FOCUS ON SIERRA LEONE

MATERNAL HEALTH

How can we ensure that all women have access to quality maternal health care?
Why is maternal health an issue?

Since 1990, the maternal mortality rate has decreased by almost 50 percent globally. Despite this progress in improving maternal health, the leading cause of death and disability among women of reproductive age (ages 15–49) in the developing world continues to be from complications during pregnancy and childbirth. Nearly 300,000 women die of complications during pregnancy or childbirth every year, and 99 percent of these deaths occur in the developing world. Though maternal mortality has decreased over the last 20 years, this number is still unacceptably high because almost all of these deaths could have been prevented, even in the least developed countries. Women also suffer from disabilities due to complications, such as fistula, which can occur during childbirth.

IMPACTS OF MATERNAL MORTALITY

CAUSES OF MATERNAL MORTALITY

Maternal mortality occurs when there are complications during pregnancy or during or after childbirth. Most maternal deaths occur on the day of delivery, which is why having a skilled birth attendant present at the birth is very important. Approximately 80 percent of all maternal deaths are from the following major complications:

- Severe bleeding or hemorrhage (during or after childbirth)
- Infections such as sepsis (mostly after childbirth)
- High blood pressure or hypertension (during pregnancy)
- Unsafe abortion

The remaining 20 percent are caused by complications from diseases such as HIV and AIDS or malaria.

FISTULA

Fistula is an incredibly painful childbirth injury, which mainly occurs in poor countries where women give birth without any medical help or give birth at a very young age. During labor, the baby’s head is constantly pushing against the mother’s pelvic bone. This pushing can create a hole, or fistula, between the birth passage and other organs, meaning women who suffer from it cannot hold bodily fluids or waste. This, along with the fact that it often makes women unable to have additional children, causes many sufferers to be treated as social outcasts. Thankfully, this condition is treatable with a surgery that costs about $450. However, many women who suffer from it cannot afford the procedure.
MATERNAL HEALTH AROUND THE WORLD

**Where is maternal mortality a serious problem?**

**DID YOU KNOW?**
- Approximately 800 women die from preventable childbearing-related causes every day.
- 57 percent of maternal deaths occur in Sub-Saharan Africa and 30 percent occur in South Asia.
- Several countries in Sub-Saharan Africa have halved their maternal mortality rates in the last 20 years.
- Improving maternal health also drastically improves the child survival rate.

**Source:** WHO, 2010

**SUBSTANTIAL GEOGRAPHIC DISPARITIES IN MATERNAL MORTALITY**

As of 2012, the average maternal mortality ratio in developing countries was 240 per 100,000 live births, which is far more than the average 16 per 100,000 ratio in developed countries. The levels of maternal care have increased in many parts of the world during the past decade. However, only 46 percent of women in low-income countries have access to skilled care during childbirth, meaning millions of births are not assisted by a skilled caregiver such as a midwife, a doctor, or a nurse, resulting in a high number of deaths.

**THE RIGHT TO HEALTH**

Essentially, the right to health means governments must create conditions in which all people in their country—men, women, and children—are able to be as healthy as possible. The right to health has been published in numerous international human rights declarations and treaties. Perhaps the most notable is the Universal Declaration of Human Rights (UDHR), which has been signed by every country in the world but three: the United States, Somalia, and South Sudan.

How can governments create better conditions for maternal health? They can encourage or provide reproductive and sexual health services such as family planning, antenatal and postnatal care, and emergency obstetric services; improve human resources for health so there are more skilled birth attendants; and increase access to information on maternal health and nutrition.

**WHAT DO YOU THINK ARE SOME OF THE BARRIERS TO GOVERNMENTS IN THE DEVELOPING WORLD PROVIDING THESE SERVICES? MAKE A LIST, THEN CHECK YOUR ANSWERS ON PAGE 5.**

**THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF HEALTH IS ONE OF THE FUNDAMENTAL RIGHTS OF EVERY HUMAN BEING WITHOUT THE DISTINCTION OF RACE, RELIGION, POLITICAL BELIEF, ECONOMIC OR SOCIAL CONDITION.**

—World Health Organization Constitution

**CHECK IT OUT**

Learn more about maternal health: [http://www.childinfo.org/maternal_mortality.html](http://www.childinfo.org/maternal_mortality.html)

Learn more about the Millennium Development Goals: [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals)
How do poverty and political instability affect maternal health?

**HISTORY**

In the 1780s, Sierra Leone became the home of a campaign by British philanthropist Granville Sharp, who suggested it serve as the site for a new home for hundreds of freed slaves. These freed slaves, from Nova Scotia, lived in a settlement known as Freetown, now the capital of Sierra Leone. The British took responsibility for the country and adopted it as its base during its campaign against the slave trade. Over the next fifty years, approximately 50,000 slaves were recaptured by the British navy, freed, and brought back to Sierra Leone. Sierra Leone was under British control until it achieved independence in 1961.

