Maternal Mortality: The Need to Work With Traditional Birth Attendants to Offset The Problem

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MATERNAL MORTALITY: THE NEED TO WORK WITH TRADITIONAL BIRTH ATTENDANTS TO OFFSET THE PROBLEM

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Abstract
The Reninjaza (Traditional Birth Attendant) is recognized as the professional of Traditional Medicine specializing in the provision of maternal and infant health care services just as the Midwife is recognized as the professional of Allopathic Medicine who specializes in the provision of maternal and infant health care services. Having these professionals of the two medical systems work in a complimentary manner, it is argued, will not only result in improving the gathering of information on maternal deaths, the accuracy of reporting and monitoring of maternal deaths but more importantly, will result in the reduction of maternal deaths. This is because working together will mean harnessing the strengths of these professionals to work in a complementary manner for the good of the mother and child and thus society at large. This complementary functioning is seen as the way to help offset the problem of maternal mortality.

Maternal Mortality
Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO 2012).

Extent of maternal mortality
The extent of maternal mortality in a population is essentially the combination of two factors: (i) the risk of death in a single pregnancy or a single live birth; and (ii) the fertility level, that is, the number of pregnancies or births that are experienced by women of reproductive age.

Measuring and Expressing Maternal Mortality
Maternal Mortality can be measured and expressed as a Ratio or a Rate.

Maternal Mortality Ratio (MMR) is the number of maternal deaths in a population divided by the number of live births; it depicts the risk of maternal death relative to the number of live births (WHO 2012).

Maternal Mortality Rate (MMRate): the number of maternal deaths in a population divided by the number of women aged 15–49 years (or woman-years lived at ages 15–49 years). The MMRate captures both the risk of maternal death per pregnancy or per birth (live birth or stillbirth) and the level of fertility in the population (WHO 2012).

Statistics
Maternal Mortality Rate (MMRate) of Madagascar was reported to be 469 per 100,000 live births (UNFPA 2, 2006).

According to WHO (2012) report, Madagascar’s MMR has dropped from 640 maternal deaths per 100,000 live births in 1990 to 240 maternal deaths per 100 000 live births in 2010. This places Madagascar among the moderate MMR countries (WHO 2012).
Talking about the Millennium Development Objectives, recently, the resident coordinator of the United Nations in Madagascar indicated that pregnancy-related maternal deaths in Madagascar is 498 per year, or 10 deaths per day (L’Observateur, 2012).

**Discrepancies**
The discrepancies in the figures of maternal deaths as they stand for Madagascar calls for a strategy to alleviate this so that accurate reports can be assured.

**The problem of maternal deaths: the role of Traditional medicine**

An UNICEF report on Madagascar, that I came across, indicated that 71% of urban births and 53% of rural births were attended to by a doctor or midwife (UNICEF, 1994). A deduction of this shows that there are 29% of urban births and 47% of rural births that were not attended by these Allopathic professionals.

**The question is:** Who attended to these 29% urban and 47% rural births?

**The Answer:** I believe my guess is right if I say, these were taken care of by the Reninjaza. Without the care provided by the Reninjaza, many women would be denied valuable maternal health care services.

**More Statistics**
The Millennium Development Goals (MDGs) report of 2011 indicated that the proportion of deliveries attended to by skilled health personnel in developing regions rose from 55% in 1990 to 65% in 2009 (WHO 2011). I assume that these figures refer to skilled health personnel of the Allopathic system. Assuming that these figures hold for Madagascar, one still has 35% of births unattended to by these Allopathic personnel. **Who attends to these?**

**High Maternal Mortality Figure**
The figure of 240 maternal deaths per 100,000 live births in Madagascar is still considered as a high figure.

**Causes:** The high mortality figure is in part attributed to poor quality prenatal care. Compounding the poor outcomes of many pregnancies is the fact that only 58% of Madagascar’s population live within a one hour walk of a basic health care facility with estimates gauging the percentage of births attended to by a formally educated birth assistant at only 54% (UNFPA 2, 2006).

**Marked Improvements:** There have been marked improvements in the lot of women’s health but more need to and can be done.

**Contribution of Traditional Medicine (TM)**
The theme of this gathering presupposes that Traditional Medicine via its professionals can contribute to resolve the problem of maternal mortality.

**What is Traditional Medicine?**
Traditional Medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. Traditional medicine that has been adopted by other populations (outside its indigenous culture) is often termed alternative or complementary medicine (WHO 2008).

