Factors That Have Influenced Infant and Maternal Mortality in Ghana: A Review

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Objectives

- To explore factors (cultural practices, demographics, quality and type of healthcare, affordability of insurance, traditional midwifery, treatment of women, the environment, and transportation) that influenced maternal and infant mortality rates in Ghana (2005-2015).

Methods

- Literature review of health service outcomes annual reports
- Observation of healthcare facilities in Ghana between March 6th and March 17th 2017.

Results

- A significant reduction in mortality rates (2005 to 2015):
  - ✓ Maternal mortality rate decreased by 57 deaths per 100,000 live births or by 15.16% (Maternal Mortality, n.d).
  - ✓ Infant mortality rate decreased by 14 deaths per 1,000 live births or by 24.65% (Mortality Rate, Infant, 2016).
- A increase in healthcare utilization; more women obtained prenatal care from licensed healthcare providers and delivered in healthcare institutions (Ghana Demographic, 2015).
- Child vaccination rates increased; and a reduction in diarrheal diseases, malnutrition, and upper respiratory tract infections (major causes of infant mortality) were found from 2003 to 2014 (Ghana Demographic, 2015).
- There was an increase in home follow-up visits for prenatal and postpartum mothers.

Pregnancy Care

Healthcare Usage/ Health Insurance:

- The National Health insurance Scheme increased utilization and accessibility of healthcare, with free care for pregnant mothers and infants under 3 months (Singh et al., 2015).
- Barriers to access include living in remote villages, lack of transportation, and experiencing abuse.
- Programs like Community Health Planning Services (CHPS) brought professional and safe care to the communities.

Prenatal Care:

- The %age of women receiving professional prenatal care (nutritional counseling, prevention of malaria, vital signs, immunizations (tetanus), and preparation for delivery has risen.
- Barriers included: fear of exposing the pregnancy to family and others, and the perspective of pregnancy as a natural state that did not need to be attended to.

Intranatal/Postnatal Care:

- During delivery, women commonly use a traditional birth attendant (TBA), a local district hospital, or a local birthing facility
- 73% of women in Ghana are giving birth in a healthcare facility as of 2014 (Ghana Demographic, 2015).
- Barriers include: lack of transport, satisfaction with TBA, cultural beliefs, sudden labor, and money (Nakua et al., 2015).
- Risks for of mortality for women during/after delivery include hemorrhage, infection, and use of TBAs.
- 72% of women did receive a postnatal checkup within 24 hours after delivery; 81% within the first 2-days.
- Yet a staggering 72% of newborns received no postnatal checkup (Ghana Demographic, 2015).

Women and Infant Health Practices

Contraceptive Practices:

- Included: oral contraceptives, injections, intrauterine devices, implants, sterilization, and natural methods (family planning, herbals, and breastfeeding amenorrhea) (Theroux et al., 2013).
- Low contraception rates and high total fertility rates are influenced by contraception being a taboo topic, lack of education to women, and lack of autonomy for women.
- Rising contraception rates are influenced by increased healthcare usage and better community health with facilities such as CHPS.

Child Health/ Immunizations:

- Well child visits are encouraged monthly until 2-years of age and up to 5 years of age.
- 71% of infants <12 months of age are receiving all basic vaccinations (Ghana Demographic, 2015).

Demographics/ Daily life/ Environment

Education:

- Children of mother's with secondary education had a 30% lower risk of mortality compared to children of mothers with no formal education.
- Educated mothers used healthcare more, immunized more, had infants with decreased mortality from diarrheal diseases, and were less likely to adhere to harmful cultural norms (Gyimah, 2005).

Age:

- Infants have a higher risk of mortality when born to mothers <20 years old, when born first, and when born to a mother who spaces her births with <2 years between (Gyimah, 2005).

Rural/ Urban:

- Rural regions are associated with higher infant and maternal mortality rates due to poor sanitation, type and quality of housing structure, adherence to cultural customs and harmful taboos, and availability/quality of health resources (infrastructure/personnel) (Gyimah, 2005).

Nutrition:

- Diets are low in protein, fruits, and vegetables, and high in starch (Theroux, Klar, & Messenger, 2013)
- Poor diets leave women at risk for anemia, hypertension, and obesity, adverse conditions for a healthy pregnancy.
- 13% of infants in the 6-23 month range were receiving minimally adequate nutrition.

Treatment of Women:

- During pregnancy treatment is poor at home and in healthcare settings.
- Men believe women need to be put in line; law authorities are not sympathetic regarding abuse.
- Women reported intimidation, scolding, and physical abuse by nurses in the healthcare facilities during their pregnancies.

Water/ Sanitation:

- Poor drinking water/sanitation can lead to diarrheal diseases, skin diseases, acute respiratory diseases, guinea worm, typhoid, cholera, schistosomiasis, and dysentery.
- Only 4 % of households were properly treating their water (Ghana Demographic, 2015).

Conclusion

- The increase in the use of healthcare services, along with the supervision of community healthcare by licensed professionals, has affected mortality rates in both women and children in Ghana.
- Community involvement for healthcare mobilization appears to be the linchpin for success in reduction of maternal and infant mortality.
- Culturally appropriate health education messages continues to be the most important focus that would help further reduce mortality.
- Use of affordable and accessible resources for prenatal, delivery, and postpartum care would encourage more women to give birth in healthcare facilities.