Millennium Development Goals (MDGs) and Maternal Health in Africa

Alfred Okoth Akwala

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Abstract

Millennium Development Goals (MDGs) were adopted at the 2000 Millennium Summit. Improving maternal health was one of the eight goals, Millennium Development Goals four (MDG 4) and five (MDG 5) related to maternal and child health. The fourth goal (MDG 4) aimed at reducing child mortality by two thirds between 1990 and 2015 while the fifth goal (MDG 5) aimed to improve maternal health by reducing the maternal mortality ratio (MMR) by three quarters between the same years (WHO, Trends in maternal mortality (1990–2008). WHO, UNICEF, UNFPA and World Bank, Geneva, 2010, p. 3). However, they did not meet these promises because the essential role of information and communication was given an afterthought. The United Nations has now embarked on

A. Okoth Akwala (✉)
Department of Language and Communication Studies, Faculty of Social Sciences and Technology, Technical University of Kenya, Nairobi, Kenya
e-mail: akwala08@yahoo.com

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Sustainable Development Goals in which goal 3 aims to ensure healthy lives and promote well-being for all at all ages, while goal 5 aims to achieve gender equality and empower all women and girls. The objectives of the chapter were investigation of the maternal-child health patients' knowledge, influence of provider-patient communication, and maternal health communication strategies. The study used the setting of Kenya and reviewed available literature. Data was analyzed thematically. Findings indicate that lack of maternal-child health knowledge leads to non-utilization of skilled facility health. From the study, we conclude appropriate communication strategies if mainstreamed in maternal health campaigns can enhance utilization of skilled facility health care and recommend that communication strategies in Africa should foster participation and strengthening of community structures. The study was grounded in the social cognitive theory postulated by Albert Bandura. This theory posits that although environmental stimuli influence behavior, individual personal factors such as beliefs and expectations also influence behavior change.

Keywords
Millennium Development Goals · Sustainable Development Goals · Communication strategies · Maternal health campaigns

Introduction

It is estimated that each year, 529,000 maternal deaths occur globally and that the burden of maternal mortality is greatest in the sub-Saharan Africa and South Asia (WHO 2000). Improving maternal health was one of the eight Millennium Development Goals (MDGs) adopted at the 2000 Millennium Summit. Millennium Development Goals four (MDG 4) and five (MDG 5) related to maternal and child health. The fourth goal (MDG 4) aimed at reducing child mortality by two thirds between 1990 and 2015, while the fifth goal (MDG 5) aimed in improving maternal health by reducing the maternal mortality ratio (MMR) by three quarters between the same years (WHO 2010, p. 3). These goals were not met by most developing countries. The World Health Organization (WHO) has now embarked on achieving the 11 Sustainable Development Goals (SDGs), in which goal 3 aims at ensuring healthy lives and promote well-being for all at all ages.

Maternal-child health is one of the biggest problems, especially in the sub-Saharan Africa, and therefore information of different kinds need to be used to raise health awareness which in turn would lead to skilled health service utilization. The information should entail health education to convey messages about preserving health care. A majority of developing countries have poor health outcomes as a result of long distances to facilities, the cost, and lack of knowledge. A report by WHO (2010) indicates that more than 800 women globally die each day from preventable causes related to childbirth and pregnancy. Of these 99% live in developing countries.

Maternal-Child Health Care

A significant number of women face life-threatening complications during pregnancy, childbirth, and in the period after birth, and, therefore, it is highly important that they seek skilled maternal-child health care during these periods. This is only possible if essential elements of communication for social change are identified. These may range from the use of interpersonal communication to the use of community forums such as churches. Pandey et al. (2011), quoting the United Nations (2000, 2010), report that in 1987, international organizations sponsored a global conference and adopted the Safe Motherhood Initiative to reduce the high rate of women dying during pregnancy and childbirth. The Initiative recommended that all countries provide three types of maternity care services for all pregnant women: prenatal care, delivery care, and postnatal care (p. 556). Effective participatory and advocacy communication if used can enhance the utilization of skilled maternal-child health services and thus reduce the maternal and infant deaths.

Complications at pregnancy and childbirth are among the leading causes of morbidity and mortality. Medical experts point out that the direct causes of maternal death include hemorrhage, infection, and obstructed labor and unsafe abortion, while child mortality is caused by infections, baby asphyxia, birth injuries, complications of prematurity, low birth weight, and birth defects. These could be controlled if detected early enough as some of the infections are immunizable. Figure 1 shows the distribution of the causes of child mortality across the sub-Saharan Africa (See file on Figures and Tables).

