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Research Article

Pregnancy and Child Bearing Practices outside the Home Setting: the Case of on-street Women in Shashemene Town, West Arsi Zone, Ethiopia

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ABSTRACT

Apart from limited attempts to understand the sexual and reproductive health situations of street children in general, little is known about the overall psycho-social and health related circumstances surrounding pregnancy and child bearing practices of homeless women. The present research was at assessing the overall psycho-social circumstances surrounding Incidences of pregnancy and child bearing among homeless women in Shashemene town.

A cross-sectional study design was used in which data were collected between December, 2018 and January, 2019. 163 homeless women, selected on the basis of purposive sampling procedure have participated in the study. Both qualitative and quantitative data were collected using survey and depth interview methods (methodical triangulation). While quantifiable data were entered in to SPSS version 20 for further analysis, qualitative data were transcribed, organized, and narratively presented after finding themes in the data.

Marriage between homeless women and their men counterparts is a common feature of social interaction in the study area. This social context may justify the fact that most (93.7%) women conceived their last babies intentionally. While respondents were relatively better off in terms of receiving prenatal care (50.3%), the experience of attending postnatal health care services has been moderately low (40.6%). Above all, street sides and religious compounds (2.8% & 2.8%, respectively) were also among the places where babies were delivered. Attendance of prenatal care was significantly associated to education (-.284, $P < 0.01$) and postnatal care (.590, $P < 0.01$) while post-natal health care seeking behavior was significantly associated to the number of children a woman have (.228, $P < 0.01$), age of respondents (.278, $P < 0.01$), experiences of attending prenatal care (.590, $P < 0.01$) and education (-.389, $P < 0.01$).

Patterns of psycho-social relationships prevalent among the homeless women in Shashemene town hold similarity with the pattern existing in the mainstream society. The concerned governmental and non-governmental organizations should work to enhance the awareness of the homeless women about contraceptive methods, its advantage, and how it is relevant to their living situations.

Keywords: Child bearing; Homeless women; Maternal health; Pregnancy

INTRODUCTION

Women living on the streets are vulnerable to various social, psychological, economic, and health related problems. According to a survey jointly conducted by Population Council and UNPFA (2010) [1] in seven regions of Ethiopia, Fifteen percent of girls report having ever been forced to have sex. This situation is far more aggravated when accompanied by homelessness as it accelerates susceptibility to the problem. [Rape-induced] Pregnancy rates among homeless women are much higher than the rates of the general population, and seem to increase with the instability of their housing situation [2]. One study conducted in Dessie town, Ethiopia, showed that out of sexually active female street youth, 25% had a history of unintended pregnancy at least once prior to the study, out of which 55.5% of them reported history of induced abortion at least once [3]. It is a frequent observation to see women begging on the streets of major cities in Ethiopia having one or two babies by their sides [4].

Estimates indicate that each year 515,000 women die during pregnancy and in childbirth. It is estimated that 1,600 women across the world die each day from pregnancy and child birth related problems and the greatest proportion of these deaths occur in the least developed countries like Ethiopia [5]. More than 70% of all maternal deaths are due to five major complications which include hemorrhage, infection, unsafe abortion, hypertensive disorders of pregnancy, and obstructed labor [6]. Women's low educational level, the lack of empowerment among women, poor access to maternal health care services in the area, and a lack of knowledge about maternal health care services were identified as determinant factors. In Ethiopia, maternal and infant mortality and morbidity, caused by pregnancy and child bearing related complications are among the highest in the world [7].

Researches reveal that women living on the streets are less likely to benefit from basic reproductive health services as living in the poorest segment, delivering and caring their children out of streets life [4]. 90% of maternal deaths could be prevented with timely medical intervention [8]; therefore, the chances of death decrease considerably if women receive skilled maternal health care during delivery [9]. Being the poorest and marginalized segments of the society, pregnant women and infants living on the streets seem more vulnerable to maternal and child mortality and morbidity. Hence, it is important to assess the reproductive health seeking behavior of street women to understand access and use of pre-natal and post-natal health care services, including the socio-demographic variables determining such behaviors.