Traditional Medicine is a profession and as a profession, must have its professionals.

**The Reninjaza**
The Reninjaza (literally: mother of the child or children) is the professional of TM who specializes in the provision of maternal and infant health care service. Her knowledge of plant medicines and massage has been acquired through years of practical field experience.

**Role of the Reninjaza**
The role played by the Reninjaza in a community is varied and demands special training. The role includes taking care of women from onset of pregnancy, through labor and childbirth. Reninjaza equally cares for the newborn, the infant and the young child. She takes care of the sick child and future mothers, protecting them from specific illnesses. The Reninjaza uses medicinal plants, at times, to maintain the health of pregnant women, relieve the pain of women during childbirth and to cure sick children (Ravololomanga, 1992). The Reninjaza performs pre- and post-natal care in addition to childbirth. She diagnoses pregnancy using touch (feeling the abdomen) and questioning the woman about the regularity of her menstrual periods.

**Observations**

In remote areas (in Madagascar) traditional medical practitioners – traditional healers or reninjaza – are the only medical personnel available and nature is the only place to find medicines (Binkley, 2004). The Reninjaza offers prenatal care to women who have no access to the medical care provided by licensed medical professionals either spatially (geographical) or socially (Lechner, 2006).

*Thus, the Reninjaza is vital to the survival of the community.*

Traditional medicine in Madagascar (as indeed in many other parts of the world) has weathered many impediments strewn in its way and has survived the test of time. It is likely that Reninjaza will continue to practice – openly or covertly (legally or illegally).

**Get them involved, don’t eliminate them**

With their services being vital to the survival of many women and children, it is better to ‘get them involved’ rather than try to ‘eliminate’ them.

**Global strategy for women’s and children’s health**

In September 2010, the UN Secretary-General launched the *Global strategy for women’s and children’s health*, to mobilize commitments by governments, civil society organizations and development partners to accelerate progress towards Millennium Development Goals (MDGs) 4 and 5 (WHO, 2010).

Two of the six elements identified as key pillars to achieve MDGs 4 and 5 are:

(ii) a comprehensive, integrated package of essential interventions and services  
(v) health workforce capacity building

**How do we realize these two elements?** I believe to attain these key pillars requires that:

1. the diverse service providers’ capabilities and resources are harnessed to work in a complementary manner. That’s the only way one can assure a comprehensive, integrated package of essential interventions and services.

2. the know-how of all actors in the health care service – allopathic and traditional actors - be reinforced

**Working together (the Reninjaza and the midwife).** Working together, I believe, will not only result in the improvement of information gathering on maternal death (maternal health), the accurate reporting and monitoring of maternal deaths but more importantly, will result in the reduction of maternal deaths. This is because working together will mean harnessing the strengths of these professionals to work to complement each other.

The advantage of modern machines and methods such as microscopes, ultrasounds and laboratory analysis that can aid in fast and ‘accurate’ diagnosis that midwives have will be brought to bear on the workings of the Reninjaza.

The wealth of knowledge of medicinal plants and their uses as well as massage techniques that the Reninjaza possesses will also be brought to bear on the functioning of the midwife. Harnessing the medicinal plants uses and massage techniques will aid in the provision of affordable remedies to the maternal (and child) health care delivery system. *The provision of a more comprehensive and complete health care to mothers and children will then be assured (guaranteed)*, if these diverse professionals were to work together.
Not Assimilation
Working together must not mean the assimilation of the Traditional medical system by
the Allopathic system where the professionals of the Allopathic system learn about what
traditional medicine professionals can offer, which is knowledge of medicinal plants and
other techniques, and then push aside (eliminate) the professionals of the traditional
medical system.

Need for Attitude Change
Attitudes must change from one that looks down or belittles the other to one of mutual
respect and the recognition of the others’ capabilities and know-how.

Conclusions
Efforts are being made specifically to improving measurement of maternal (and child)
deaths. Yes, as much as it is important to improve measurement of maternal (and child)
deaths, the efforts need to be directed more to reducing (if not eliminating) maternal (and
child) deaths.

Aspiration
It is hoped that the important role played by TBAs will be complemented by the services
of midwives in order to provide a more complete healthcare to women and thereby help
to reduce (if not eliminate) maternal deaths in Madagascar. This is an attainable
aspiration.

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