

Abstract

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Sociocultural, Infrastructural and Political Determinants surrounding Severe Maternal Morbidity: The case of Severe Acute Maternal Morbidity and Obstetric Fistula in Kasese district, Western Uganda

Background

Maternal mortality and severe maternal morbidity remain a challenge to reaching the Millennium Development Goals in low-income countries. Each year, more than 300,000 women die worldwide due to complications during pregnancy and childbirth; and for every woman who dies in childbirth, around 20 more suffer from life threatening complications. Women who survive severe complications during pregnancy and childbirth can serve as surrogates to understand the pattern of severe maternal disease and avoidable factors related to it. Uganda is a country with a remaining high maternal mortality ratio. To study the challenges to health systems, a hospital in Western Uganda and its catchment area were chosen as research site.

Objectives

To explore the underlying sociocultural, infrastructural and political factors contributing to severe maternal morbidity in Western Uganda by understanding the experiences of women affected by severe acute maternal morbidity (SAMM) and obstetric fistula (OF) as well as those of the formal and traditional health sector

Methods

To focus upon understanding processes and conditions critical for maternal care, a qualitative research design was adopted, implying flexible research strategies and various methods for data collection. Those included in-depth interviews with women affected by SAMM or OF, health workers and traditional birth attendants (TBA) and focused group discussions with women affected by OF.

Findings

Experiences and observations at antenatal care sector showed that health education on birth complications and danger signs was often missing or of low quality.

TBAs, who are highly appreciated in the rural population seem to continue playing an important role in providing antenatal and delivery care, with trained TBAs seemingly

possessing essential knowledge in maternal health.

Failures and delays at the health facility were a main cause for the life-threatening conditions of the interviewed women. The women described substandard care, scarce human resources and sometimes inappropriate attitudes of health workers. Interviewed health workers mentioned the lack of human resources, equipment and supplies and bad working conditions as reasons for poor maternal health outcomes.

Delays in seeking care as a consequence of lacking decision-making power and non-supportive husbands was another frequently mentioned contributing factor to severe maternal ill-health.

Discussion and Conclusion

Improving the quality of emergency obstetric care has to be a priority if maternal morbidity and mortality is to be reduced. Better technical and interpersonal skills training of health workers is urgently needed as well as adequate payments for health workers and appropriate equipment and supply to provide an enabling working environment.

The quality of health education on birth preparedness, which has a potential in bringing about behavioural change towards facility-based deliveries needs to be improved.

In a context with few health workers, TBAs can have a positive impact on maternal and newborn health. Therefore, the collaboration with traditional health sector should be strengthened.

Furthermore, improving the status of women in the Ugandan society and their decision making power is crucial to promote maternal and newborn health. Interventions to increase the male involvement in maternal health are urgently needed if those efforts are to be effective.

Access to appropriate maternal health services is a human right. Publicizing the tragedy of maternal mortality and morbidity as a human rights violation can help to increase political awareness and ensure that these rights are not only agreed upon, but also implemented.

Key words: maternal mortality, severe maternal morbidity, quality of care, traditional health sector, human right to health, Uganda