Apart from very limited attempts to understand the sexual and reproductive health situations of street children in general, and women living on the streets in particular, little is known about the overall social, psychological, economic, and health related circumstances surrounding pregnancy and child bearing practices of street women. Even the scantly available researches do not portray the full picture of the reality on the ground. For example, Mulualem, Kirubel, Mezinew et al. [10] studied the challenges in decision making among homeless pregnant teens (13-19 years old) in Addis Ababa, the purpose of which was to understand the challenges faced by pregnant street teens in deciding whether to terminate pregnancy or continue with it and give birth, and the factors involved in the process of making such decisions. *Berihun [4] has undertaken a research on "awareness and utilization of modern contraceptives among street women in North-West Ethiopia". The present research was, therefore, an attempt to understand* incidences and experiences of pregnancy and child bearing outside the home setting in case of women of reproductive age living on the streets of Shashemene town, West Arsi zone, Ethiopia.

METHODS AND MATERIALS

Study design

A cross-sectional study design was used in which the overall processes of data collection, analysis and write-up all were taken place at a point of time between December, 2018 and February, 2019. Both descriptive and analytical research designs were intensively employed in order to effectively answer the proposed research questions. In its descriptive dimension, the research expressed existing realities and

facts among the study's participants as revealed by them. On the other hand, the analytical part of the research considered the relationship between dependent and independent variables in order to seek responses for why things happened the way they appeared in the field. Above all, the study has combined both qualitative and quantitative approaches. In the qualitative approach, attempts were made to understand issues from the perspectives of the research participants through collecting depth data. The purpose of using the quantitative approach was to find out expressive numerical figures and statistics aimed at understanding the distribution of cases among the survey population.

Methods and data sources

Primary data were collected using survey, depth interview, case history, and non-participant observation methods (methodical triangulation). The survey method was used mainly to gather quantifiable data regarding the frequency of cases occurring and their patterns of distribution among the various segments of the study population. For this purpose, quantitative data were collected through a well prepared interviewer-administered questionnaire that was later translated in to locally understandable language, especially to make it suitable for enumerators. Data collectors were trained about the objectives and overall purpose of the research, were made to be familiar with the data collection instruments and have been guided about how to best approach respondents and collect quality data. The accuracy and relevance of questionnaire was pretested using a pilot study on same study population but a different sample few days before starting the actual data collection activity. In addition, strict procedures of data quality management tasks were undertaken, especially through serious supervision and follow-up. Moreover, depth interview method was utilized mainly for the purpose of understanding research participants' perceptions and world views, particularly about the issues under consideration, using their own point of views. Interview guiding check lists were prepared to facilitate the process. The interview was undertaken in a way that did not disrupt the natural and day to day living circumstances. The data collectors were made to approach the informants informally and the interview has taken more of an informal and personal conversation through maintaining a good rapport. In addition, non-participant observation and case history methods were also used in order to enrich the qualitative data. Furthermore, existing literatures were intensively reviewed to supplement first-hand data sources. Accordingly, books, articles, both published and unpublished research findings, policy and legal frameworks, conference proceedings, and publications of international organizations were assessed and reviewed.

Sample size and procedure

Data regarding the total number of on-street women, both in Shashemene town and West Arsi zone are hardly found not only in government offices but also in non-governmental organizations working in related issues in the town. Public sector offices primarily concerned about women, children, and youth in the town including the town's women and children affairs office, statistics bureau, workers' and social security office, youth and sport bureau, health bureau, and the 10 kebeles in the town all were contacted in search of available data. Nevertheless, none of them have the statistics. This made it difficult to get access to the sample frame and hence, planning about the use of probability sampling techniques failed.

