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maternal & child health

research findings for development policymakers and practitioners

Reducing child deaths

Community health workers' contribution

At the current rate of progress in sub-Saharan Africa, the Millennium Development Goal of a two-thirds reduction in child mortality by 2015 will only be reached in 2165. Renewed interest in the potential contribution of community health workers (CHWs) may be timely.

Evidence suggests that over sixty percent of deaths in children under five years old could be prevented by existing interventions. Of deaths in newborns, 41 to 72 percent are preventable using a high coverage of available interventions. Half of these deaths could be avoided through use of community-based programmes.

In many countries, weak and fragmented health systems, and in particular inadequate human resources do not permit the scaling-up of crucial interventions for maternal, newborn and child health. This problem, coupled with the high cost of training doctors and nurses and low use of health facilities, has renewed interest in the use of CHWs to improve community health and reach the poor.

This study reviews the literature for evidence of the capability of CHWs to carry out the tasks required of them as part of a sustainable workforce. It found that:

- CHWs can improve child health in certain settings with appropriate support and training.
- The method of achieving and maintaining high quality work by CHWs is key. Most effective programmes offer financial, (such as a salary) and/or non-financial incentives (such as acquiring skills).

The study also concluded that several factors influence programme impact and sustainability and determine whether child death reductions can be realised on a national scale: national socio-economic and political factors, community factors, health system factors and international factors. For instance, particularly if the political context is not a participatory democracy, support within the community for CHWs may be undermined by social class and caste divisions. Moreover, the success of a CHW programme depends largely on a successful interaction with the formal health services sector.

It would be timely to reconsider the potential role that CHWs can play in speeding up coverage of critical interventions, particularly in poor communities. However they are not a panacea for weak health systems and require the following:

- ongoing supervision, support, and training to enhance their work and ensure programme sustainability
- limited and specific tasks, within clearly defined roles
- targeted incentives, to reduce the loss of CHWs and improve performance
- existence of CHWs programmes sustained by policy and community support to ensure use by community members.

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Midwives' attitudes to women in labour in Ghana

Fewer than half of all women in Ghana give birth in hospital attended by a trained midwife. Some women choose not to give birth in a hospital because of fear of being treated badly by staff. Training health workers to better understand and respond to the needs of pregnant mothers is essential if women are to seek safe and effective maternal care.

More than half a million women die and one million children lose their mothers each year due to pregnancy and childbirth in developing countries. For every woman who dies, another 20 develop a life-long health problem. Many of these deaths could be prevented. Two-thirds are caused by complications which can be dealt with.

While many women do not have access to good quality health services, there are factors which influence a woman's decision to seek care. The University of Aberdeen in the UK, and the Ghana Health Service, looked at how midwives' behaviour affects pregnant women's choice of health care. The study was part of a project on health care for women in pregnancy and delivery in developing countries called Skilled Attendance for Everyone (SAFE).

Interviews and focus group discussions were conducted in the suburbs of Accra, Ghana. The women interviewed were aged between 18 and 38 and had between one and four children. Most of the mothers had basic education, were married and worked in trades such as hairdressing, dressmaking or petty trading.

Although some shared positive experiences, others described serious neglect and abuse. Health workers were angry when women did not know about labour and delivery. They shouted, were rude, refused to offer assistance, and in some cases threatened women in labour.

Attitudes of health workers towards patients were a major influence on women's decisions about where to give birth. The study found that:

- Women also took into account a previous birth experience, cost of care, distance, personal recommendations, and distance to family and friends.
- Women expected kind, courteous and professional treatment from health workers.
- When women were treated badly they looked elsewhere the next time they were pregnant and would not recommend those health services to other women.

In order to reduce mortality during pregnancy and childbirth, women should be cared for by trained professionals who can spot complications at an early stage. But for pregnant women to choose these services, health workers must learn to treat women with respect. One explanation for the health workers' negative behaviour may be the strong sense of social hierarchy found in many parts of sub-Saharan Africa. The motivations of health workers should be further investigated. The study recommends that health workers:

- receive training to improve their interpersonal skills, such as in counselling, communicating, and cultural sensitivity
- are supervised by trained managers
- need to work in an environment with a reliable drug supply, equipment and transport.

