access to essential services is gaining momentum in terms of increasing the number of health facilities and improving the geographic accessibility of health interventions the barriers that are long known by

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health planners and managers are still significantly influencing utilization of available services. Thus, it is crucial that the issue of quality of services, and universal access be considered and appropriate strategies included in designing expansion of health services. It is particularly important to be more sensitive to addressing gender and age-based inequalities in accessing societal resources while designing health programs. These issues are often unvoiced but they are crucial along other quality of service improvement matters in making progress in the MDGS and other national development targets.

Reference

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