
Reproductive Health and Pregnancy Care

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Abstract

The Union of Comoros is an archipelago of four islands of volcanic origin, namely Grande Comore, Mohéli, Anjouan and Mayotte. The latter is under the administration of the French colonial power. Insufficient health investments do not allow the country to have modern and efficient medicine. The population is moving towards traditional medicine, self-medication and official or illegal health immigration.

The objective of this study is to help improve the care of mothers and newborns in public hospitals. Health has been one of the concerns of the international community for the past few decades. Today, it is recognized that a healthy society will contribute massively to the socio-economic development of a nation.

Our study with the hospitals of Fomboni, Mutsamudu and Moroni, the women who agreed to answer us, declare that they received prenatal care provided by paramedics. In Moroni, the mortality rate of mothers and children during childbirth is higher than the other sister islands. They declare having carried out at least the four prenatal visits dispensable from the fourth month of pregnancy.

In rural areas, there are some rare home births but the majority of women do not have access to antenatal visits because their living conditions do not allow them. In general, across the country, the 37 women in our study received antenatal visits and received the necessary vaccines during their last months of pregnancy.

Keywords: Prenatal care; hospitals; child; pregnancy; women

INTRODUCTION

Many women in our survey were assisted by health personnel during delivery, and more than half of these deliveries took place in a health center. This significantly reduced postpartum hemorrhage. But the causes of death during and after delivery, the health staff did not provide answers but the families of patients and the public opinion evoke a delay of care and negligence on the part of doctors. According to a midwife working at the Moroni maternity hospital, at least one out of two women receives postnatal care in the first few days after delivery.

I. MATERIALS AND METHODS

Our survey was conducted in the hospitals of Moroni, Mutsamudu and Fomboni from March 2016 to December 2019. The survey was funded by ourselves.

Our objective is to provide some clues to enable all health actors to act in time. Our study concerns reproductive health and prenatal care. Specifically, our study aims to demonstrate the quality of reproductive health care. 37 women are involved in our study.

Secondly, our survey provides information about the patients, their families, medical staff and some authorities who agreed to answer our questions.

a) Data Collection Tool

During the survey, interviews were conducted using a pre-established questionnaire with women aged 19 to 40. It allows us to identify all the constraints and assets in this area. An individual survey of women who have already started a sexual life.

All the women in our study were identified using the household questionnaire. All the women were between 19 and 40 years old and were in the hospitals mentioned above.

II. RESULTS

a) Prenatal care

We met with women in a women's association as part of the focus group survey, most of whom told us that they had used prenatal care and vaccinations during their first pregnancy.

According to the results obtained, few women resort to old traditional birth attendants and matrons. These women, who constitute about 1.5% of our study, find their massages and care very effective and trust them.

b) Vaccination during pregnancy

Our study indicates that at least 34% of women received two or more injections during the last pregnancy to protect against neonatal tetanus. Relative to age, younger women are more likely to do so.

According to the island, Grande Comore is ranked first by our survey in terms of neonatal care, followed by Moheli and Anjouan. According to the level of education, 60% of our cases have a secondary level of study or more. The urban environment is more favorable than the rural environment.

In addition, we note that in Moroni, 70% of the women surveyed had received the neonatal tetanus vaccine, compared to 30% in rural areas.

c) Deliveries

Nearly 80% of our survey respondents said that they had given birth in public hospitals, compared to 10% in private clinics. On the other hand, 10% of cases gave birth at home. The category of women aged 15 to 25 years is numerous to declare that they gave birth in a health institution. In addition, nearly 7/10 of the cases have at least financial difficulties that constitute a significant barrier to accessing medical care. This proportion is higher in Moheli and Anjouan than in Grande Comore. Secondly, the distance between localities and health facilities is an obstacle that should not be overlooked. This encourages self-medication and recourse to marabouts or traditional healers.

