Maternal and Infant health in rural South Africa: A case study of a synergistic engaged research

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Adolescent pregnancy

- Adolescent pregnancy contributes to maternal, perinatal and infant mortality
- WHO: 1 in 5 girls will have given birth by the time they reach 18; 1 in 3 in the poorest regions of the world. [a]
- WHO Recommendations: information provision, sexuality and health education, contraceptive counselling and service provision, and the creation of supportive environments = health promotion

[a] World health Organisations. Fact sheet on teenage pregnancy. 2008. Available from http://www.who.int/mediacentre/factsheets/fs364/en/ .Accessed 26/11/13.

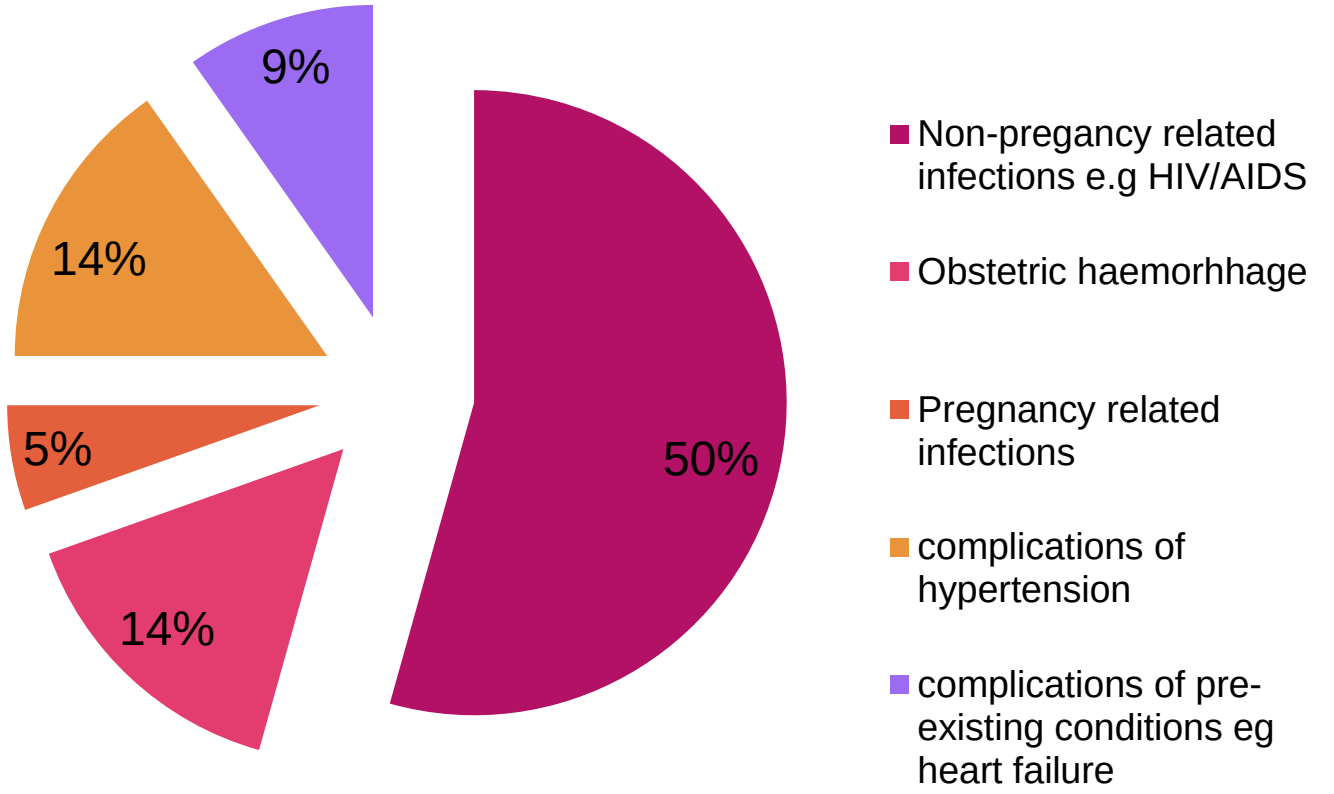
Factors influencing adolescent pregnancies

- Poor of access to and use of contraceptives
- Early marriage/child bearing
- Poor sex education
- Gender based violence
- Coerced sex
- Poor access to and use of contraceptives
- School absenteeism/drop out

