Safe Motherhood

Too many births, too many deaths

Abdul-Aziz M. Farah & Hedia Belhadj-EI Ghouayel

In Yemen, where both population increase and maternal mortality are exceptionally high, a strategy for safe motherhood has been adopted. The authors outline the obstacles to progress and suggest ways in which the aims of the strategy might be realized, with particular reference to complete reorganization of the services of family planning and maternal and child health care.

The population of Yemen is growing by 3.1% a year. This has serious implications for the health of the country’s women, who, on average, give birth to over eight children each, frequently experience malnutrition during pregnancy, and shoulder a heavy burden of manual work. Many marry and begin having children at an early age. Many are illiterate and may have no knowledge of maternal health services, even where these are available and accessible. Socioeconomic conditions, including housing, are poor, and women also have to contend with environmental hazards and harmful traditional practices. Not surprisingly in these circumstances the maternal mortality rate of about 1000 per 100000 live births annually is exceptionally high.

Under the national Population Action Plan, special attention is given to a strategy for safe motherhood with a view to halving maternal mortality by the year 2000. It is hoped to

For each primary care unit on the periphery, at least one female primary health care worker should be recruited who, in addition to a basic nine-month training course, should have had six weeks of training in family planning and maternal and child health care.

increase the prevalence of contraceptive use from about 3% in 1990 to 35% by the end of the century, to raise the minimum age at which women marry to 18 years, to provide both post- and prenatal care within a reasonably short distance of women’s homes, and to empower women through encouraging their participation in development programmes.

Obstacles

Serious organizational problems beset family planning and maternal and child health care. Shortages of qualified personnel exist at both the centre and the periphery. Planning and target-setting are defective and there is a failure to control resources adequately in the interest of the safe motherhood strategy.

Dr Farah is Policy Adviser, Population Studies and Research Centre, United Nations Department of Economic and Social Development, Sana'a, Yemen. Dr Belhadj-EI Ghouayel is Technical Officer, Maternal and Child Health/ Family Planning Branch, Technical and Evaluation Division, United Nations Population Fund, The News Building, 220 East 42nd Street, New York, NY 10017, USA.
There are considerable shortcomings in the supervision and monitoring of service delivery, particularly in the rural areas. In general, supervisors are too few in number, too far away, and saddled with heavy responsibilities, and they often exhibit nonsupportive styles that do not lend themselves to motivation and control.

The evaluation of services is unsatisfactory, especially in the area of maternal health and family planning. To some extent this arises because of the incompleteness of information and the inefficiency of reporting. A health manpower survey in 1992 provided baseline data but it remains necessary to improve routine service statistics and to take corrective action in respect of defects in the delivery system.

The subject of family planning has not been well integrated into pre- or in-service training, nor is it properly specified in the job descriptions of health professionals and paramedical staff. Few providers offer family planning services.

The financial resources allocated to maternal health and family planning are grossly inadequate. Drugs, equipment and other commodities are in short supply and their distribution is hampered by factors ranging from time-consuming administrative procedures to highly centralized, inefficient storage and inventory systems. Governorate-based personnel, discouraged by official procedures, often seek the assistance of the Yemen Family Care Association.

The factor most commonly linked to failures in the safe motherhood strategy is the shortage of competent and motivated medical and paramedical personnel, especially females. The situation is exacerbated by the fact that well-trained people tend to seek work in urban-orientated and clinic-based modes of service. By and large the only personnel making contact with the 75–80% of the national population resident in rural areas are medical assistants, nurses, female primary health care workers, midwives, and numerous untrained, medically unsupervised traditional birth attendants. Unfortunately, in the area of family planning and maternal health the competence of all categories of personnel and the training available to them are very inadequate. Most health centres do not provide family planning and maternity services, which have, furthermore, been detrimentally affected by the move to vertical management of immunization and diarrhoeal disease programmes. Moreover, these services are concentrated in the cities, which have only 20–25% of the country’s population. Trained female personnel tend to resist moving from their home areas to the places where they are most needed.

Leadership is necessary from the Ministry of Public Health so that nongovernmental organizations, the private sector, women’s groups and other bodies can realize their potential for participating in the safe motherhood strategy. Community-based services remain to be developed; nurses, midwives and other paramedical workers have an essential part to play in the upgrading of maternal and family planning services.

Although numerous international agencies concerned with such matters are active in Yemen, their work is limited in scale, lacks coordination, and is predominantly area- or group-specific.
What can be done?

