Midwives in Algeria

“My father would never have let me go out to work as a midwife if I hadn’t worn a headscarf. It’s also a guarantee of my bona fides with the women I visit.”

by Olivia Zémor

It was only three months ago that Zahia took up her post as midwife at the maternity clinic of the town of Biskra, at the foot of the Aures mountain range, but she has long since lost count of the many deliveries she has assisted.

Shapeless from successive pregnancies – ten or more in many cases – the women sitting in the hall of the clinic might be of any age. There is no hint of any male presence. Men have no access to these precincts and even the clinic’s director slips away after introducing Zahia to us. No father has ever been present at a delivery – it would be very shocking.

Khadija, whose eyes and tattooed forehead are all one can see of her under her veil, is nearing the end of her eighth pregnancy and is going to have her baby under medical supervision for the first time.

“It wasn’t easy to convince her, though she has already lost two babies at birth,” Zahia explains. The fact is that, in Algeria, one out of every two deliveries is performed by a matrone (traditional birth attendant) in dubious hygienic conditions, and even that figure does not reflect the disparities between town and country.

The maternity clinic, though, is spotlessly clean. Each woman’s stay there is limited to 24 hours so that her place is vacated quickly. In this short space of time Zahia tries to teach the mothers some of the rudiments of hygiene and nutrition.

For example, painting the stump of the umbilical cord with tannin (tannic acid), as the matrones do, is banned. Breastfeeding is taken for granted, but the harmful effects of the abrupt weaning that is usual in the country areas have to be emphasised.

On the other hand, midwives make no attempt to combat the way the mothers dress their babies.

Checking on the fetal heartbeat in an Algerian maternity clinic.

Photo WHO/B. Genier
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A trainee midwife pays close attention during a nutrition class. Right: Healthy babies become healthy children; a scene in Algiers.

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Lying in cots beside their mother’s beds, the babies are trussed from head to foot in swaddling clothes, quite unable to move. “All Algerian women believe that babies sleep better that way, and that it prevents them from having nightmares or hurting themselves by kicking about,” explains Zahia. She thinks it better not to oppose this old-age custom but to concentrate her efforts on what she considers more important matters.

In particular, she wants to persuade Khadija, who lives in a small mountain village called M’Chouneche a few kilometres away, to go regularly to another midwife who will watch over her health and the baby’s.

Farida, also a trained midwife, is a member of the mobile team operating from the maternal and child health centre at M’Chouneche, her native village, where she returned to practise after three years of advanced study at the Biskra para-

medical school. Her monthly salary is about three times the minimum wage in Algeria. The hejab that covers her hair is, of course, a badge of religion but also a very useful credential in the practice of her profession.

“My father would never have let me go out to work if I hadn’t worn a headscarf,” she tells us. “And then, it’s also a guarantee of my bona fides with the Berber women I go and visit.”

Farida is “polyvalent” – that is, trained in several fields related to health. She deals with mothers, following them up through their pregnancies, but also with children and especially their vaccinations, which are the overriding priority in Algeria’s health programme. A few years of routine immunization have produced spectacular results. There has been no childhood tuberculosis since 1977 nor poliomyelitis since 1984, and only two cases of measles were recorded at M’Chouneche in 1986, as against some 60 deaths from that disease two years earlier.

When parents are slow to respond to a summons, Farida goes out and looks for them to perform the vaccination herself.

Away from the road, inside the nomad’s tent where Farida takes us at our request, we can see for ourselves how well-kept the children’s health booklets are in a family whose adult members are all illiterate. Only two children are late with their booster injections for one of the compulsory vaccinations – a “score” that many highly industrialised countries might envy.

After her vaccination round, Farida will start her tour of the wells. The water has to be inspected regularly, and every three months the mobile team replaces the porous clay bricks filled with chloride of lime that are laid at the bottom of communal and individual wells. With a little measuring device, Farida makes sure that the chlorine concentration is high enough to cut down the risk of disease.

“It’s simple, it doesn’t cost much, and the slow, regular diffusion doesn’t give the water a nasty taste. We used to ask people to put a drop or two of bleach in every litre of water consumed, but many didn’t do it and the result was a lot of cases of hepatitis A, dysentery, salmonellosis and even cholera.”

With the problems of vaccination and water practically solved, it remains to tackle the spacing of birth. Not only has population growth in Algeria reached crisis point; it is also recognised that too many pregnancies, in too close succession, are a serious threat to women’s health and that of their children.

“It’s the most awkward problem to bring up with the women,” Farida admits. “They are used to very large families and are often afraid of their husband’s reactions. We sometimes try to get the husbands to come and talk about it, but without much success at present.”

The hope is that the courage and intelligence displayed day after day by the midwives of the Aurès will enable the families they so devotedly serve to shake off the dead weight of unhealthy traditions.