The researcher used one of the commonly used non-probability sampling technique in social research called purposive sampling method. First, Shashemene town was purposively selected due to the fact that homeless women prefer more of urban areas expecting better access to livelihood (getting more money by begging from densely populated area) and shelter. The survey purposively targeted homeless women within reproductive age range, including women that were either pregnant or carried one or more babies during the time of data collection. 148 respondents participated in the survey based on availability/judgmental selection criterion. For the in-depth interview and case history methods, data saturation determined the number of women to be participated in the interview. Therefore, sample size has not been predetermined and the researcher stopped as more redundant responses appeared and at a point where no more new data could be discovered. Accordingly, 15 women were participated. Consequently, data were collected from a total of 163 on-street women in the study area.

Inclusion /Exclusion criteria: Women who made the streets of Shashemene town both shelters and means of making a living were the targets of the study. With the aim of assessing pregnancy and child bearing scenarios, women that are within the range of reproductive age that are potentially fertile enough to conceive one or more babies were considered for data collection, in addition to those who were pregnant and those who had a child or children during the time of data collection. However, female on-street children that were not up to reproductive age have been excluded from the study. Above all, male on-street persons of all age categories were also not considered for data collection.

Data analysis

After all sorts of data were collected, data cleaning and organization was undertaken in order to check for completeness. The quantifiable data gathered through interviewer-administered questionnaire were then coded and entered in to SPSS version 20 for further processing. Descriptive statistical tools, including frequency tables, charts and percentages were utilized to present frequencies and differential distribution of cases across the various sub-groups within the survey participants. Furthermore, inferential statistical techniques such as correlations and multivariate linear regression were used in order to analyse the relationship between the dependent variable and the independent variables. In addition, qualitative data collected through depth interview and case history methods were first transcribed word for word (verbatim) and organized. Following this, themes were searched and identified in the data in order to analyze it against the specific research objectives. Finally, findings were presented in a narrative manner showing patterns in the analysis.

Ethical considerations

Research on the patterns of pregnancy and child bearing practices among the homeless women might be an issue that could have an implication on the safety, privacy, and confidentiality of the research participants. Therefore, the researcher has obtained ethical approval from the concerned body of Paradise Valley College. An informed consent was gained by informing the research participants about the objectives and rationale of undertaking the research. Furthermore, up on collecting data, the names of the research participants have not been written on the interviewer administered questionnaire and other checklists in order to keep their personal identity anonymous. The researcher further ensured this by not indicating the exact names of any of the respondents. Above all, each respondent was informed about the level of freedom that is provided in case one wants to withdraw from the research.

RESULTS AND DISCUSSION

Results

Socio-demographic characteristics of respondents: Table 1 shows the frequency distribution of respondents in terms of their socio-demographic characteristics. It is indicated in the table that 41.9% and 31.1% of respondents are in 31-40 and 21-30 age ranges. This implies that the significant majority of on-street women in the study area are within the very fertile age segment. Regarding their marital status, it was found that 56.1% of them were currently married while only 13 replied that they are never married. Moreover, widowhood (20.3%) and divorce, 14.9%, have also been observed as other experiences of on-street mothers. As far as education is concerned, it has been found that 96 of 148 respondents never attended formal school, while insignificant proportion (1.4%) responded to have completed high school education. Motherhood on the street can be more complicated when accompanied by the lack of basic literacy. Orthodox Christianity seems to have occupied the dominant share of religion among the respondents (55.4%), followed by Islam (18.9%).

Table 1: Socio-demographic distributions of respondents.

Variables	Categories	Frequencies	Percentages
Age	1-20	8	5.4
	21-30	46	31.1
	31-40	62	41.9
	41-50	11	7.4
	51-60	12	8.1
	≥61	9	6.1
Marital status	Never married	13	8.8
	Married	83	56.1
	Divorced	22	14.9
	Widowed	30	20.3
Education	Never attended school	96	64.9
	1-4	25	16.9
	5-8	25	16.9
	9-10	2	1.4
Religion	Orthodox Christian	82	55.4
	Muslim	28	18.9
	Protestant	21	14.2
	Catholic	17	11.5
Area/ place of origin	Shashemene/West Arsi	86	58.1
	Came from other areas	62	41.9
Ethnicity	Oromo	82	55.4
	Amhara	4	2.7
	SNNP	62	41.9
Number of years stayed on street	<1 year	15	10.1
	1-5 years	75	50.7
	6-10 years	36	24.3
	11-15 years	11	7.4
	16-20 years	8	5.4
	>21 years	3	2.0
Number of children possessed by a woman	0	5	3.4
	1	34	23.0
	2	36	24.3
	3	27	18.2
	4	33	22.3
	5	3	2.0
	6	7	4.7
	7	3	2.0
Total		148	100.0