Reform is needed of the central organization of maternal and child care and family planning, together with the establishment of viable links with regional, district and local structures. General practitioners performing obstetric and gynaecological services and community physicians must have a decisive influence on the steps taken. Courses on maternal health and family planning should be given in the universities. Training in health planning and management is necessary, together with the decentralization of functions, the setting up of sound supervisory and follow-up procedures, and the upgrading of administrative and managerial skills and monitoring capabilities.

Maternal health and family planning services should be provided via a large number of primary care units, with the involvement of the local community. Training for traditional birth attendants should cover safe delivery, counselling, referral and the community-based distribution of contraceptives. Particular attention should be paid to proposing a wider choice of contraceptives and to improving their availability. The help of the Yemen Family Care Association and other nongovernmental organizations could be enlisted, with the aim of extending their services gradually to rural areas.

The Yemeni Women’s Association, other similar groups, television, and radio could disseminate information on the health benefits of family planning and related matters. Consideration should be given to instituting a scheme whereby home visitors, working closely with health units, reach a wide spectrum of people. An educational effort would be of value in workplaces. The safe motherhood concept and associated programmes should be brought to the fore in schools and universities, and efforts should be made to increase knowledge of these matters among the public at large, for example by expanding the child-focused programmes in the mass media to cover maternal health and family planning.

Wherever circumstances permit, a full range of maternal and family planning services should be established. New health units must be properly equipped, with proper training given to their staffs, as well as adequate provision for the preparation of training materials, applied contraceptive research, attitude surveys, technical assistance, and the expansion of programmes. A direct linkage is needed between the central warehouse of the Ministry and regional headquarters; inventory data should be properly utilized; and the requisitioning of items and the mobilization of the transport facilities of vertical programmes should take place at an early stage. Quality measures could be improved by adopting a risk approach in pre- and in-service training and by drawing up and adhering to job descriptions for personnel.

The following represents an ideal structure for the peripheral primary care units. Each one includes at least one female primary health care worker who, in addition to a basic nine-month training course, has had six weeks of training in family planning and maternal and child health care. These workers, who preferably come from the local communities, provide services in family planning and maternal and child care outside the ward for at least two days a week. Each unit is headed by a medical assistant who, after a four-day orientation course on the same subjects, gives leadership in the integration of all health...
services at the local level; among other things the medical assistants ensure that supplies of drugs, contraceptives and equipment are maintained and they are responsible for establishing strong links between peripheral health units and district health centres, from where they obtain their supplies. Under their leadership, teams responsible for family planning and maternal and child care each plan, coordinate and energize community resources in order to improve the acceptance and delivery of services, and act as educators and motivators.

At the district level, the ideal situation is as follows. Staffed by a physician, a midwife, four nurses, a radiographer, an assistant pharmacist and a laboratory technician, the district health centre is able to meet the demand for services in the centre every day of the week, and outside for two days a week. Courses are organized by the physician and the midwife for primary care workers and traditional birth attendants in the catchment area of the health centre, and time is set aside for preventive activities. At the district hospital, the facilities for family planning and maternal and child health care are in premises exclusively dedicated to these services, although, of course, functionally linked to the hospital. The full-time staff (ideally two midwives, a nurse-midwife, a nurse, a vaccinator and a cleaner) is supported on a part-time basis from the district hospital by a general practitioner and a senior gynaecologist, the latter providing supervision and training.

Some ideas have been put forward above for responding to the daunting challenges of Yemen’s safe motherhood strategy. Fortunately, there is a strong political will to make progress in this field: an awareness exists among policy-makers that inaction could bring dire consequences. A directorate of family planning and mother and child health care will need to be established at ministerial level, and a national committee should be formed to plan, coordinate, monitor, follow up and evaluate maternal and child health and family planning policies and programmes, in collaboration with the technical secretariat of the National Population Council.

Some of the proposed actions can be seen as remedial in so far as the health management system is concerned. Others aim to readjust organizational and administrative structures so as to make them compatible with intended roles and functions; they encompass ways and means of energizing potential sources of service delivery in the public and private sectors, nongovernmental organizations and the community, and initiatives are suggested for upgrading competence at all levels. Finally, actions are suggested for generating demand for maternal health and family planning and related services.

It is hoped that the analysis and proposals put forward will provide a basis for discussion by health planners and professionals, which will lead to the attainment of the objectives of Yemen’s safe motherhood strategy.

**Acknowledgements**

The authors are grateful to Dr Awad Ba Matarf, Vice Minister of Public Health of the Republic of Yemen, for invaluable help and participation in the discussions and recommendations described in the present article.