The Democratic Republic of the Congo (DRC), Ethiopia, and Nigeria account for more than 43% of the total under-five deaths in all of Africa, and of the 46 countries in the sub Saharan Africa, only Cape Verde, Eritrea, Mauritius, and the Seychelles are on track to attain MDG 4 (UNICEF 2008, p. 7). In the ratings of countries according to those which were making progress toward improving maternal health between the years 1990 and 2008, Kenya was among the seven countries marked as having made no progress in improving maternal health, the other countries being Zimbabwe, Zambia, Swaziland, Somalia, South Africa, and Congo. According to UNICEF (ibid.), nearly 100 children die every day from preventable diseases, and at least 8 women die every day due to pregnancy-related complications in Zimbabwe; a majority of these women residing in rural areas where health facilities are not easily accessible. The report further indicates that the issue of user fees charged by facilities giving maternal health services is one of the biggest barriers to poor women and children's accessing life-saving and critical health care in Zimbabwe.

Maternal Health in Kenya

In Kenya, maternal health has been a critical issue with due reference to the Vision 2030 goal of reducing infant mortality rate and accelerating skilled birth attendance (KPSA 2011, p. 111). Of concern is the fact that a number of expectant mothers still lose their lives due to maternity and childbirth complications. For instance, it is estimated that Kenya loses 488 mothers out of 100,000 births per year mainly

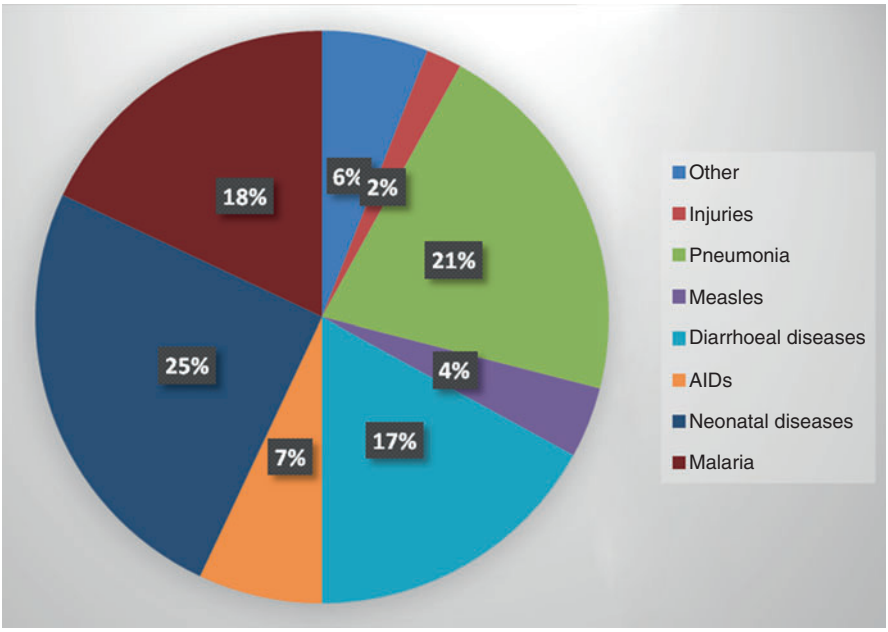

Fig. 1 Major causes of deaths among children under 5 years in the sub-Saharan African as rated by WHO. (Source: UNICEF 2008)

because women do not give birth under the care of skilled health providers. These high rates are attributed to well-known and preventable (both direct and indirect) causes. These causes would easily be managed when a woman delivers in a health facility under the care of a trained facility health staff who ensure that mothers have access to a facility that is equipped and staffed with personnel who could assist in case of an emergency such as caesarean.

Dissemination of information and utilization of health-care services in rural areas is thus very important for the preservation of good health among the rural population. Magadi (2000) points out that apart from mere attendance of antenatal care, the quality of care received (in terms of the timing and frequency of visits as well as the content of the care) plays a key role for outcomes (p. 96). Lack of maternal-child knowledge leading to failure in seeking and utilizing skilled maternal-child health services has been the major cause of infant and child mortality, especially in rural areas. There is a need to empower maternal health patients in Kenya and specifically in rural areas to gain information on how to improve their health status and meet this Sustainable Development Goal. This is only possible if appropriate communication systems are developed to transmit information among the patients.

Mefalopulos (2005, p. 248) says that achieving sustainability in rural development depends largely on the way stakeholders perceive the proposed change and the way they are involved in assessing and deciding about how that change should be achieved. Implementing strategic communication approaches to the rural communities could be one of the essential ways to change the status of a rural community.