Source: survey

The table also contains statistical figures regarding the area of origin of survey respondents. It is shown that most of the respondents (58.1%) are from around Shashemene town whereas the rest 41.9% reported to come from other neighboring regions and towns. Related to this is the ethnicity of respondents. Accordingly, survey respondents reported to belong to only three ethnic groups, i.e., Oromo, south nations, nationalities and peoples, and Amhara (55.4%, 41.9, and 2.7% respectively). Furthermore, respondents were asked to report how many years they stayed on the street and 50.1% revealed to have stayed for 1-5 years, followed by 24.3% who stayed 6-10 years. Only 3 respondents answered that they have stayed for more than 21 years on the street. It is also shown that 22.3% of respondents have 4 children and 24.3% of them reported to possess 2 children during the time of data collection. There were also respondents who revealed to have 6 children (4.7%). The average number of children possessed by the survey participants was 3. It implies that there prevails an extremely high fertility rate among on-street mothers. The issue of pregnancy and child bearing tend to be more and more aggravated as the woman stayed for every additional year on the street.

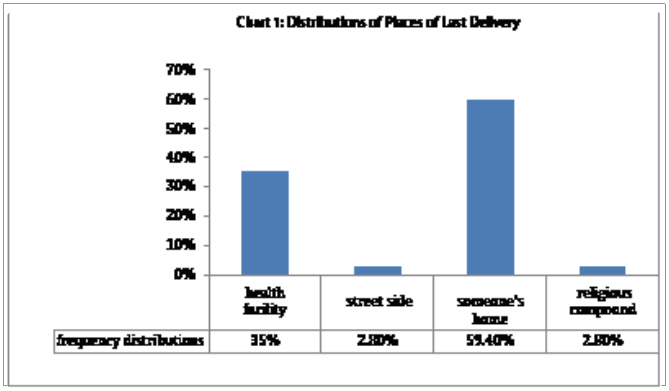
Experiences and patterns of relationships involved in pregnancy: Table 2 shows the frequency distribution of respondents in terms of their pregnancy experiences on the street. As shown in the table, 95.9% replied that they have ever conceived a baby while 4.1% haven't ever conceived. In addition, 92.6% of the respondents confirmed to be not pregnant and the rest 7.4% were pregnant during the time of data collection. Moreover, survey participants were asked whether their last pregnancy was intended or not. For this, 93.7% of them answered that it was intended while 6.3% responded that it was not intended. This finding actually deviates from most popular expectations that the significant majority of pregnancies that occur outside of the home setting are generally unintended. The reason for this might be due to the fact that most of the respondents are currently married (56.1%) as indicated in table 1 above and that their marital status might have guaranteed most to plan for pregnancies hoping that husbands will take care of them and their babies. Furthermore, this explanation can be confirmed with the data that 97.3% of survey respondents know from whom they have conceived whereas it was only 2.8% who replied that they do not know the father of their children. A more surprising finding is that 41.2% of respondents are still planning to conceive a baby in the near future while 58.8% replied that they do not have a plan to do so. This finding confirms the data discussed above regarding the fact that majority of the respondents (93.7%) of the study participants' last pregnancy was intended.

Data from in-depth interview also revealed that most pregnancies and child bearing incidents occurred inside wedlock. Many disclosed that they gave birth to most of their children under a formally arranged marriage. For these women, marital breakdown served as a cause to start a street life (begging as a livelihood), together with their children. Most of the homeless women with such experiences however, didn't stop bearing additional women after coming to their present living condition. Instead, many revealed that they continued to give birth to more children on top of the previously existing ones. Moreover, it has also been found that these women gave birth to children from more than one biological father. Many regret about being deceived by the false promises of such men who finally betrayed them after the women told them that they have got pregnant. The following story of Ayinalem clearly depicts the scenario:

I came to Shashemene in 1990 from Shewa Robit, with my soldier husband who was supposed to move here. After we spent few years

together, he left me and our two children alone and married to another woman. I gave the female child to another family. She is now 23 years old and married, she doesn't visit me though. The other child is mentally ill and we still beg together since 16 years ago. I haven't ever trusted males since my husband betrayed me. Therefore, I haven't given birth to additional children.