Socio-economic consequences

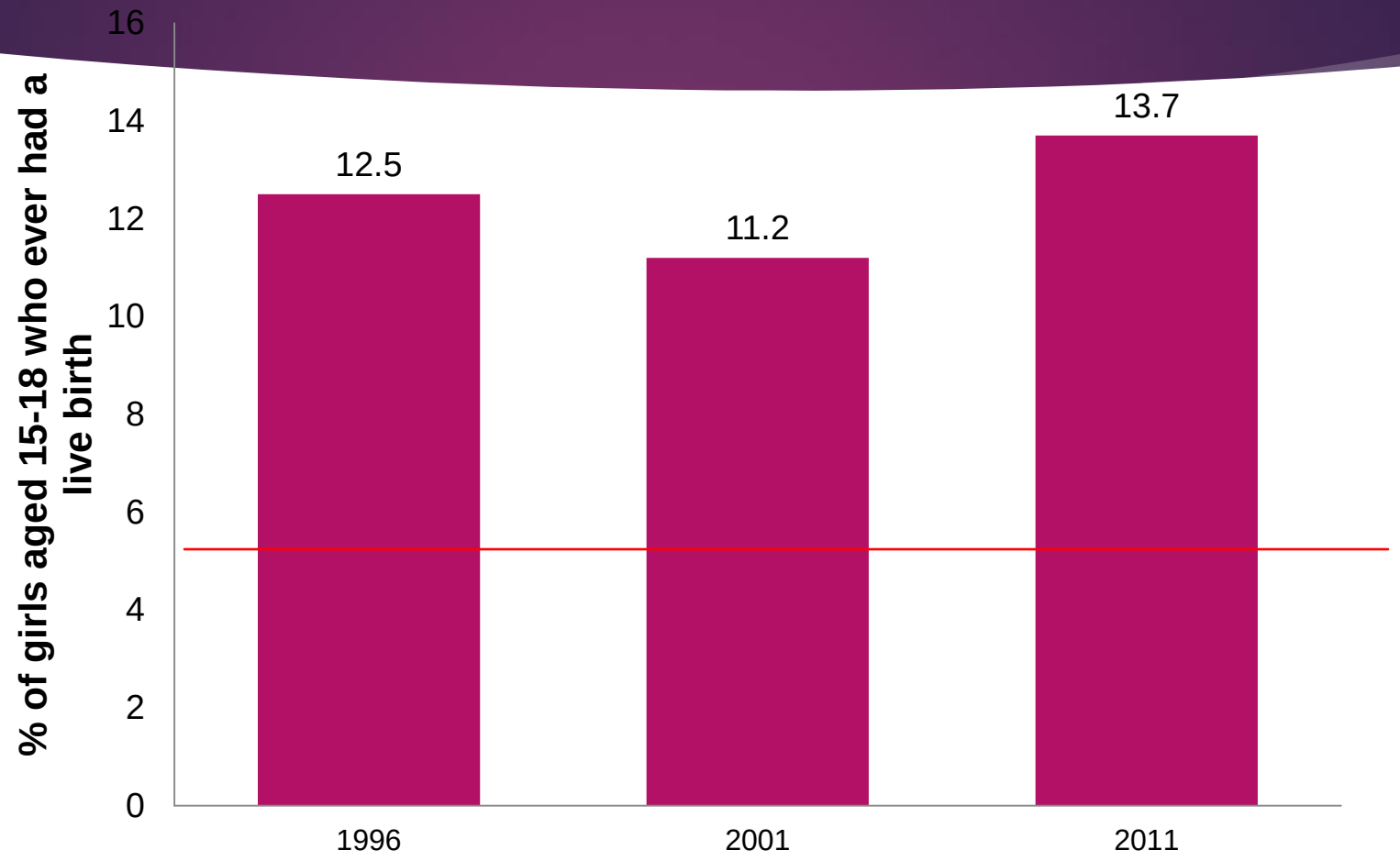
- Early marriage
- School drop out/ absenteeism/delay in completion
- Lower education attainment
- Lower family income
- Increased dependency ratios
- Exacerbated poverty

Causes of maternal deaths in South Africa



http://www.who.int/topics/millennium_development_goals/maternal_health/en/

Adolescent pregnancy in South Africa



Adapted from South Africa Millennium Development Goals, country report 2013.

Exclusive Breastfeeding (EBF)

EBF national policies

- Infant and young child feeding policy South Africa (updated 2013).
- Tshwane declaration of breastfeeding (established 2011).

EBF advantages

- For the child,
- For the mother,
- For the community .

