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What if the baby doesn't survive? Health-care decision making for ill newborns in Ethiopia

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1 **What if the baby doesn't survive? Health-care decision making for** 2 **ill newborns in Ethiopia**

3

4 **Abstract**

5 Despite efforts to improve access to and quality of care for newborns, the first month
6 after birth remains the most dangerous period of life. Given high neonatal mortality in
7 low-income countries, saving newborn lives is a key priority for global and national
8 health policy agendas. However, little is known about how these policies resonate
9 with local understandings, experiences and household priorities. In this qualitative
10 study we examined families' decision making and health-care-seeking in Butajira,
11 Ethiopia. Data were collected through observation in hospital, in-depth interviews
12 (41), and focus group discussions (7) with family members, health-care workers, and
13 community members (October-November 2015). Transcripts and field notes were
14 analyzed inductively using qualitative content analysis. Findings indicate that
15 newborn health was not always the family's priority. Local perceptions of newborns
16 as not yet useful members of the family alongside costly health-care services delayed
17 decision making and care-seeking. While sickness was recognized as dangerous for
18 the ill newborn, seeking health-care could be harmful for the economic survival of the
19 family. In a resource-constrained setting, families' focused on productive assets in
20 order to minimize long-term risks, and waited before seeking newborn health-care
21 services. Until the baby had survived the first vulnerable weeks and months of life,
22 the unknown newborn was not yet seen as a social person by the community.
23 Personhood evolved progressively as the baby became a part of the family. A
24 newborn death was surrounded by silence, and families received minimal support

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