Jan 2013

Health workers’ counselling practices on and women’s awareness of pregnancy danger signs in selected rural health facilities in Burkina Faso, Ghana and Tanzania

Els Duysburgh  
*Ghent University*

M. Ye  
*Centre De Recherche En Sante De Nouna*

A. Williams  
*Navrongo Health Research Centre*

S. Massawe  
*Muhimbili University*

Marleen Temmerman  
*Aga Khan University*, marleen.temmerman@aku.edu

Follow this and additional works at: [http://ecommons.aku.edu/eastafrica_fhs_mc_obstet_gynaecol](http://ecommons.aku.edu/eastafrica_fhs_mc_obstet_gynaecol)

Part of the [Obstetrics and Gynecology Commons](https://ecommons.aku.edu/eastafrica_fhs_mc_obstet_gynaecol)

---

**Recommended Citation**


[Available at: http://ecommons.aku.edu/eastafrica_fhs_mc_obstet_gynaecol/101](http://ecommons.aku.edu/eastafrica_fhs_mc_obstet_gynaecol/101)
Health workers’ counselling practices on and women’s awareness of pregnancy danger signs in selected rural health facilities in Burkina Faso, Ghana and Tanzania

E. Duysburgh, M. Yes, A. Williams, S. Massawe and M. Temmerman

1Ghent University, International Centre For Reproductive Health, Ghent, Belgium; 2Centre De Recherche En Santé De Nouna (CRSN), Nouna, Burkina Faso; 3Navrongo Health Research Centre, Navrongo, Ghana; 4Muhimbili University of Health and Allied Sciences (MUHAS), School of Public Health and Social Sciences, Department of Epidemiology and Biostatistics, Dar Es Salaam, Tanzania

Background This study assessed health workers’ counselling practices on danger signs during antenatal consultation and pregnant women’s awareness of these signs and identified factors affecting counselling practices and women’s awareness. The study is part of QUALMAT, an intervention research project funded by the European Commission aiming to improve maternal and newborn health. QUALMAT is conducted in Burkina Faso, Ghana and Tanzania.

Methods A cross-sectional study was performed in 12 selected primary healthcare facilities in each country. WHO guidelines were used as standard for good counselling. We assessed providers’ counselling practice on seven danger signs through direct observation study (35 observations/facility). Exit interviews (63 interviews/facility) were used to assess women’s awareness of the same seven signs. We used negative binomial regression to assess associations with health services’ and sociodemographic characteristics.

Results About one in three women were not informed on any danger sign. For most single signs, less than half of the women were counselled. Vaginal bleeding and severe abdominal pain were the signs most counselled on (between 52 and 66%). At study facilities in Burkina Faso 58% of women were not able mentioning a danger sign, in Ghana this was 22% and in Tanzania 30%. Fever, vaginal bleeding and severe abdominal pain were signs most frequently mentioned. Kind of health worker (depending on training) was significantly associated with counselling practices. Depending on the study site, characteristics significantly associated with awareness of signs were women’s age, gestational age, gravidity and women’s educational level.

Conclusion Counselling practice is poor and not very efficient. A new approach of informing pregnant women on danger signs is needed. Adopting a more client-centred approach might be an option. However as effects of ANC education remain largely unknown it is very well possible that improved counselling will not have effect on maternal and newborn mortality and morbidity.