Great Lakes Region: Identifying Maternal Health Problems

The Great Lakes Region in East Africa has incredibly high rates of maternal mortality. It has a maternal death rate of 505/100,000 live births (Mbonye A.K. et al. 2007). There are many reasons for such a high infant mortality rate, but the primary causes are political, social, and structural problems in the region. These problems make it much more difficult for a woman to give birth to a happy, healthy baby (Urassa E. et al., 1997). These larger societal problems have everyday implications for pregnant women in the Great Lakes region. It is difficult for women to seek medical care, much less quality medical care. Access to quality care is especially difficult in rural areas because of poor transportation and the fact that health care facilities are few and far between (Thaddeus S. and Maine D., 1994).

It should be noted however, that many homebirths are not due to lack of hospitals or adequate transportation; it is most frequently due to traditional social and societal factors such as birth being seen as a test of endurance for the mother (Kyomuhendo G.B., 2003). Some Rwandan refugees have been diagnosed with depression for being overburdened in their daily life, which could be a result of the dominance of men in these societies (Pavlash C. 2005). The Rwandan women mentioned also reported depression due to the lack of power over engagement in sexual intercourse with their husbands (Pavlash C. 2005). The disadvantaged position of many women within their societies and lack of female empowerment regarding reproductive health decisions are important factors contributing to maternal mortality in this region (UNICEF, n.d.) (World Health Organization, 2006).

Social Stigmas are a huge contributing factor to poor maternal health in the Great Lakes region. Not only are there such stigma as birth is a test of endurance for women, as mentioned above, there are also stigmas surrounding quality of care within the actual health facilities; in other words, women, understandably, often do not trust the facilities as there is often a shortage of skilled primary health care workers (Kyomuhendo G.B., 2003). Patient abuse, neglect, and lack of general understanding are all reasons why women may avoid going to a hospital in the Great Lakes region (Kyomuhendo G.B., 2003). Special care should be given to rural women who have less access to education and may be especially wary of medical practitioners, rather than bei discriminated for their ignorance. For example, rather than health workers in these facilities treating the refugee women in Rwanda badly because they happen to be ignorant on subjects the health workers feel they should know about, as has been reported, the health workers could be educated to educate the women, and work with them to reduce, for example, their uncertainty and confusion about birth control (Pavlash C. 2005), This would help to reduce abortions and their frequent complications when done at home (Mbonye A.K. et al. 2007).

While facility health workers are often not ideal, homebirth methods are even more dangerous as they simply have meager means of assistance and

knowledge (Mbonye A.K. et al. 2007). An investigative study looking into the leading causes of infant mortality in Uganda has identified hemorrhage (42.2%) and abortion (38.9%) as the top two reasons for high Maternal Mortality Rates (MMR). Furthermore, 87.4% of indirect maternal mortality is caused by malaria, so it too is a high priority when considering prevention measures addressing MMR's in the Great Lakes region (Mbonye A.K. et al. 2007). In many cases, the infant or mother dies due to lack of education, especially in rural areas (Mbonye A.K. et al. 2007). In these remote regions, locals are often unable to read the signs of common maternal problems which lead to preventable deaths. It is often the case that these MMR's could have been avoided through simple and common procedures such as blood transfusions if only it was accessible (Mbonye A.K. et al. 2007). Other related causes of maternal mortality in the Great Lakes are broadly identified as poor nutrition, HIV infection, early pregnancies, lack of education, and poverty. Availability of emergency obstetric services in these Great Lakes countries was well below the level recommended by the United Nations. A shortage of skilled health professionals, inadequate infrastructure, cost of treatment and poor access to drugs are also among the many challenges limiting women's access to essential maternal care in Uganda (Pearson L and Shoo R., 2005) and presumably in other countries in the Great Lakes Region.

