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Pregnancy and childbirth, how to provide better healthcare to childbearing women in rural Mali: the case of Ouenkoro, a Fulbe community.

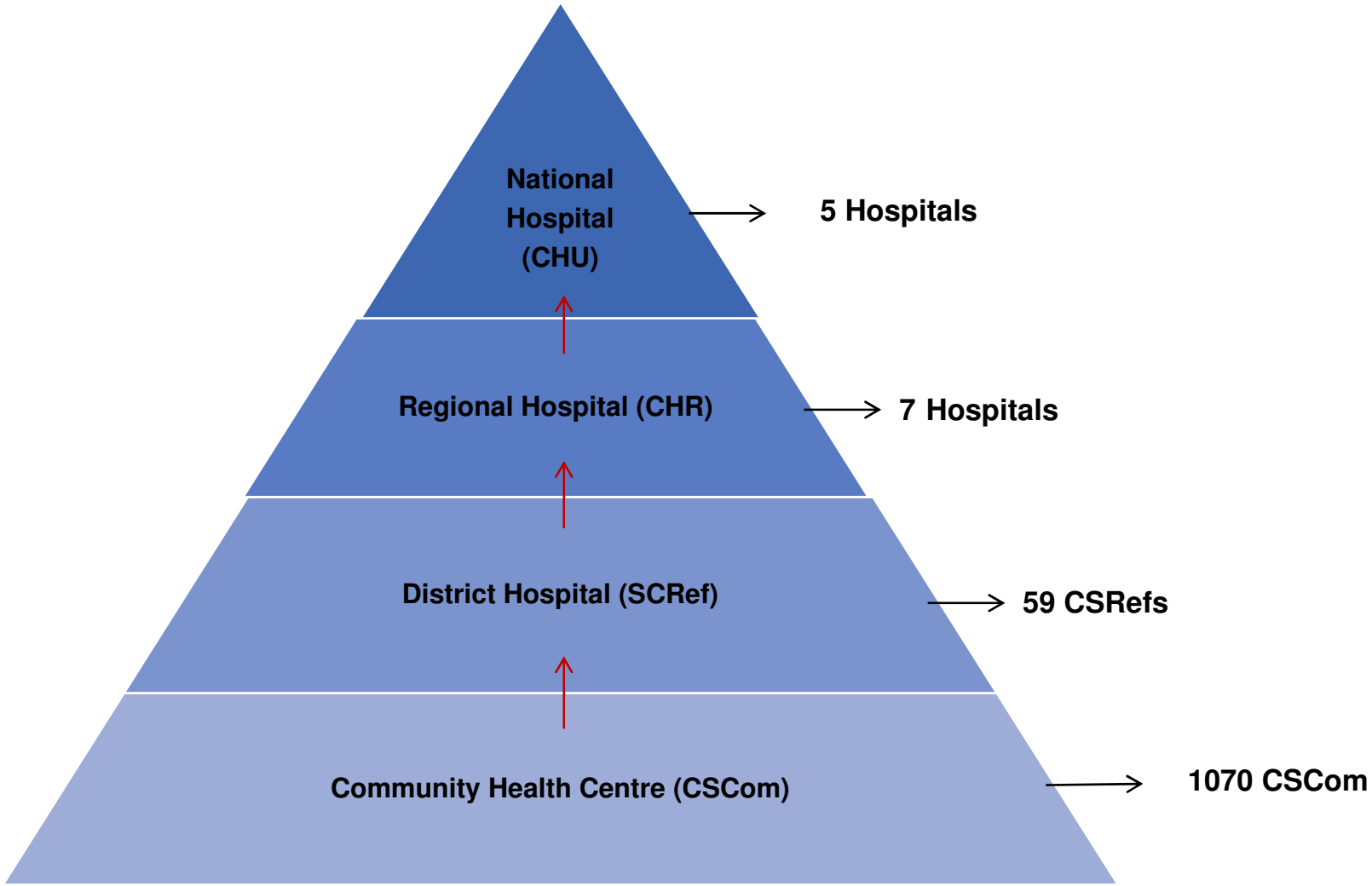
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Background



- 14,5 million people (2011)
- MMR = 364/100,000 lived births (DHS 2013)
- Increasing Infant Mortality Rate (DHS 2013) =
  - 96 ‰ in 2006
  - 104 ‰ in 2009
  - 107 ‰ in 2013

Malian Health System



Context

Deepening the Master project on traditional midwifery carried out in a Tuareg community (Kidal), in east-northern Mali

Lack of MDG successful results in the country regarding the improvement of mothers and infants health conditions

Integrative approach (conventional and non conventional knowledge) dealing with pregnancy and childbirth issues

Issues of social and cultural representations surrounding the management of pregnancy, childbirth and new-borns healthcare in a Fulbe community in Mali.

