



POLICY BRIEF No. 001

**IMPROVING REPRODUCTIVE & MATERNAL HEALTH IN RURAL  
UGANDA; *mothers should not die during delivery***

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# IMPROVING REPRODUCTIVE & MATERNAL HEALTH IN RURAL UGANDA; *mothers should not die during delivery*

*This policy brief shines a light on unmet reproductive and maternal health needs of low income women living in rural areas of Uganda. The actionable initiatives highlighted can provide policymakers, advocates, Humanitarian Agencies and policy implementers with a clear roadmap for actions that can be pursued to improve the maternal and reproductive health for the well-being of women and their families.*

## Background

According to the World Health Organization (WHO), approximately 800 women die daily from preventable causes related to pregnancy and childbirth. Almost all of these deaths occur in developing countries with higher rates for women living in rural areas and among poorer communities. Everyday, 15 women die in Uganda from complications during pregnancy and childbirth-related causes. Many of these deaths are from causes that are largely preventable, with mothers' deaths caused by four major factors namely; bleeding, hypertension, unsafe abortions and sepsis. Babies die mainly due to complications of prematurity, complications at birth and neonatal infections<sup>1</sup>.

**It is a fact that the presence of a trained health care worker, along with basic medicines such as antiseptics and antibiotics, vital equipment and a clean environment to work in, can save the lives of Mothers, newly-born and newborn babies on their first day.** However, recent estimates indicate that only 57% of births in Uganda take place with the support of a skilled health care worker and many

health facilities are under-equipped and understaffed<sup>2</sup>.

Therefore, 43% of the births are at a risk of coming out unsuccessfully with either the mother dead, child dead or both due to the absence of a skilled health worker. Moreover, many mothers unsafely give birth from rural areas especially with the assistance of elderly women locally known as 'Bamulerwa'<sup>3</sup> in Uganda who supposedly have midwifery skills.

Many mothers lose their babies during childbirth; others have had a near-miss experience; whereas some have had positive outcomes and the babies survived without complications.

### Key policy messages

- Investing in Female Empowerment, Education and Health
- Improve Transportation and Referral for Maternal Health
- Improve Nutrition for Infants and Mothers
- Expand Access to Essential Maternal Health Commodities and facilities
- Integrate HIV/AIDS and Maternal Health Services
- Undertake civic education to encourage pregnant mother to visit formal health centres.
- Ministries of agriculture and food programs should be included in policy discussions on improving maternal health and developing alternative strategies for micro-nutrient delivery

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<sup>2</sup> United Nations, Department of Economic and Social Affairs, Population Division (2015).

<sup>3</sup> Bamulerwa is a Uganda word which means local untrained midwives culturally trusted in helping pregnant mothers to have successful delivery.

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<sup>1</sup> [Healthnewbornnetwork.org](http://Healthnewbornnetwork.org)

- Raising men’s awareness of the benefits of family planning will reduce maternal mortality by increasing intervals between births.

### Actions to save mothers

The concrete actions recommended here are expected to make a difference, using mostly low-cost systems or technologies that build on the current knowledge base.

### Investing in Female Empowerment, Education and Health

Investing in female empowerment and education is one of the simplest and most important ways to improve reproductive and maternal health in any setting. Women’s agency has a powerful effect on improving all aspects of women’s lives, including their health. At the highest levels, maternal health programs should coordinate with efforts to reduce gender inequality by educating women, giving them greater decision-making power, increasing their access to capital assets and employment, and expanding their access to health services.

Empowering girls and women through education leads them to take greater control over their own sexual health by making it easier for them to start their families later and allowing them to choose the number of children they bear.

Investing in maternal health is good economics. The consequences of maternal death and illness can ripple through families for years. Studies in many low-income countries have found that poor families who have maternal health–related expenses cannot afford ideal maternal expenditure. They may use savings or incur debt to make payments, which reduces their ability to purchase food or invest in education. Given women’s key role in the laborforce in many countries especially in agricultural production, maternal deaths and disabilities impose heavy

costs on households and on the economy especially when the deceased mother has been the family’s breadwinner. Policymakers can decrease women’s and girls’ risk of maternal death by expanding entrepreneurial opportunities, including micro-credit programs to finance small and medium enterprises (SMEs) and vocational training.