In 1991, civil war broke out in the country after a rebel group, the Revolutionary United Front (RUF), began to attack villages on the eastern Liberian border. A military coup in 1992, which began as a result of unchecked corruption and bad governance, was partially affected by a similar war that was occurring at that same time in neighboring Liberia.

In January 2002, the president declared the civil war officially over. However, during this eleven-year period, tens of thousands of people died and more than two million people (about one-third of the population) were displaced. As a result, poverty became even more widespread, the majority of schools were closed, and hospitals and clinics were shut down, looted, or left understaffed. Health services were very limited and costly, leaving few people who could afford health care even if they had access to it.

Since the end of the war, Sierra Leone has been slowly trying to reestablish democracy. Sierra Leone has also achieved significant economic growth, but it still has a long way to go, as it is only ranked 180 (out of 187) on the Human Development Index (HDI). In 2012, the country held its first democratic elections without UN supervision. The new government lists its priorities as furthering development, creating jobs, and ending corruption.

**DID YOU KNOW?**

- The country’s name comes from “Serra Leoa,” which means “Lion Mountain Range” in Portuguese.
- Sierra Leone is home to many natural resources including diamonds, titanium, bauxite, iron, and gold.
- The world’s third largest diamond was found in Sierra Leone in 1972. It is called the “Star of Sierra Leone” and worth $3 million.

Above: Freetown, Sierra Leone

**Sierra Leone Country Information**

LOCATION: Western Africa
CAPITAL: Freetown
POPULATION: 5.5 million
SIZE: Slightly smaller than South Carolina
LANGUAGES: English, Mende, Temne, Krio
RELIGIONS: Muslim 60 percent, Christian 10 percent, indigenous beliefs 30 percent
LIFE EXPECTANCY: 57 years
CHILD MORTALITY RATE (UNDER 5): 77 deaths/1,000 live births
MATERNAL MORTALITY RATE: 890 deaths/100,000 live births
ACCESS TO CLEAN WATER: 49 percent
LITERACY RATE: 35 percent
POPULATION LIVING ON LESS THAN $1.25/DAY: 53 percent
AT LEAST FOUR ANTENATAL CARE VISITS: 56 percent
INSTITUTIONAL DELIVERY (AT HOSPITAL OR CLINIC): 25 percent

Sources: UNICEF & CIA World Factbook, 2012

CHECK IT OUT

Learn more about Sierra Leone: [http://www.sierra-leone.org/](http://www.sierra-leone.org/)
In 2010, the Government of Sierra Leone launched a new initiative to provide free health care for all pregnant women, breastfeeding mothers, and children under five years old. Concern is a member of the group of health sector actors who advocated for and are currently supporting this policy. The implementation of free health care has been instrumental in the effort to expand access to essential services, as cost of treatment is one of the major barriers to improving maternal health. Concern works with the Ministry of Health and Sanitation to increase the quality of maternal and newborn health services provided at health facilities through intensive technical training and on-the-job supervision. Concern also works with the government and other partners to advocate for improved systems to ensure that all health facilities have the medical supplies and equipment they need to deliver high-quality care. In addition, Concern trains Community Health Workers to refer women to the health facility for antenatal care and delivery, to teach women about healthy practices during pregnancy, and to instruct them in proper newborn care.

**FREE HEALTH CARE INITIATIVE**

**PREGNANT WOMEN’S CLUBS**

In 2010, Concern supported over 300 women in weekly Pregnant Women’s Club sessions held at Concern-supported clinics. During these meetings, women are guided through topics such as what to expect during different stages of labor, common problems and dangers during pregnancy, how to minimize transmission of sexually transmitted diseases to children, the benefits of breastfeeding, and the importance of immunizations.

**Mariama’s Story**

Mariama Dumbuya is a twenty-year-old mother to her daughter, Adama. Mariama attended the Pregnant Women’s Club for pregnant women and new mothers in Portee-Rukupa, an urban slum area in Freetown. Prior to attending the Pregnant Women’s Club, Mariama, like many mothers in Sierra Leone, initially only fed her newborn baby water, believing it was the best for her child. She now thinks the most important lesson she took away from the weekly club meetings was the importance of exclusive breastfeeding. As a result of learning about the nutritional benefits of breast milk, she has since switched to breastfeeding.

Check it out:


Learn more about the 1,000 Days Campaign in Sierra Leone: [http://www.youtube.com/watch?v=4qT5pz8j26k](http://www.youtube.com/watch?v=4qT5pz8j26k)
WHAT ARE THE OBSTACLES TO IMPROVING MATERNAL HEALTH?

BARRIERS TO IMPROVING MATERNAL HEALTH

Cost of Health Care

Many developing countries do not have free health care for mothers and children under five. This is a huge barrier to mothers in these countries, as 396 million people live in abject poverty, meaning they live on $1.25 a day or less. For them, even small health care fees are often impossible to pay, making it less likely that they will seek care at a clinic or hospital.