Culture and health

- Culture can affect the way of life of a person, or group of people.
- It can be seen in the values, norms, practices and other social regularities.
- Culture can therefore influence, either directly or indirectly, health and health related behaviours.

Breastfeeding practices are affected by several factors :

- Socio-economic,
- Cultural,
- Influences family, friends and the community
- Perceptions,
- Information related ,
- HIV/AIDS.

Aim

- To investigate one maternal and child health issue in a rural village of Eastern Cape, South Africa using a culture sensitive model
- To develop and integrate health promotion materials developed for the identified maternal and infant health issue into community development activities carried out by 2 NGOs by their community care workers in Glenmore, Ndwayana and a community care giver in Grahamstown.

Methodology

Community organisations:

- Ubunye foundation (Grahamstown, Eastern cape).
- St Marys DCC (Grahamstown, Eastern Cape).

Participants

Phase 1: Key stake holders in two villages : women, village leaders and Community care givers

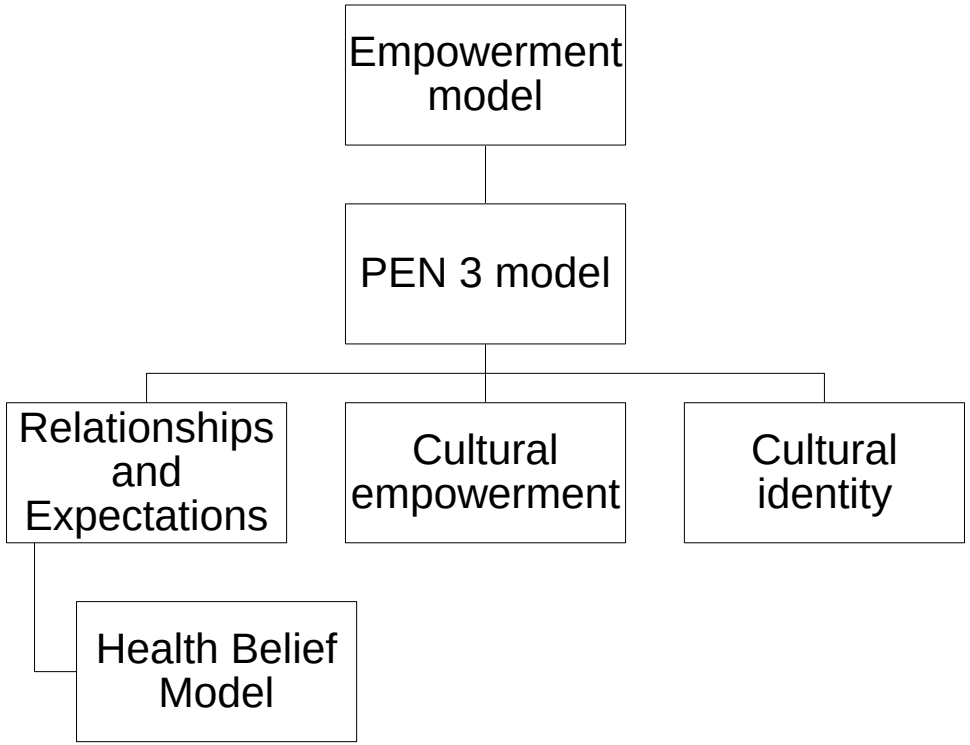
Phase 2:

- Community care givers from three communities. (1 field worker (Grahamstown); 1 positive health champion (Ndwayana); 12 community care workers (Glenmore and Ndwayana).
- Design: Qualitative, action research design
- Data collection tools: semi structured interviews, workshops, focus group discussion, participant observation
- Data management: NVIVO® 2010 software
- Data analysis: open coding, PEN 3 model