Investing in young women is especially important, as adolescents face a higher risk of complications and death as a result of pregnancy than do older women. Interventions that target adolescent girls, such as conditional cash transfers that put money directly in their hands, increase school retention rates and lower the risk of sexual activity and HIV/AIDS. When women have access to education and health care, a generational multiplier effect applies. These women’s children get better educations and are more productive adults; hence, investing in them contributes to long-term economic growth.

### Improve Nutrition for Infants and Mothers

Improving nutrition for pregnant and lactating women is an important goal, but such nutritional interventions must occur within the optimal window from early pregnancy through the first 1,000 days of a child’s life to enable growth of a strong health child free from mal-nutrition effects. Nutrition and health programs should be undertaken to combat misconceptions about acceptable foods for pregnant mothers and infants alter harmful diets through behavior change, and increase production and availability of high-value food sources. **To improve the policy environment, ministries of agriculture and food programs should be included in policy discussions on improving maternal health and developing alternative strategies for micro-nutrient delivery.** In addition, raising men’s awareness of the benefits of family planning will reduce maternal mortality by increasing intervals between births.

Increasing men's support for family planning may also require directly addressing their worries and the misinformation about potential side effects of family planning methods, particularly those that are rumored to affect sexuality and capacity to reproduce.

### Improve Transportation and Referral for Maternal Health

In many remote areas of Uganda, better transportation and access to enhanced health services through referrals would significantly improve maternal health outcomes. More women and newborns could be referred to the health services they need if there were greater collaboration across sectors such as transport and health sector, increased use of mobile transport means, and more public-private partnerships. These investments must be accompanied by efforts to address the huge costs of transporting a pregnant or laboring woman from her home to the health centre or from the health units to a hospital.

### Expand Access to Essential Maternal Health Commodities

Four major commodities that is; oxytocin, misoprostol, magnesium sulfate, and manual vacuum aspirators address the three leading causes of maternal mortality<sup>4</sup> mentioned earlier. The distribution of these commodities must be scaled up significantly to improve maternal health outcomes across a wider area. If oxytocin and misoprostol were available to all women giving birth, they could prevent several postpartum hemorrhage cases.

For home deliveries, safe birthing kits are a critical part for maternal care only that these are

<sup>4</sup> [health.go.ug/download/file/fid/1647](http://health.go.ug/download/file/fid/1647)

not always available in rural Uganda. Most safe home-birthing kits contain a small bar of soap for washing hands, a plastic sheet to serve as the delivery surface, clean string for tying the umbilical cord, a new razor blade for cutting the cord, and pictorial instructions that illustrate the sequence of delivery events and hand-washing which are very vital to expectant mothers even if they are to deliver before reaching a destined health facility.

### Integrate HIV/AIDS and Maternal Health Services

The evolving realities of the HIV epidemic require donors and policymakers to shift their responses to new areas including fulfilling the unmet needs for contraception and family planning as a means of combating transmission and increasing treatment, increasing the links between HIV/AIDS centers and maternal health clinics and implementing the United Nations–WHO model framework for preventing mother-to-child transmission. This would reduce rates of HIV transmission to children. In addition, bridging pediatric and adult care for adolescents would also prevent further transmission of HIV. Current policies and programs often fail to include HIV-positive adolescents because of the stigma associated with the disease and the failure to control this cohort's sexual activity/network since many adolescents are highly sexually active even beyond what their parents, guardians and the community can imagine.

### Conclusion

Women who die during pregnancy, labor, and delivery will never be able to speak for themselves nor will they tell the story about what went wrong, after all they are dead. Even those who suffer from maternal illnesses are often kept from speaking out by the very factors that harmed them in the first place families, communities, and institutions that did not value their health and well-being. A few cases are able to do this particularly those

from well-to-do families that can afford seeking legal proceedings after losing their lovely ones or sustaining reproductive damages and trauma. We have the great responsibility of speaking for these mothers and pushing for the policy reforms that will reduce the unnecessary and avoidable death toll of mothers and young girls in rural Uganda.

**References;**

1. [health.go.ug/download/file/fid/1647](http://health.go.ug/download/file/fid/1647)
2. [https://data.unicef.org/wp-content/uploads/.../Uganda/country%20profile\\_UGA.pdf](https://data.unicef.org/wp-content/uploads/.../Uganda/country%20profile_UGA.pdf)
3. *Uganda Demographic and Health Survey 2016*
4. *United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision*
5. *Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler.* (<http://www.statcompiler.com>).