

Great Lakes Region Risks of Poor Maternal Health: Socio-economic Determinants

Poor maternal health in the region of Great Lakes, Africa is a result of several different factors that contribute to the growing threat. Although many of these issues stem from biological mistreatment, the socioeconomic conditions of the region are also crucial in determining whether or not childbirth is a safe journey for these women to undergo.

When looking at the socio-economic barriers in many of the countries within Great Lakes, the three key issues that arise are:

- lack of infrastructure
- poor education throughout the community
- cultural beliefs that cause pregnant women to refrain from seeking proper maternal health

This section looks to clarify these determinants of poor health for the region and poses potential suggestions that would stop socio-economic factors from making maternal health so perilous in Great Lakes.

Lack of Infrastructure

The lack of infrastructure in Great Lakes poses multiple problems to maternal health for the women living in this region. As the population continues to grow in many of these impoverished areas, the means of transportation and health care services become less and less accessible to those who need them the most. Without proper roads and transportation vehicles for prenatal women and those going into labour to access, the rates of maternal and infant mortality sky rocket in these regions. For the urban-dwelling residents in areas such as Kenya, Rwanda and Uganda the women are generally living in complete isolation from health care services and therefore do not receive the proper care that they need during pregnancy, which often leads to informal birth settings and prenatal health problems that could have easily been avoided had there been proper access to a health clinic.

The need for increased transportation is directly linked to the lack of health facilities in the region of Great Lakes. Many women in the urban districts of these countries must travel unreasonable distances to access vital health services, making it crucial that both governmental and non-governmental organizations increase the number of maternal health wards per kilometre in these regions. Although these problems of infrastructure may appear to be too numerous and difficult to overcome, there are several solutions that would drastically increase the chances of women in Great Lakes having a healthy childbirth experience.

Firstly, an increase in communication between health clinics and urban areas would allow for women to receive the healthcare they desperately need at

the proper time before they become at risk of childbirth complications. The simple provision of cell phones to pregnant women in the community would allow for them to contact transportation services and health clinics when they have questions or need immediate care.

As for issues of transportation, there are multiple solutions that could eradicate this problem in Great Lakes. Volunteers offering transport vehicles such as motorcycles and ambulatory buses would provide women with safe and fast service to health clinics as oppose to them walking for hours alone to the nearest doctor.

Lastly, if there was consolidation between current nongovernmental organizations working on maternal health in Great Lakes there could be the introduction of mobile clinics to this area. This would drastically increase the life expectancy of both the woman and child for urban-dwellers, as health clinics would be far closer and more accessible during pregnancy.

Poor Education Throughout Community

The improvement of infrastructure in Great Lakes, Africa directly correlates to the lack of education in this area. On the subject of maternal health, many community members simply have not been taught on how to properly care for a female during pregnancy. Studies show that had community members been given the appropriate education on maternal health, they would have been far more accurate and diligent in seeking professional healthcare when needed during pregnancy, as opposed to attempting to go through the process alone.

Additionally, young women have little trust or faith in many community health providers as they have little to no training when it comes to maternal health, leaving women no choice but to go through the pregnancy without the help of a professional. Great Lakes is a region that has gross inequities in wealth, leaving the opportunity for education on this matter both an expensive and inaccessible option for most communities.

As a solution to this determinant of health, a series of practical methods could be applied to these regions in order to provide women with the necessary knowledge on maternal health. Rather than leaving the fate of these women in the hands of professionals who are often too far away to reach, educational packages could be provided to both local health workers and pregnant women that provide information on nutrition, potential biological risks, and what to expect during the different stages of pregnancy.

Furthermore, focus groups and information sessions could be implemented in rural communities so that both men and women further understand the risks of poor maternal health. In the regions where education is significantly low, this information could be given through skits and theatrical methods to inform the population.

Cultural Beliefs

Cultural beliefs along with socially constructed gender roles create distinct barriers in women receiving proper maternal health. Research has found that many women choose to have a traditional at-home childbirth as this is considered to be the most culturally acceptable way of giving birth, and emphasizes a women's character as a strong individual.

Additionally, a women's autonomy can also heavily affect seeking proper healthcare while pregnant. Culturally-based norms of patriarchy in a relationship may affect the female's choice of how to have her child, as males in this area prefer to maintain traditional practices. Although traditional forms of medicine may be preferred among many men and women in these communities, the current death rates due to maternal-related illness prove that other forms of care need to be instituted in these regions. It is imperative that more modern technology is introduced to these communities in order for childbirth to no longer be a death sentence.

As this knowledge is shunned from the community as traditional methods are often preferred, non-governmental organizations working on maternal health must form a community-appropriate dialogue to address the issues of maternal health. Separating cultural beliefs from maternal health directly correlates to increasing education, allowing both of these determinants to be solved with similar techniques and practices.

If simple knowledge on this issue can initially be passed on to one or two health workers in a Great Lakes community, it is highly likely that safer and more successful forms of practice will spread on a wider scale which would allow for a significant improvement in maternal healthcare.

In summary, the socio-economic determinants of health in Great Lakes, Africa has created significantly large barriers for women seeking proper maternal health. In order for these issues to no longer affect a women's ability to have a healthy experience while pregnant, several simple yet effective changes must be made in these communities. If the area of Great Lakes can improve their methods of obtaining proper healthcare, along with changing the way that pregnancy is perceived to the majority of the population, poor maternal health can gradually become an issue of the past that no longer affects such a vast majority of women in this region.