This works aims to:

Describe childbearing women's attitudes and practices seeking for help for their health needs during pregnancy, for childbirth and for new-borns healthcare

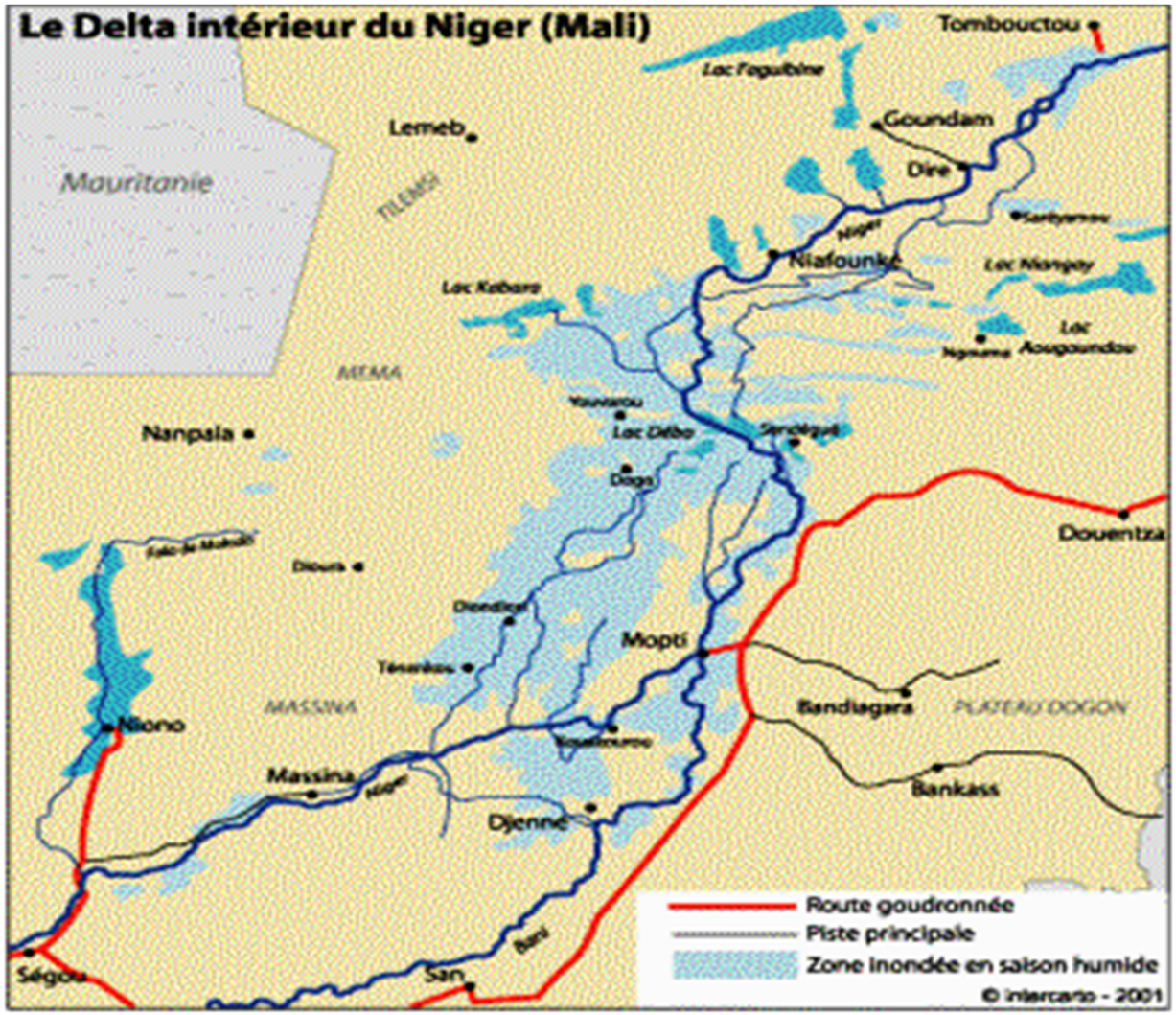
Methodology 1/2

Ten months of fieldwork in Fulbe communities in the centre of Mali (two different locations)

- Pilot study in the field => 3 months (July to September, 2014)
- Main fieldwork => 7 months (May to November, 2015)

Field location in the centre of Mali





Methodology 2/2

Techniques used for data collection

- Observation
  - in villages : daily life of pregnant women, delivered mothers
  - at the community health centre : the interaction of pregnant women with nurses.
- Semi-structured interviews with different actors

Some challenges

- Difficulties to woman to describe their childbearing experiences
  - Childbearing intimately linked to womanhood: talk about these experiences means to talk about yourself *"we know how to experience bearing a child, but we don't know how to talk about it*".
  - Interpretation of the principle of causality when complications occur: Fatality: *"what has happened should happen, we do not have any control over things"*
- Woman versus man: whose version to value caring for pregnancy within the couple during the gestation period (economical support).

Some findings 1/2

Difficult economical conditions threatening the unity of *Suudu Baba* concerning providing support to pregnant women.

> *"We have only a common granary. Everyone should cope in his own"*

Important role played by the parents of the pregnant woman: providing food and money

> *"you see, I am in my parent's house all the time. I cannot find enough food to eat in my house"*

Household chores during the gestation period: fear of what people will say when the pregnant woman is unable to accomplish her household chores => risk to lose the pregnancy

Pregnancy and childbirth as disputed fields:

> *"except the injection and tablets, nurses are not more competent than we, home birth attendants"*

Some findings 2/2

Antenatal visit as a strategy for pregnant women to avoid nurses reprimands when complications will force them to go to the health centre for delivery.

Popular logic versus conventional logic regarding new-born healthcare (breastfeeding)

Inappropriate health services fees preventing women to use efficiently obstetric health services at the health centre

Extra work to do at the health centre while accompanying a woman to give birth: fetch water, clean the plastic and the delivered woman, clean the delivery ward

Environment perceived as a threat for new-born babies and delivered mothers => use of protection tools: metallic objects, broom, thread attached to baby's arm and ankle, etc.

Thank you