Child bearing practices outside the home setting



As shown in chart 1, most child delivery occurs out of the health care facilities as in the case it happens to be for the general population in Ethiopia. The survey's result revealed that only 35% of respondents have delivered their last baby in the health care facilities. Most of the respondents (59.4%) replied that they have delivered their last baby at someone's home, 2.8% and 2.8% said that they have given birth in a religious compound and on street sides, respectively.

Table 3 shows the frequency distribution of respondents in terms of their prenatal and post-natal health care seeking behavior. As shown, from 143 respondents who have ever conceived a baby, 72 (50.3%) of them didn't visit a health facility during pregnancy. Furthermore, it has also been observed from data in the table that on-street women in the study area do not have the habit of attending post-natal medical care; 59.4% of the respondents replied that they do not have the habit of receiving antenatal health care. This finding suggests the need for reproductive service health intervention. Another point worth to discuss here is about whether homeless women bear all their children on the street or they join the street life coming with one or more children with them. From data in table 3, it is found that 87.8% of homeless mothers responded that they had a child even before joining their current living situation. It implies that all children we see on the street are not necessarily born on the street itself.

Table 4 is a correlation data showing the relationship between respondents' receiving pre-natal and post-natal care as independent variables on the one hand, and the predictors (age, ethnicity, religion, number of children, area of origin, education, and marital status), on the other hand. As can be observed from the results above, respondents' tendency of attending prenatal care is significantly associated to education (-.284, $P < 0.01$). Moreover, the negative correlation coefficient implies that the two variables are inversely related; the more respondents are educated, the lesser they tend to seek antenatal medical care. Taking post-natal care as an independent variable again, respondents' health seeking behavior of prenatal care has been found to have a strong significant association (.590, $P < 0.01$) with postnatal care. And the association is positive in the sense that those who have the experiences of using prenatal medical care also mostly attend prenatal care.

Table 2: Frequency distribution of respondents by their pregnancy experiences

No.	Variable	Categories	Frequency	Percentage
1	Current pregnancy status	Currently pregnant	11	7.4
		Currently not pregnant	137	92.6
2	Ever conceived a baby	YES	142	95.9
		NO	6	4.1
3	Whether the last pregnancy was intended or not?	Intended	133	93.7
		Unintended	9	6.3
4	Know the father of her child/ren	YES	138	97.2
		NO	4	2.8
	Plan to conceive in the near future	YES	61	41.2
		NO	87	58.8
	Total		**142**	**100**

Source: survey

Table 3: Frequency distribution of respondents in terms of their child bearing practices

No.	Variable	Categories	Frequency	Percentage
1	Received post-natal care	YES	58	40.6
		NO	85	59.4
2	Received Pre-natal care	YES	72	50.3
		NO	71	49.7
	Total Missing		143 5	100.0
3	Had a child before street life	YES	130	87.8
		NO	18	12.2
		Total	**148**	**100.0**

Source: survey

Looking in to post-natal health care seeking behavior, data showed that it is significantly associated to the number of children a woman have (.228, $P < 0.01$), age of respondents (.278, $P < 0.01$), experiences of attending prenatal care (.590, $P < 0.01$) and education (-.389, $P < 0.01$). Considering the direction of association, number of children, age, and prenatal care are positively correlated with the experience of following post-natal medical care among the target groups. This implies that the more children a woman gave birth to, the older she is, the more she is experienced in attending prenatal care, and the higher she tend to seek post-natal medical care. In case of the relationship between educational status and attending postnatal care is concerned, the correlation coefficient was found to be negative. As in the case of prenatal care, education is inversely correlated with postnatal care; implying that the higher a homeless woman is educated, the lesser she tend to seek postnatal health care services.