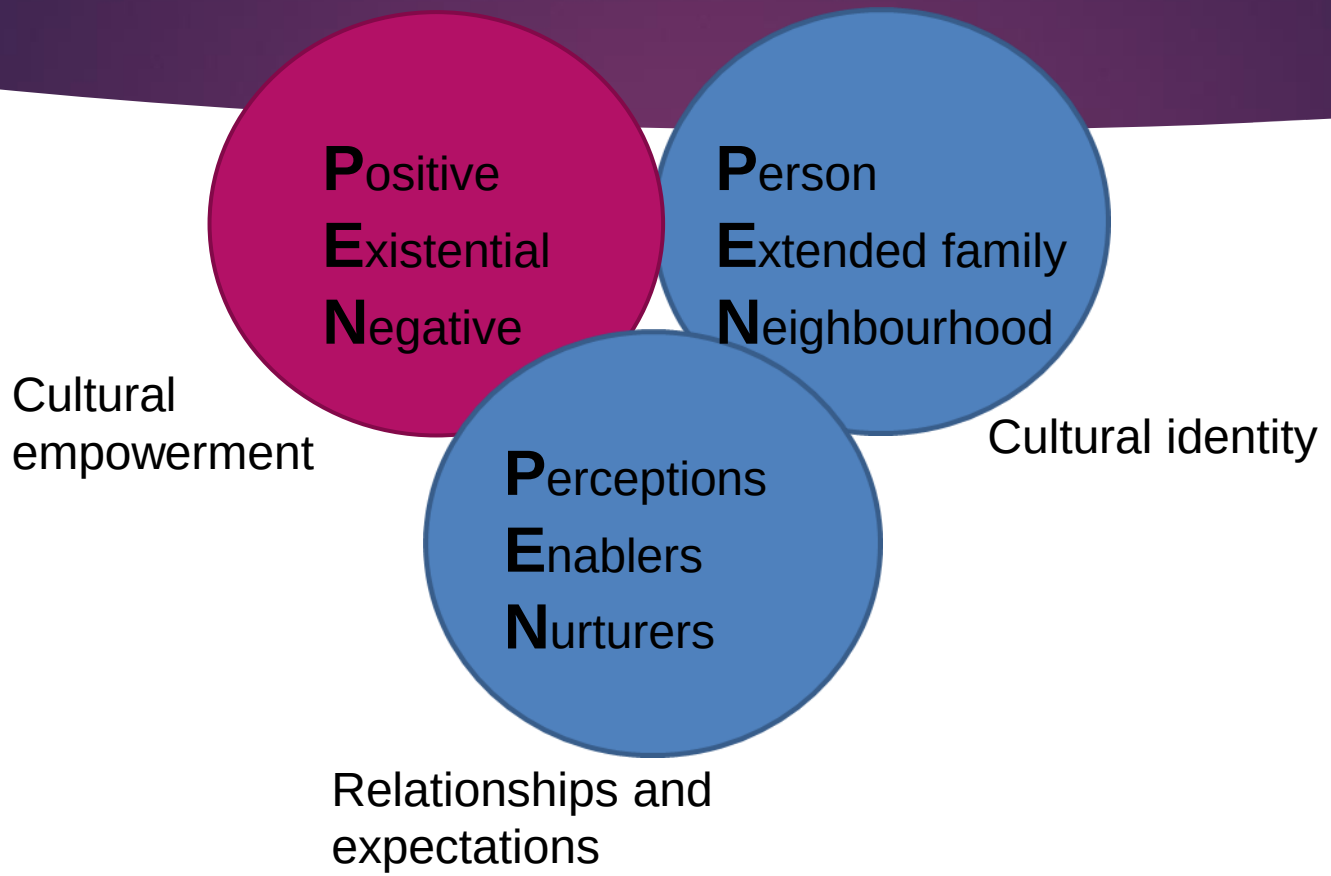
Participants and location

- A community based participatory research project
- Ten focus group discussions with 76 community stakeholders and Semi-structured interviews with two Sisters-in-Charge from each Primary Health Care facility in the study setting. Data on the stock status of World Health Organization identified lifesaving priority medicines for women's health was also collected at both PHCs.
- Government employed Community care workers who work with Ubunye foundation (previously Angus Gillis Foundation)
- A community care giver from St Mary's Development and Care Centre -community-based project focusing on the development needs of children and their families (Grahamstown)

Theoretical framework



Theoretical framework: The PEN-3 model



Developed by Professor Collins Airhihenbuwa in 1989.

Health related behaviours are affected by 3 main influences; enablers, nurturers and perceptions.

This particularly evident in Africa where health related decisions influenced by family, friends and the community (nurturers).

Figure 1: A diagrammatic representation of the PEN-3 model domains

PEN 3 MODEL

- **Perceptions**- knowledge, attitudes, values, beliefs affecting personal, family, community motivation to change behaviour
- **Enablers**- cultural, societal, systematic, structural forces affecting change (resource availability, access, referrals, employer, government officials, skills, services
- **Nurturers**- degree to which attitudes, beliefs and actions are influenced, mediated and nurtured by extended family, kin, friends, peers and community

Perceptions- Teenage pregnancy

- Knowledge on the consequences of teenage pregnancy- positive
- Knowledge on the importance of contraceptive use-positive
- Concern for teenagers-positive
- Religion-positive/negative
- Early onset of sexual activity usually not accepted-positive
- Acceptable use of contraceptives- positive