Location of Clinics and Lack of Transportation

More than 60 percent of people living in impoverished countries live more than five miles from a health facility. This distance drastically increases for those living in rural areas. For example, in Zambia it takes an average of 11 hours for a woman in labor to reach a health care facility that is equipped to meet her needs. Even if a mother lives relatively close to a health care facility, she often has no transportation or has to travel over really bad roads, making the journey much longer and much more difficult. Traveling long distances is also difficult because it takes women away from their responsibilities at home, such as taking care of their other children and household needs.

Number of Trained Health Care Workers

There is an overall lack of trained doctors, nurses, midwives, and other health care workers in most developing countries. Africa suffers from a deficit of 2.4 million doctors and nurses. They currently only have about two trained health care workers for every 1,000 people. In the Americas, however, there are approximately 25 health care workers per 1,000 people.

Cultural Barriers

Some cultures prefer using more traditional birth attendants and birth practices. This can be problematic if the birth attendants are not properly trained to recognize the warning signs of a troubled pregnancy or if they do not have access to medicine and equipment needed to tend to sick mothers and children. In some countries, certain cultural traditions lead men to feel that it is not necessary for them to accompany their wives or partners to a health care facility, which makes it even more difficult for a woman to get access to a trained health care provider.

“Every birth should be safe and every pregnancy wanted. The lack of maternal health violates women's rights to life, health, equality, and non-discrimination. MDG5 can be achieved, but we urgently need to address the shortage of health workers and step up funding for reproductive health services.”

—Ahmed Obaid, Executive Director of United Nations Population Fund

“What we have learned today complements our own experiences from outside this session . . . Building on this, myself and some of the other men plan to form an outreach committee to share our learning with other men in our community and mobilize them to better support their wives during pregnancy.”

—Gibril Carew, participant in the Concern Men’s Orientation session in Kroo Bay slum, Freetown

“It is my aspiration that health finally will be seen not as a blessing to be wished for, but as a human right to be fought for.”

—Former United Nations Secretary-General Kofi Annan

CHECK IT OUT

Learn more about the needs of health workers in Sierra Leone: http://216.70.97.216/finding-what-works/helping-health-workers-cope
How can all countries ensure that MOTHERS RECEIVE QUALITY HEALTH CARE?

POSSIBLE SOLUTIONS

In order to meet the fifth MDG, people around the world are coming together to implement innovative solutions in order to increase women's access to maternal health services and thereby decrease maternal mortality rates. Below are some ideas that are being used by various governments, local communities, and NGOs to improve maternal health.

Which ones do you think will be most effective? Can you think of other ideas?

Educating Women

Teaching women the importance of good hygiene before and after childbirth can help prevent infections. Educating girls and women about the importance of antenatal care and family planning, encouraging girls to delay their first pregnancy, and helping women understand the importance of delivering with a skilled birth attendant also help decrease the maternal mortality rate. Providing women and girls with a traditional education, such as math and literacy skills, is also incredibly important because better-educated women tend to marry later and have fewer children.

Look at the graph below. What are other ways you think education level affects maternal mortality rates?

Educating Men on Maternal Health Issues

While educating women on issues relating to maternal and child health is incredibly beneficial, it is not enough to ensure sustained behavior change. Therefore, men also need to be engaged and made aware of how they can actively support their wives and partners. Concern instituted three-hour Men’s Orientation sessions so that participants could share their own experiences and to mobilize them for behavior change. Since implementing the program, there is strong evidence that the interest and involvement of men in the community has improved and the number of husbands accompanying their wives to clinics during pregnancy has increased.

PROBLEMS

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<th>Health Care Costs</th>
<th>Educating Women</th>
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<td>Cultural Barriers</td>
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SPEAK OUT! Which of the solutions provided best address each barrier to maternal health?

CHECK IT OUT

See how girls’ education improves maternal health: http://www.unicef.org/sowc04/sowc04_maternal_health.html
Read about other solutions to maternal mortality: http://www.unicef.org/health/index_maternalhealth.html
REFERENCES AND RESOURCES

MATERNAL HEALTH
GlobalHealth.gov
Maternal Health Task Force
Women Deliver
Center for Disease Control
http://www.cdc.gov/reproductivehealth/maternalinfanthealth/index.htm

ORGANIZATIONS
Every Mother Counts
http://www.everymothercounts.org/
Global Organization for Maternal and Child Health
www.go-mch.org
The Fistula Foundation
www.fistulafoundation.org

INTERNATIONAL INITIATIVE ON MATERNAL MORTALITY AND HUMAN RIGHTS
International Initiative on Maternal Mortality and Human Rights
http://righttomaternalhealth.org/
The World Health Organization
www.who.int

SIERRA LEONE
The Guardian
www.guardian.co.uk/world/sierraleone
Human Rights Watch
http://www.hrw.org/africa/sierra-leone
The New York Times
The World Health Organization
http://www.who.int/countries/sle/en/
UNICEF
http://www.unicef.org/infobycountry/sierraleone_841.html

CAMPAIGNS
At Our Mothers’ Feet
http://www.atourmothersfeet.org.uk/

CARMMA
The Half the Sky Movement
www.halfftheskymovement.org
The Thousand Days Campaign
www.thousanddays.org

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