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# Maternal and infant mortality, why don't we talk about it?

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### Note to broadcasters

Only about one-third of pregnant women in Burkina Faso attend eight pre-natal visits as recommended by the World Health Organization (WHO). More than 2% of women are at risk of dying during their reproductive years in the country from causes related to maternity. It is believed that direct obstetric causes are responsible for about 80% of maternal deaths, and the maternal mortality rate was estimated at 341 out of 100,000 in 2010. Up to two-thirds of maternal deaths may occur outside the health system as a result of late identification of dangers, late transportation to a medical facility, or at home following a delivery.

Both the quality and usage of health services need improvement in Burkina Faso, including obstetric care. There are major challenges related to the difficulties of transport to care facilities, the lack of knowledge of the risks involved in pregnancy, socio-cultural practices, the poor capacity of women to make decisions regarding their own health, the quality of health services, and citizens’ perception that the quality of services is poor.

This script discusses maternal health, the main causes of maternal, and men’s involvement in the process of pregnancy. To talk about it, we interviewed female and male midwives, maternal and child health specialists, fathers, mothers, and pregnant women.

This script is based on actual interviews. You could use it as inspiration to research and write a script on maternal health or a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

The estimated duration of this script, with signature tune, intro, and extro is 20 minutes.

**HOST:** Good morning, dear listeners. Today, we will talk about maternal mortality, including the kinds of issues that affect pregnant women and how they manage their pregnancies.

 To talk about it, we interviewed health workers, fathers and mothers of young children, female and male midwives, and medical specialists. Although maternal and infant mortality in Burkina Faso is less alarming nowadays, it is still high. Its persistence has several causes, including the low involvement of men in the process of pregnancy and childbirth, lack of information, problems of transportation and access to health centres, and the lack of equipment in some health centres.

 Amsétou Tall is 17 years old, has been married traditionally for two years (*Editor’s note: not a “civil” or “legal” marriage)*, and has not yet had a child. She is a doughnut seller in sector 4 in Koudougou where she lives with her 20-year-old butcher husband. She has already experienced a miscarriage after only three months of pregnancy, but she doesn't know the reasons. Let's listen to her.

 After two years of marriage, do you have any children?

**AMSETOU TALL:** I haven't been fortunate enough to have a child yet. I became pregnant this year, but unfortunately we lost the baby after only three months of pregnancy.

**HOST:** Do you know why you had a miscarriage?

**AMSETOU TALL:** Yes, it was due to bleeding. I bled heavily in the third month. I was doing heavy domestic work. I had to push 100-litre drums from the public water fountain to my home to provide for the family's water needs. I don't know if this is related to the miscarriage.

**HOST:** Do you know if you and your husband are compatible? Did you do a blood test before the wedding to find out if there are risks of having children?

**AMSETOU TALL:** I don't know anything about that.

**HOST:** Did you start prenatal visits before the end of your pregnancy?

**AMSETOU TALL:** I had one visit and, after the miscarriage, I went for a curettage *(Editor’s note: this involves removing tissue from the uterus)* and an ultrasound scan, and was assured that there was no longer any problem. I would like to get pregnant quickly and hope that this time I can successfully carry it to the end. My husband and I want a child.

**HOST:** Bintou Ouédraogo is 28 years old, lives with a partner, and has two children aged five and three-and-a-half. She went to the health centre this morning to remove her Norplant (contraceptive) which she placed just after the birth of her second child to avoid getting pregnant too soon.

**HOST:** Did you attend pre-natal visits during your two pregnancies?

**BINTOU OUEDRAOGO:**  Yes, before the third month of my pregnancies, I started pre-natal visits. I honoured all the appointments and had the vaccines that were required.