There are different ways in which maternal-child health patients receive appropriate health knowledge thereby influencing their perception and reaction to maternal-child health utilization. Acquisition of maternal-child health knowledge influences a great deal the decision a patient makes and hence pregnancy outcome and the survival of the new-born.

Dissemination of Maternal Health Knowledge

Information about maternal health is crucial to a patient as it can either hamper or influence the usage of skilled health services depending on how the patients interpret, discuss, and make sense of the maternal health messages received. Communication and education is very important, especially to the rural women seeking maternal health care, given that it is a population with the greatest disparities in pregnancy outcomes. Campaigns in Kenya about maternal-child health have had little effect in reducing maternal and child mortality. This may be because most of these campaigns have been through the mass media which may not be accessible to the rural population. This corroborates Kamali's documentation that for communication to be improved successfully in rural areas, participatory communication must be embraced (Kamali 2007); this involves the consumers of communication also being the designers of that communication. Williams (2006) also acknowledges that in poor communities, informal communication strategies such as street theater can serve to inform the marginalized about community health issues.

Maternal-Child Health and Maternal-Child Health Knowledge

Information about maternal-child health is crucial to a patient as it can either hamper or influence the usage of skilled health services depending on how they interpret, discuss, and make sense of the maternal-child health messages received. In a report by the Kenya Demographic Health Survey (KDHS 2008–2009), rural women are less likely than their urban counterparts to get antenatal care from a doctor, and they are more likely to get no care at all. The report further points out that the proportion of babies delivered in health facilities reduce the health risks to both the mother and the baby. This is because proper medical attention and hygienic conditions during delivery reduces the risk of complications and infection that cause morbidity and mortality either to the mother or child.

Maternal Health Communication

Maternal health communication is aimed at changing knowledge, attitudes, and behavior of maternal-child health patients, and this communication's success

depends largely on the partnership between the caregiver and the client. The strategy should be able to meet the needs of the patients so that it is economically, socially, and culturally sensitive to the needs of the patients. The caregivers should involve the patients and the community in developing behavior and social change communication strategies.

There has been a growing focus on communication as a vehicle that can ensure good health among populations as opposed treatment of illnesses. Heavy investment in health may not be a prerequisite for success in maternal health; however, appropriate communication between the service provider and the client plays an important role. Communication as a tool should be developed to bring about meaningful behavior changes through interpersonal communications between the maternal-child health patients and health providers.

The health communication strategy used should attempt to increase women's power to choose and access quality maternal-child health services. It should ensure that critical understandable health information is disseminated from the relevant sources to the audiences. The communication process involves dialogue and exchange of information so that the participants build a platform of understanding, negotiation, and decision-making. An appropriate communication must therefore make sure that the focus shifts from mere information-giving approach to an information-sharing approach so that there is continuous exchange of ideas, feelings, or information between health providers and clients.

Maternal Health Campaigns

Effective health promotion and communication initiatives should often adopt an audience-centered approach so that the patients' needs are taken care. This further ensures that patients are not just passive recipients of information but that they are also active contributors to health information through dialogue. Dialogue creates an opportunity for the patients to share their ideas, perceptions, and attitudes during meetings. The traditional forms of communication have not served well in disseminating maternal-child health, and there is a need to adopt new approaches in maternal health campaigns. According to Snyder (2007), campaigns may use a variety of communication strategies to try to change the behavior of the target populations, including strategies that attempt to change the political and economic context in which people are making decisions, those aimed directly at the populations and those aimed at people who may have influence with the target population. Behavior change communication (BCC) strategies used in health campaigns endeavor to break the societal barriers to behavior change; they use communication activities to help change the community's perceptions and beliefs about childbirth.

Results

The section presents results of an investigation that we did in one of the counties in Kenya to assess level of maternal-child health knowledge among the rural population, establish the extent to which health provider patient communication influences the outcome, and find out the different strategies that can be used to promote maternal-child health care utilization.

Levels of Maternal Health Knowledge Among the Patients

Empowering women by removing barriers to accessing skilled facility services would call for improvement of maternal-child health knowledge among the patients. This knowledge can be disseminated through appropriate communication which would function as a catalyst for behavior change. Health education campaigns should be aimed at creating public awareness. The communication strategies need to stress and consider social, economic, and cultural factors that inhibit utilization of skilled facility care.

The respondents were asked to state why they felt it was important to access and utilize facility maternal-child health services. Various reasons were given in regard to this. Table 1 shows some of the reasons given by the respondents.