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Early child development

Strategies to ensure children achieve their potential

Over 200 million children under five years old in developing countries do not reach their development potential. In addition to known risks, evidence suggests that maternal depression, exposure to violence, environmental contamination and malaria are also potential risk factors.

This paper assesses strategies to promote child development and prevent or limit the loss of development potential. These include programmes designed to improve food intake and reduce stunting, reduce iodine and iron deficiencies and provide improved stimulation. The paper also identifies examples of interventions that aim to reduce the effects of social, environmental and infectious risks.

The 20 programmes reviewed have been implemented in developing countries since 1990. They fell into three groups: centre-based early learning, parenting and parent-child programmes, and comprehensive programmes including health and nutrition interventions. Most evaluations found significant effects of interventions on cognitive development and in some cases on schooling performance.

The researchers identify factors consistently associated with effective programmes and identify a need to establish more evaluation, and globally accepted monitoring indicators for child development. Findings include:

- Providing services directly to children is more effective than only providing information to parents.
- Creating opportunities for parents to observe and build child care skills increased effectiveness.
- Disadvantaged children benefit more from programmes than advantaged children.
- Younger children (2 to 3 years old) benefit more than older children (5 to 6 years old).
- Longer exposure to child development programmes results in larger and more consistent benefits. The frequency of home visits is linked to improvements in child development.
- The quality of pre-school programmes is a very important contributor to cognitive development.

Despite the evidence that comprehensive early development programmes are effective in increasing disadvantaged children's chances of success, government investment remains low. At the current rate of progress, the disparity between rich and poor countries in pre-school attendance will increase. Recommendations include:

- Implement early child development programmes in infancy through families and caregivers, and add group learning experiences for 3 to 6 year olds. For disadvantaged children this may act as a poverty reduction strategy.
- Ensure that cost-effective development programmes combine health and nutrition with early learning, rely on families as partners, and have adequate quality, intensity and duration to affect children's development.
- Monitor programme effectiveness using outcome measures for child development.
- Increase advocacy on the importance of early child development and the consequences of the loss of development potential to individuals and society.
- Include early child development programmes in policies and budget allocations at local, national and international levels.
- Create coordinating mechanisms for ministries that share responsibility for early childhood development and incorporate early child development into existing programmes to increase coverage.

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Mental Illness in young people

Although most mental health problems begin between the age of 12 and 24, mental health services for young people are very poor worldwide. Such services are particularly poor in developing countries where they receive virtually no attention due to prejudice and a lack of resources.

Authors from the London School of Hygiene and Tropical Medicine in the UK, the University of Cape Town in South Africa and the University of Melbourne in Australia, reviewed the evidence on the mental health of young people around the world and the response of the medical profession. The survey included studies undertaken between 1995 and 2007.

The survey found that many young people face mental health problems often associated with drinking alcohol, difficulties with studies, facing violence or abuse, taking drugs or practising unsafe sex. However, many factors, such as participation in community activities, strong family ties and peer relationships can be protective.

A two-year school-based project, HealthWise, in South Africa, offers one example of how the mental health of young people can be promoted through teaching them the skills to make the right choices. It teaches them to think about how they live their lives, strengthen the positive aspects, and introduces them to community members who can help them to make decisions and solve problems.

The report found that:

- Up to one in five young people suffer from a mental health problem each year.
- Mental health problems are the major cause of ill health amongst young people.
- Young women are more likely to suffer from depression and to self-harm while young men are more likely to have behavioural problems and schizophrenia.
- Suicide is a common cause of death among young people growing up in some countries, such as China and India.

The severe neglect of young people's mental health is the result of:

- stigma
- shortages of mental health professionals
- the inability of health workers to provide good quality mental health services for young people
- young people's unwillingness to seek mental health care from formal services.

Addressing young people's mental health needs is crucial if they are to fulfill their potential and contribute fully to their communities. The best way forward is to incorporate mental health needs into existing youth programmes. Examples of mental health interventions for young people include:

- support and self-help via schools or the internet regarding the dangers associated with substance misuse or risky sexual behaviour and ways to avoid them
- youth centres which can provide accommodation, educational and employment services, and medical support for young people with complex mental health needs
- for the most severe cases, psychiatric services should be developed which are aimed specifically at young people.

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