Finally, they state that social prejudices can limit their access to health care because every time a woman goes to a doctor, her neighbors accuse her of wanting to perform an abortion, for example. The fact that women are rarely accompanied by their spouses to the hospital when the reverse is mandatory is also a problem.

d) Treatment of children's diseases

Acute Respiratory Infections are the first illnesses suffered by Comorian children followed by diarrhea. Acute respiratory infections (ARIs) affect more children under five years of age but coughing is

common from the second week. According to a doctor, everything can depend on the period of birth of the child (rainy season or others), his health condition at birth and the living conditions of the parents among others.

In recent years, he says, the prevalence of ARI is low compared to previous years. Socio-demographic factors do not influence the health of the child too much. Augmentin and Ery antibiotics are the most prescribed treatments.

III. MALARIA IS THE MAIN CAUSE OF MORTALITY

It should be noted that 28/42 households use at least one insecticide-impregnated mosquito net distributed free of charge or sold at affordable prices.

Interestingly, 30/42 households report that their children under five years of age sleep under a net.

a) Pregnant women and net use

Pregnant women are a social category that is very vulnerable to malaria. The results on net use by these women are disturbing. In this category as a whole, 19/60 of pregnant women sleep under a net. Depending on the area of residence, rural women have a higher rate of net use than urban women.

On the islands, there are enormous differences. In Grand Comore and Moheli, net use is higher than in Anjouan.

By level of education, uneducated women use fewer nets in their homes than educated women. Large families and those who do not use a bed are net-free.

b) Nutritional Patterns of Women and Children

Comorian children suffer from often severe and acute malnutrition. Household poverty is the main cause. This situation is mentioned in several national human development reports:

Generally speaking, according to the national report, 30% of children under 5 years of age suffer from chronic malnutrition, 15% of which are in a severe form. Thus, one child in ten, or 11%, is acutely malnourished and 4% in a severe form. In 15% of the cases, children are underweight (relative to their weight) and 4% of them are severely underweight.

According to our survey, almost all children are breastfed for at least one year and 1/3 are breastfed for two years unless the mother becomes pregnant before that. This suggests that awareness of the importance of breastfeeding has increased.

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According to the recommendations of WHO, UNICEF and the Ministry of Health, children should be breastfed until the age of six months. From this age, foods can be introduced to supplement breast milk.

On the other hand, in poor households, complementary foods are often lacking in important nutritional values and often increase the risk of contracting diseases. These increase the infant mortality rate.

IV. INFANT MORTALITY

Generally speaking, the risk of death in children aged 0 to 5 years is 50 %. In recent years, infant and child mortality has declined by 65% according to the same sources. This figure includes neonatal, post-neonatal and juvenile mortality.

¹ MIC 2012

According to the area of residence, there is a significant increase in deaths of children aged 0 to 5 years or 58 % in rural areas. About the age of the mother, late motherhood is a factor favoring infant and child mortality. Between the ages of 40 and 50, mortality levels are found to be highest in the newborn regardless of residence.

Thus, the risk of post-neonatal mortality is three times higher when the mother's age is between 40 and 49 years than when the mother is 30-39 years old (post-neonatal mortality).

V. MATERNAL MORTALITY

Between the ages of 15 and 49, maternal deaths account for 17% of all female deaths.

According to our literature, maternal mortality is estimated at 172 deaths per 100,000 live births between 2005-2012. To put our research theme into perspective, adult mortality and maternal mortality rates are key indicators for measuring the health status of a population and human development.

Maternal mortality is an urgent public health problem in developing countries such as Comoros. In recent years the problem has attracted the attention of the international community and the Comorian authorities.

VI. ADULT MORTALITY

To estimate and evaluate the quality of data on adult mortality, we used recent literature and conducted a survey of some hospitals. Maternal mortality is presumed to be very high in the last three years, without giving us an exact figure according to an official of the country's reference hospital. In Ngazidja, it is likely that adult mortality, especially maternal mortality, is high.

We cannot provide exact figures, because there is no system at the national level to provide statistics on adult mortality in general. Given that the Comorian population is predominantly young and that each respondent reports an average of two deaths of an adult sibling, parent, or son/daughter in the last five years, this suggests that adult mortality is a serious problem in the Comorian population.