**HOST:** Did you have any difficulties during your pregnancies?

**BINTOU OUEDRAOGO:**  Yes, during an ultrasound, I was told that I had fibroids *(Editor’s note: Fibroids are abnormal growths inside the uterus. They are normally non-cancerous.)* and that I had to deliver by Caesarean section. But by the grace of God, I was able to deliver through the normal route in the end. Also, 20 days before the scheduled delivery date of the second pregnancy, the medical team gave me an injection to open the cervix, but I could not give birth—the labour was very slow. I went home, but when I returned the next day, the scenario was the same. After going back and forth several times, I was given an injection, and the next day I was able to deliver.

**HOST:** What about your husband? Did he assist you during your pregnancies?

**BINTOU OUEDRAOGO:** Yes, of course. For example, when I am pregnant, he helps me with difficult tasks, and above all he encourages me when I am in pain and is very considerate and kind.

**HOST:** Mrs. Yaméogo Isabelle is married with four children, and teaches primary school. At 39, she is pregnant for the fifth time. In the ninth month of her pregnancy, she came this morning for a fifth prenatal visit and said that everything is going well.

**YAMEOGO ISABELLE:** All my pregnancies went well and I had vaginal deliveries. For this one, I want things to go the same way. That is why I come for prenatal visits regularly—to get all the necessary information so that I can give birth in good health.

**HOST:** Which services for pregnant women do you think should be improved?

**YAMEOGO ISABELLE:** My concerns are the poor hygiene in the health centre, the high cost and sometimes the unavailability of ultrasound, but mainly the lack of privacy in health centres. Indeed, sometimes women are shy of answering some questions when trainees are present.

**HOST:** Mrs. Traoré is in her seventh month of her pregnancy and this is her first prenatal visit. The 22-year-old is a housewife with two children. She tells us why she didn’t come earlier for a prenatal visit.

**MRS. TRAORE:** I returned from working in Côte d’Ivoire recently. There, I was far from a health centre, so I didn’t go for prenatal visits. I came back without my husband, who stayed in Côte d’Ivoire. During my visit, the health workers told me to come with him next time.

**HOST:** Have you had any problems during this pregnancy?

**MRS. TRAORE:** During the third month, I got sick and was admitted to the hospital. They put me on malaria treatment and I was healed. But I haven’t been able to do the ultrasound scan yet because it is expensive and far from my house.

**HOST:** What do you expect from health workers so that you could be comfortable?

**MRS. TRAORE:** I would like them to reduce the cost of the ultrasound scan and I would like more kindness from the workers—mainly during the delivery. I want the services to continue to be free and I wish that other services and products could also be free.

**HOST:** Marie Solange Kaboré is a state midwife in the Pouni health district, and works at the Pouni Medical Centre.

 What is the current state of maternal and child health at the Pouni Medical Centre?

**Mrs. KABORE:** With the sensitization and free medical care for children under five and pregnant women, maternal and child health has improved significantly. People increasingly visit health centres on time and receive appropriate care to the extent possible considering that medications are often unavailable. Maternal and infant mortality rates have fallen considerably in recent years.

**HOST:** Do patients come to Pouni on time for consultations?

**Mrs. KABORE:** Now that the service is free, mothers no longer have to wait for the father to give money before visiting a midwife for prenatal consultations. They come as early as the first few months of pregnancy.

**HOST:** How do you appreciate men’s involvement in care provided to pregnant women at your health centre??

**Mrs. KABORE:** Men's involvement is very minimal in our health centre. Women come for prenatal consultations alone, even during childbirth. It is rare to see the man.

**HOST:** What other challenges do you face in your health centre?

**Mrs. KABORE:** The major problem is the occasional disruption of free drugs. And also, despite the fact that drugs are free, some people come late for consultations, and this complicates their situation.

**HOST:**  What solutions do you recommend to overcome these types of situations?

**MRS. KABORE:** It is important to continue advocacy work so that the ministry can make free health products as widely available as possible and to extend free health care to other age groups. Because it is not only children under five and pregnant women who are vulnerable—there are also others in need. I think that men should be more sensitized so that they can get involved in the health of their spouses and children.