It is evident that CHWs play a vital role in terms of maternal-child health service utilization. It was established that 23.3% of the respondents visited the clinic simply because of the advice from a CHW. The findings revealed that while mass media has been one of the ways of disseminating maternal information through mobilizing pregnant women to access and utilize maternal-child health services, it is not be the best method as it was more likely to be utilized by the urban population than the rural population afflicted by issues of poverty, ignorance, and lack of infrastructure.

Table 1 Reasons for attending antenatal clinic, respective frequencies, and percentages

Reason for attending clinic	Frequency	Percent
Advice from CHW	7	23.3
Advice from FHS	3	10.0
Know HIV status	2	6.7
Know status of child	9	30.0
Mandatory	1	3.3
seeing other women going	1	3.3
sickness feeling	7	23.3
Total	**30**	**100.0**

Source: Researcher

Table 2 Channels used to disseminate maternal-child health information

Method	Frequency	Percent
Relative/friend	3	10.0
Chief Barazas	1	3.3
CHWs	7	23.3
Information at facility/interactive posters	15	50.0
Mass media	4	13.3
Total	**30**	**100.0**

Source: Researcher

Influence of Provider-Patient Communication on Maternal-Child Health Outcomes

Communication between the health provider and the patient enhances dissemination of important maternal-child health knowledge. This facilitates appropriate decision-making so that the health provider and the patient can share and exchange views. The health provider needs to be knowledgeable about the patient's community and understand their cultural context in order to make communication successful. Table 2 below shows a summary of the methods respondents used to receive maternal-child health information.

According to the survey, information at the facility through the facility health staff and posters which are placed at the waiting bays of the various health facilities scored highly with 50% of the respondents approving them as appropriate channels to receive information.

Communication Strategies in Disseminating Maternal-Child Health Knowledge

Improving maternal in rural areas may not be achievable unless appropriate communication strategies are mainstreamed in maternal health campaigns. This could be through community-based health education through media, Chiefs' *Mabaraza*, or door-to-door campaigns. The dissemination of information on maternal-child health is a key factor to the utilization of maternal-child health services. A total of 30 antenatal patients filled the questionnaires and, 8 of them were interviewed. A majority of the respondents acknowledged that Chiefs' *Mabaraza* (50%) could be utilized as key avenues for dissemination of information, especially in rural areas. This was followed by CHWs constituting 23.3%. These two strategies were more accessible to the rural women. One of the respondents said that:

> Messages from the Chief's Baraza or a 'community worker' can be clarified and substantiated as opposed to those we 'hear' from radios.

Table 3 Channels used to disseminate maternal-child health information

Method	Frequency	Percent
Relative/friend	3	10.0
Chief Barazas	15	50.0
CHWs	7	23.3
Information at facility/interactive posters	1	3.3
Mass media	4	13.3
Total	**30**	**100.0**

Source: Researcher

According to her, community outreach programs offer an opportunity for patients to ask for clarification and questions on issues that are not clear. She further said that Chiefs' *Mabaraza* are communal media since they act as a forum where one meets masses of people and disseminate information to them. The church was also singled out as one avenue to disseminate maternal-child health messages.

Table 3 shows a summary of the methods respondents preferred for disseminating maternal-child health information.

Conclusion

The quantity and quality of information that a maternal-child patient can access greatly influence the decision taken in terms of accessing and utilizing maternal-child health services. It is evident from the data analysis in this chapter that various socioeconomic variables influence the utilization of skilled maternal-child health. These include education level, employment status, culture, and birth order. It is only upon embracing appropriate communication strategies that both maternal and child mortality in Kenya can be reduced. These strategies have to be interactive and participatory. Communication between the health provider and the patient enhances dissemination of important maternal-child health knowledge. Patients, if given appropriate maternal-child health service information, tend to access and utilize the health facilities. Education on maternal-child health issues should be geared toward behavior change among the maternal-child health patients. The social cognitive theory is instrumental here as it dictates the behavior change strategy. Communication messages should therefore be generated from the maternal-child health patients themselves or those they can identify with. Messages from Community Health Volunteers previously referred to as Community Health Workers are likely to be believed than the ones from the media.

Lack of information, ignorance, poor attitudes toward utilization of skilled maternal-child health services, and poor infrastructure contribute to non-utilization of skilled maternal-child health services including defaulting on immunization. Mainstreaming strategic communication could ensure dissemination of significant maternal-child health knowledge which will in turn influence behavior change.

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