Enablers - Teenage pregnancy

- Community care workers in the community-positive
- Clinics close by-positive
- Access to contraceptives-positive
- Clinic days not accommodating for teenagers-negative
- Health promotion activities in community halls-positive
- No pharmacies in the community-negative

Nurturers- Teenage pregnancy

- Peer pressure- negative/positive
- Parents are too shy to talk their children -negative
- Lack of parents' supervision-negative
- Influence of parental behaviour-negative

- Other factors identified by participants as contributing to teenage pregnancy
  - Lack of health promotion material
  - Difficulty in comprehension of available material
  - Peer pressure
  - Willingly falling pregnant
  - Poverty

Participatory development of the facilitation manual

- Workshops conducted on a regular basis with CHWs
- Guided implementation of the prevention of teenage pregnancy materials into CCW activities in the community -Participant observation
- Evaluation of activities- Focus group discussion

Factors affecting EBF

Nurturers

People or social influences on the decision to either breastfeed or not.

"It's us, the community health workers (who promote EBF)." P 12

"No, husbands won't want you to breastfeed… whereby some of the men say 'no you don't have to breastfeed because I am willing to buy milk' because they know that for that 6 months, it will be too long." P 1

Factors affecting EBF

Enablers

Cultural , societal or structural resources or forces that either hinder or enable EBF practices.

“When you go for check-ups (you get information about EBF)… they got to the clinic (to get information on EBF).” P 9

“Most of the time I educate them by talking with them, we don’t have pamphlets, but I think they need to see what we teach them, they need pamphlets.” P 4

Factors affecting EBF

Perceptions

Knowledge, attitudes and beliefs and values that influence the decision to practice EBF.

"…I tell them about exclusive breastfeeding, what it does to the child, how it helps the child to grow. I explain to them that a baby that is breastfeed, has a nourished body, and does not fall sick easily." P 2

"They (women) need to know that breastfeeding is important because some of them do not breastfeed because of what they say it does to their breasts." P 13

Addressing the factors affecting EBF

Process adopted in the development of a facilitator's manual to use for the promotion of EBF.

Literature review on breastfeeding and EBF .
(policies from UNICEF/WHO and South Africa)

Literature review on factors raised from the SSI, detailed explanation included addressing these issues .

Participatory workshops on the use of the facilitator's manual.
(PEN-3 participatory component)

Changes made according to feedback obtained from the workshops and guided implementation.

Table 1 :Facilitator's manual; table of changes

Section edited	What was edited?	Requested by participant	Why was it edited or added into the original manual draft?
Proper breastfeeding positioning and techniques.	*Removed the cross-cradle hold completely.*	*Yes*	*Participants expressed that this position is not applicable in their communities since they teach that the mother should hold the breast whilst breastfeeding. Cross-cradle require both hand to be supporting the baby, hence contradicts with their teachings.*
Recommendations-how much milk is enough.	*Added a section on how much milk is enough for a baby.*	*No*	*Section added into the facilitation manual in order to be able to explain that sometimes mothers have the misconception that their babies are not getting enough milk.*
Recommendations-how can a mother increase breast milk supply.	*New section added.*	*Yes*	*Section had not been included ,and participants wanted to the information.*

Feedback during implementation of the facilitator's manual

Improved understanding:

"I was able to better/clearly understand how a mother can hold her baby properly when breastfeeding if she has big breasts."

Improved knowledge about EBF:

"I understood what is usually happening when mothers say that there is no milk coming out."

Improved communication :

" I have a clear understanding of the way I must communicate with a client, I have to be an adviser not a teacher."

Conclusion

- A culturally sensitive community based participatory approach was adopted to identify one maternal and one infant health issue for health promotion
- A trainer's manual has been developed for preventing teenage pregnancy and promotion exclusive breastfeeding
- The Manuals are being implemented by the CCGs in the two NGOs
- Once finalised the manuals will be integrated into the routine maternal and child health promotion by the 2 NGOs
- A synergistic approach related to maternal and infant health promotion has been implemented over the last 4 years in two villages.

Recommendations

Cultural appropriateness and health promotion:

- Priority in health intervention strategies.
- Aids understanding of health related behaviours.
- Helps address the positive and negative aspects that influence health behaviours

- Significance for pharmacists:
- Involvement in health promotion and health intervention strategies as part of pharmaceutical care.
- Extensive patient counselling for medicine use during breastfeeding, especially in HIV/AIDS cases.

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