

# **Maternal Health & Transport – a need for action**

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# Maternal Mortality, Gender and Transport

- There is a relationship between mobility, power and well being.
- The differences between male and female travel patterns and the cultural rules and roles associated with these differences are under-charted in the policy environment.
- The impact of constrained mobility on bargaining also has its impact on what comes to be available as resource and service within local constraints.
- No better demonstration of these constraints can be found than in Africa's portrait of maternal mortality: constraints on mobility and on the resources for mobility and accessibility have devastating consequences for women's health on the African continent.

# Maternal Mortality

- More than half of the 600,000 women who die every year from pregnancy-related causes were in the African region which constitutes only 12% of the world's population and 17% of its births.
- Maternal mortality ratio in Africa remains the highest in the world with the average actually increasing from 870 per 100,000 live births in 1990 to 1,000 per 100,000 live births in 2001.
- **MDG Target 6:**  
**Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.**

# Maternal Mortality

- Despite the various policy calls to action and international networking amongst development agencies on the topic, in Africa the situation is worsening.
- In addition to displaying the scale of the gap there is a need for a rapid identification of immediate operational measures which can be taken to redress this glaring inequity.
- Though much has been learned during the past decade about the causes of maternal death, there is little evidence of significant progress towards the ambitious goal of halving maternal mortality.
- Every year, over half a million women continue to lose their own lives to the hope of creating life. Women in Sub-Saharan Africa continue to face a 1 in 13 chance of dying from pregnancy and childbirth, when the risk for women in the industrialized world is only 1 in 4,085.

# **Medical 'Model of Delay' shows transport's role in Maternal Mortality**

## Three Delays

- Delay in decision making to seek help
- Delay in transportation to health institution
- Delay of care within health institution

# Transport's role in maternal health

- The majority of poor rural women give birth at home partly in the absence of transport means to transport them to a health facility
- The financial and time cost of travelling to health facilities and their low status and negotiating power within the household may mean there is a trade-off for rural poor women which may delay the decision to seek care.
- If they seek care most women will walk (availability of bicycles and improvised stretchers to be used in emergencies is often localised and ad-hoc) – which delays arrival at the point of care.
- Rural health facilities often have large catchment areas and often lack trained staff, drugs, equipment and effective transport and communication referral systems which delays the provision of adequate care
- It is becoming accepted that poor access may play a role in maternal deaths and conditions such as Fistula, but little research available on how important this is and what may be effective interventions

# Localised Transport interventions

- Safe motherhood transport plans - Malawi
- 'A government-backed Safe Motherhood programme has established village committees on safe motherhood, organized transportation plans and provided training to traditional birth attendants so that they can recognize signs of obstructed labour and act efficiently to get a woman to a facility.
- Telephones and radios have been installed in some health centres to communicate with the referral hospital and request ambulance transport for women in distress.....
- However, pervasive gender inequities sometimes prevent women's access to transportation and emergency obstetric care. Decisions about when and where to seek care are usually made by an uncle (or, occasionally, by the husband); without their input, a woman would be unlikely to seek care on her own.'

# Localised Transport interventions

- Transport within Safe motherhood unions - Zegoua, Mali
- The small Malian town of Zegoua - population 22,000 has achieved something remarkable.
- "Since January 2002, there's not been one case of neonatal or maternal mortality in Zegoua or any other nearby village,
- The local health centre caters for nine villages, which are divided into 16 zones.
- The secret of the area's success in reducing neonatal and maternal mortality lies in the determination of its women to tackle these problems.
- They have organized themselves into teams for taking charge of their health care.
- In the event that severe problems develop during a pregnancy, the coordinator of each village team must ensure that the woman concerned is transferred to a clinic that is equipped to deal with such emergencies.'

# Localised Transport interventions

- Targeted approaches which integrate transport - Senegal and Mali
- 'In Mali, interagency collaboration has enabled the country to build and equip seven new community health centers in three regions and a new maternity unit.
- The government of Mali, with support from various donors, developed a programme to bolster its referral system with a rapid-response component.
- The country has invested in radio communication among referral centers, and has procured vehicles to use for patient transport. District hospitals and local health centers are now linked by a two-way system of radio communication and transportation.
- A car, equipped with a stretcher, is available to transport women from health centers to district hospitals.
- Under this system, the time required to transmit an urgent message and transport a patient is reduced from up to a day to just a few hours

# Localised Transport interventions

- Walkie-talkies, transport strategies and a 40% reduction in maternal mortality: RESCUER, a Ugandan case study
- The project has three components: communications, transport and provision of quality health services.
- The communications system uses VHF radios installed in base stations and health units, in the referral hospital ambulance and the District Medical Officer's vehicle, while the birth attendants have walkie-talkies.
- The midwives and birth attendants got additional training and now there is better quality care.
- But transport has been the biggest problem as the ambulance sometimes breaks down

# Localised Transport interventions

- Using the existing fleet of vehicles and community involvement: the yellow flag initiative in some parts of Nigeria
- an initiative in which uses a local truck drivers union to provide emergency transport for women. "If there is a woman in difficulty in a village what her family will plant a yellow flag on the main road.
- When you can see a yellow flag truckers know there is a woman in trouble and they can help by taking her.
- Reports suggest that the local truck drivers union were delighted to be able to help and maternal mortality was reduced quite significantly because of this initiative.

# Localised Transport interventions

- Emergency obstetric care motorised ambulances: the Ghanaian Matercare Project
- This service will provide the ability to resuscitate and to safely transfer mothers with severe childbirth complications from the villages to the district hospital.



# Transport's role in maternal health

- The transport lessons around the reduction of maternal mortality in Africa clearly involve communication and organisation issues as well:
  - fast information links can save lives,
  - rendering services locally can reduce the need for mobility, and
  - operating hostels for those at risk can temporarily reduce distance within critical windows of care.

# A space for action

- Within the policy discussion there is a need for:
  - more accurate measurement,
  - more focused solutions,
  - more sensitive social scientific analysis of the relationship between mobility, gender and health.
- There is now a policy goal of dramatically reducing maternal mortality in Africa and there is a body of evidence which speaks to the scale of the problem
- However, the literature on concrete measures for bringing about this goal and the operational activities of development agencies in pursuit of this goal are thin on the ground.
- Particularly in respect of the transport and maternal mortality link.

# A need for further investigation

- What is the nature of the interaction between physical access, communication and maternal, neonatal and child health services and their outcomes?
- How can we capture and measure the nature and scale of these complex interactions as part of a wider multi-dimensional picture of maternal, neo-natal and child health services?
- What can be learnt from a more systematic evaluation of the range of localised access and communication solutions that have been implemented to improve physical access to maternal health services?
- How can greater community involvement be encouraged in tackling barriers to access?
- What are the institutional issues pertinent to maintaining the responsiveness of patient transport services?
- What scope is there for new communication technologies and 'telehealth' in overcoming access difficulties and interacting with access solutions

# A need for gender & transport action

- There is sufficient evidence that transport organisation and provision is highly gendered in both the developing and developed context. Gender methodologies have not yet been sufficiently mainstreamed to tackle this existing pattern of equity.
- The reduction of maternal mortality in Africa - a Millennium Development Goal - provides an operational ground in which such methodologies are in need of urgent development.
- There is evidence that more systematic approaches are beginning to be adopted but as of yet transport and gender statistics are of a limited character as evidenced by the World Bank's own gender statistics site.
- The development of a web site which provided consolidated information on the relationship between gender, transport and maternal mortality and carried detailed information on best practice and how to effect it would be a useful addition to the toolkit and process necessary to achieving the Millennium Development Goal of reduced maternal mortality in Africa.