Both depth interview and field observation findings reveal many circumstances in which marital relationships previously existing before street life are still continuing to exist. For such couples, street life is just a means of livelihood, not a shelter too unlike the case of many others where street life serves both as a livelihood and a shelter. Such couples rent houses in which they spend nights and go to the street in search of money. Most of these couples have still continued to give birth to additional children even being in the present living conditions. Some others have abandoned bearing additional children due to various reasons. These, either bring their previously existing children to the street for the purpose of petty or gave them away to organizations and other families. The following excerpt from the story of Ayelech and her husband, Desta is just a typical case in this regard:

Table 4: Correlations showing the relationship between respondents' receiving pre-natal and post-natal care and the predictors.

		Age	Marital status	Area of origin	Ethnicity	Education	Religion	No. of children	post-natal care	Prenatal care
Age	Pearson Correlation	1	.477**	-.090	.006	-.280**	-.032	.303**	.278**	.160
	Sig. (2-tailed)		.000	.275	.945	.001	.704	.000	.001	.056
	N	148	148	148	148	148	148	148	143	143
Marital status	Pearson Correlation	.477**	1	.031	.040	-.152	.081	.304**	.107	.089
	Sig. (2-tailed)	.000		.704	.626	.065	.327	.000	.202	.289
	N	148	148	148	148	148	148	148	143	143
Area of origin	Pearson Correlation	-.090	.031	1	.860**	.119	-.242**	-.016	-.089	.006
	Sig. (2-tailed)	.275	.704		.000	.151	.003	.850	.292	.944
	N	148	148	148	148	148	148	148	143	143
Ethnicity	Pearson Correlation	.006	.040	.860**	1	.059	-.220**	-.093	-.042	-.037
	Sig. (2-tailed)	.945	.626	.000		.478	.007	.258	.617	.665
	N	148	148	148	148	148	148	148	143	143
Education	Pearson Correlation	-.280**	-.152	.119	.059	1	-.080	-.268**	-.389**	-.284**
	Sig. (2-tailed)	.001	.065	.151	.478		.335	.001	.000	.001
	N	148	148	148	148	148	148	148	143	143
Religion	Pearson Correlation	-.032	.081	-.242**	-.220**	-.080	1	.008	.068	.078
	Sig. (2-tailed)	.704	.327	.003	.007	.335		.921	.421	.356
	N	148	148	148	148	148	148	148	143	143
No. of children	Pearson Correlation	.303**	.304**	-.016	-.093	-.268**	.008	1	.228**	.086
	Sig. (2-tailed)	.000	.000	.850	.258	.001	.921		.006	.307
	N	148	148	148	148	148	148	148	143	143
post-natal care	Pearson Correlation	.278**	.107	-.089	-.042	-.389**	.068	.228**	1	.590**
	Sig. (2-tailed)	.001	.202	.292	.617	.000	.421	.006		.000
	N	143	143	143	143	143	143	143	143	142
Prenatal care	Pearson Correlation	.160	.089	.006	-.037	-.284**	.078	.086	.590**	1
	Sig. (2-tailed)	.056	.289	.944	.665	.001	.356	.307	.000	
	N	143	143	143	143	143	143	143	142	143

**. Correlation is significant at the 0.01 level (2-tailed).

We both were hard working couples. We had three children and we used to feed them eggs during those good old times. Unfortunately, I found out that I was infected by HIV/AIDS. We were not able to help our children anymore hence, decided to give them to families. Surprisingly, my husband is immune from the virus. I now follow-up ART drugs. Doctors advised me that we should not bear another child and hence, I use contraceptive devices, including condoms.

The case of Terefech presented below also further portrays the circumstances surrounding pregnancy and child bearing scenarios among the study participants.