Mbonye A.K. et al, notes that the Health Sector Strategic Plan (HSSP) and the Reproductive Health Strategy in Uganda have these three suggestions for address high MMR's in the Great Lakes Region:

1) Revitalization of family planning

2) Increasing access to antenatal care and

3) Increasing access to emergency obstetric care

(Mbonye A.K. et al. 2007) (World Health Organization, 2006).

Research indicates that the best course of action to improve women's health and add to the above aspirations would be to; "… [increase] access to EmOC [(emergency obstetric care)] and malaria treatment and prevention services" (Mbonye A.K. et al. 2007). Our group aspires to assure we do not overlook secondary causes like malaria when raising awareness about maternal health. We hold a stance that women need to take care of themselves to the best of their ability in general in order to increase health during pregnancy. Healthy lifestyle is difficult no matter how educated you are if you are unable to seek medical attention when necessary. In Uganda (and the Great Lakes more generally), our group believes that the best way to provide access to these essential services is through a mobile clinic. The mobile clinic can also help to address other health issues in the area such as assisting HIV prevention. Education will be addressed as well through the mobile clinic, focusing on education about family planning and gender equality. The system seeks to attempt to accomplish this by travelling to remote areas and educating village

health workers, as well as promoting awareness in communities. The mobile clinic will also seek to increase emergency communication by developing emergency cell phone numbers for villages. Furthermore, the clinic will encourage community self-sufficiency by promoting initiatives such as community bicycle ambulances.

A very important issue which the mobile clinic will address is the fact that doctors and hospitals are too few and far apart in rural areas, making access to a doctor for rural peoples in the Great Lakes Region very difficult. The lack of public health resources and access and affordability of medication hinders the prevention of many complications in pregnancy, resulting often in morbidity. One classic 'difficult-to-treat' problem for a village health worker is hemorrhage after home births. This type of problem shows how efficient a solution a mobile health clinic would be when investigating inexpensive treatments. Post-partum hemorrhage can frequently be treated for a low cost using a 1000 μg prescription of misoprostol. This drug can reduce the risk of hemorrhage even without the presence of a skilled birth attendant (Prata N. et al., 2005).

Recognizing that there will not always be a trained health worker available, a major focus of the mobile clinic would be a teach-the-teacher method for the average villager to increase empowerment and assure that people are simply aware of the signs, symptoms and potential interventions for maternal health complications. By using some of the simple methods that are laid out in David Werner's *Where There Is No Doctor,* locals will have a much better understanding of what signs to look out for. Some of the indicators of poor maternal health outlined by Werner include:

- Bleeding and/ or extreme fatigue (common symptoms of severe Anemia)
- Having a blood pressure of 140/90 or greater (even more pertinent if it continues to grow over 160/110)
- Protein in urine, sudden weight gain and swelling of the face or entire body (common symptoms of severe pre-eclampsia which can often lead to seizures or morbidity)
- Other signs of pre-eclampsia are headaches, dizziness, blurred vision and pain in the high belly (Werner, David., 2008).

The mobile clinics' strong emphasis on education will be enforced through workshops in the areas it travels to and ongoing consultation will be provided for the village health workers who work with the program.

The importance of the training of the village health worker is maintained by a successful project in the Great Lakes region in which traditional birth attendants were trained to improve their delivery assistance skills and recognize when referrals to emergency obstetric services were necessary (Ray A.M. & Salihu H.M., 2004). In this example maternal mortality was significantly reduced. The findings emphasized the important role and potential impact of trained traditional birth attendants in reducing maternal mortality in the Great Lakes region (Ray A.M. & Salihu H.M., 2004).

With the mobile clinic program many direct and indirect maternal health risks in the Great Lakes region will be addressed. General health promotion will be furthered through education and the education could be far spread due to the portable quality of the system. Focusing on emergency cell phone numbers and village ambulances will also help to counter the prevalence and ignorance of common ways to spot maternal health dangers. Awareness of such indicators as signs of pre-eclampsia and anemia will be addressed, and knowledge of malaria treatment and general well-being will be promoted as indirect concerns of maternal health.