VII. DISCUSSION

Prenatal care

Poverty and divorce or family abandonment during pregnancy prevent some women from attending prenatal consultations. The latter allows to prevent risks and complications during childbirth.

Some women shyly tell us that their husbands have left their homes during their pregnancies. This selfish attitude on the part of men increases the frustration of women at a difficult time in their lives. This is a serious violation of human rights, even though the Qur'an forbids any separation or divorce during pregnancy.

VIII. VACCINATION DURING PREGNANCY

Tetanus vaccinations, like so many others, are essential during pregnancy and are part of the recommended essential actions for maternal and child health. At least two tetanus vaccines are claimed to have been given during pregnancy.

a) Problems with access to health care

Throughout the study area, access to health care is very limited based on several factors. These include the mistrust of doctors in public hospitals, which they say is due to poor care. Therefore, self-medication and traditional medicine have taken the lead.

b) Health and children in Comoros

In some health centers, slightly more than seven children aged 0 to 5 years have received vaccines in urban areas, compared with three out of ten children in rural areas. As the age of the child increases, the number of children who have not received any vaccinations decreases. Forgetting the dates of the next vaccination or the illiteracy of mothers who are often the ones accompanying the children to the hospital are the main causes among many others.

We have noticed that the children of educated parents have received the BCG, DTPoq, Polio and Measles vaccines, which are the main indispensable vaccines for children. Children whose parents have a very low level of education or are illiterate, are rare to finish their doses of vaccine of their children.

c) Malaria is the main cause of death

The fight against malaria has lasted too long and the results are beginning to be felt. There has been a sharp decline throughout the country, even though the threat exists. In Anjouan, the population has lowered the malaria alert. According to the major in charge of the laboratory in Hombo, malaria cases are often people coming from the islands of Moheli and Grand Comore. Despite the recommendations of doctors and health personnel, less than two out of six pregnant women use mosquito nets. This is why, during pregnancy, most women take antimalarial drugs such as SP/Fansidar.

According to Dr. Chakir Ismael, a specialist in the field, his research on the disease shows that:

« Malaria is a parasitic disease, more widespread in the world and is a major public health problem in Africa, Comoros and Madagascar. This disease represents one of the main causes of morbidity in the country and the coastal areas are the most affected, he adds... »²

In relation to this, we think that the fight against malaria in the three islands must be integrated into the objectives of the health policy of the Ministry of Health. Even if it is included in the documents (National Health Policy and National Health Development Plan), the country's authorities have never considered this scourge according to its seriousness. Good speeches and documents are established but in reality the problem is far from being solved. Despite the availability of mosquito nets, few people use them.

d) Access to nets

Today, there is no vaccine or medication to prevent malaria. The only way to prevent malaria is to use insecticide-treated bed nets. This is one of the effective measures to prevent the risk of malaria. The data from our study show the proportion of the population that sleeps under a net.

In coastal towns and villages, the rate of net use is higher than in other areas. Nets are often used by two people at the same time if they are children or a couple. In the houses we visited, some nets were hung but not used and it was noted that they were used for too long without being washed.

² Author's survey

We also noticed that a proportion of the population that has access to a mosquito net does not use them. They mention that they increase the heat and/or they (mosquito nets) are suffocating.

This situation deserves to be reduced through sensitization and IEC (Information, Education, and Behavior Change Communication) to identify the main obstacles to net use.

CONCLUSION

In Comoros, the health system in general is characterized by poor patient care in public hospitals, inadequate materials and working tools, poor contribution of the state and lack of awareness in maternity health contribute to the deterioration of this area. Maternal and child malnutrition is a major problem.

Health policy in the Comoros has undergone numerous reforms, but in practice nothing seems to have changed.

Our study concerns the hospitals of Moroni, Fomboni and Mutsamudu and allows us to observe the evolution, the constraints and the challenges to be faced in the field of reproductive health and prenatal care.

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