Case 1

Terefech is a 38 years old adult woman whom the researcher found in front of Teklehayomanot church in Shshemene town. She was born in Wendogenet town and it has been three (3) years since she started begging with her 3 children (6 years, 4.6 years, and 2 years as they appeared chronologically from the oldest to the youngest). Terefech came to Shashemene following a young man who later became her husband. She lived with him for four years and finally divorced. She left her ex-husband's house carrying one of her children and started to live independently.

Terefech had the chance to start a small business, selling tomato, potato, and onion sitting in a local market commonly known as *Gullit*. In the mean time, she started to date Mr. Alemu expecting that he would marry her. Staying just for five months together, Terefech lately recognized the disorder in her menstrual cycle. As she knew that her stomach was getting larger, she finally understood that it was a symptom of pregnancy. It was after she told him about her pregnancy that Alemu ignored her. Without attending a pre-natal care, Terefech ultimately gave birth to her female child in a small room she rented. She delivered her third child the same way she gave birth to her second baby. The only difference is that the father of her third child cheated her after making a strong promise that he would marry her after spending some time together. The responsibility of bringing up all the three children has been left to Terefech only. After trying the business for two years, she was not able to cope-up both with the business as well as the social environment as a result of which she was forced to consider begging as a livelihood.

Terefech has now decided not bear additional children. She wants to go to a clinic in order to be injected a long lasting contraceptive method. She lives with her mother, renting a small house for 200 birr. They back-up their little income by a support they get from church based social support group. She pays 20 birr each month for an *idir*. In addition to the support being made by an NGO, she also strives to provide all the available supplies to one of her children, who is attending a kindergarten school.

DISCUSSION

Findings from the present study revealed that marriage between homeless women and their men counterparts is a common feature of social interaction in the study area where 56.1% of survey participants were married during the time of data collection. This social context may justify the fact that most (93.7%) women conceived their last babies intentionally. In this regard, the findings of the present study is different from the findings of Teshale, et al (2017) [11]. They researched the prevalence of unwanted pregnancies and associated factors among women in reproductive age groups in selected health

facilities of Addis Ababa in which they found a 'high' prevalence rate (37.8%) of unintended pregnancies.

Maternal health care seeking behavior of the target population has been found to be low for many of its dimentions. While respondents were relatively better off in terms of receiving prenatal care (50.3%), the experience of attending postnatal health care services has been moderately low (40.6%). Variabilities of places where homeless women made delivery of their last babies have also been observed in the data. Whereas most respondents (59.4%) have deliverd their last babies at someone's home, 35% made it in the health facilities. Above all, street sides and religious compounds (2.8% & 2.8%, respectively) were also among the places where babies were delivered. Attendance of prenatal care was significantly associated to education (-.284, $P < 0.01$) and postnatal care (.590, $P < 0.01$) while post-natal health care seeking behavior was significantly associated to the number of children a woman have (.228, $P < 0.01$), age of respondents (.278, $P < 0.01$), experiences of attending prenatal care (.590, $P < 0.01$) and education (-.389, $P < 0.01$).

A qualitative study by Hayelom Abadi (2018) [12] on the socio-economic factors that promote maternal health seeking behavior among rural women of Alamata district found factors such as the influence of media, the deployment of health extention workers, social network and social capital, the provision of maternity waiting rooms, pregnant women conferences, the establishment of women health development army, availability of ambulances, fear of HIV infection, and fear of fine from local administrations contributing for the groth of maternal health seeking behavior.

CONCLUSION AND RECOMMENDATIONS

Patterns of psycho-social behavior prevalent among the homeless women in Shashemene town hold similarity with the pattern existing in the mainstream society. Marriage between homeless women and homeless men is a common social facet and most sexual relationships, pregnancies and child bearing practices occur within this social context. Moreover, consciously getting pregnant from someone trusted to be a husband and planning to bear more children in the relationship are also aspects of the social fabric. In addition, maternal health care seeking behavior, especially in case of postnatal care, is low among the target population. Homeless women have always been the most neglected segments of the society, especially in terms of getting a fair access to reproductive health services. The concerned governmental and non-governmental organizations should work to enhance the awareness of the homeless women about contraceptive methods, its advantage, and how it is relevant to their living situations.

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