**HOST:** Zeinab Kaboré is also a state midwife and lives in Ouagadougou.

**HOST:** What are the solutions to get men more involved in monitoring maternal health?

**Mrs. Zeinab:** I personally believe that the change must come from ourselves as health workers. We must create the conditions to accept men. We must revisit our view of men and avoid statements such as "the delivery room is not a place for men" as society has taught us. Indeed, our minds have been shaped by society not to accept that men can accompany pregnant women. So the real struggle is socio-cultural, and starts with health workers themselves, then the women, and then men through the example of their peers.

In other words, we should encourage men who already accompany women to health centres and hospitals so that they can make their peers aware of the importance of fully supporting their wives, especially during the pregnancy. It is a long-term process, but if we start, we will succeed.

**HOST:** Ramdé Jean is an associate professor of psychology who has trained health officers on men’s involvement in maternal and child health.

How important is men's involvement in maternal and child health?

**RAMDE Jean:** Men's involvement in maternal and child health extends from conception to childbirth and beyond. Scientific research has proven the crucial importance of this involvement for the child, the mother, and the father. Men’s involvement leads to better cognitive, psychological, and physical development in the child. Where men are involved, pregnancy progresses more smoothly because there are tasks that men can help with, not to mention providing emotional support.

Also, men can help their wives correctly attend prenatal visits as recommended by health services. This creates a positive emotional bond, and has a positive impact on mental health. Better still, men’s involvement contributes enormously to reducing maternal and infant mortality. It’s a pity that men are not more involved in this struggle.

**HOST:** Culture and traditions are suggested as the underlying factors of men's lack of involvement in maternal and child health. Do you agree with this perspective?

**RAMDE:** (Laughs) It's too easy to hide behind culture. There's no culture that tells us to use mobile phones or iPads, but we use them because they suit us, so I don't think culture should be a hindrance. I understand that some cultural values tend to limit men's involvement, and I advocate using these cultural values as a lever to achieve desired changes. I would not tell anyone to abandon their cultural values, but I will try to see what I can refer to in these values to bring them towards positive change—because we can change anything. Of course, this requires patience, but it is not impossible.

**HOST:** How do you go about convincing a man who has difficulty getting involved in his family's maternal and child health?

**RAMDE:** From the onset, I would avoid making him feel guilty. Otherwise, I will automatically lose him. I will try to understand him. And the best way is to talk to him about oneself as an example, how I as the son of a peasant from a polygamous family with 22 children managed to assist in my wife's delivery, and to take care of my children. It is effective, using examples of peers.

**HOST:** Ilboudo Aminata-Ouédraogo is a state midwife.

 What are the real causes of men's lack of involvement in maternal and child health?

**Mrs. ILBOUDO:** The first barrier is tradition.

**HOST:** And how do you, as a health worker, try to overcome this tradition?

**Mrs. ILBOUDO:** We refer to these same traditions in talks to make it easier for men to join. For example, if we can help a man who thinks that chopping wood for his wife is a weakness understand that when a pregnant woman does hard work, she may have difficulty delivering her baby, this may lead him to help his pregnant wife with certain tasks. As health workers, we can help men change by giving them confidence.

**HOST:** Bationo Fernand is a professor of health sociology, and a lecturer and researcher at Joseph Ki Zerbo University. He works on several projects in child and maternal health.

**HOST:** What do you think are the main causes of child and maternal mortality in Burkina Faso?

**BATIONO:** Lack of male involvement in maternal and child health. This is a significant socio-cultural factor with a negative impact on health.

 There are issues with service organizations related to the availability and skills of health workers and their ability to intervene at an early stage to ensure that care is provided. The availability of blood is also a problem, because women in labour can lose a lot of blood, and if she is not provided with enough blood promptly, she can lose her life.

**HOST:** What solutions do you recommend to reduce the maternal mortality rate in Burkina Faso?

**BATIONO:** I personally believe that solutions should not be designed in offices and then ask people to change their behaviour. We must begin with the community's needs and gather information to help them.

**HOST:** Dr. Soubeiga Sylvain is the chief medical officer of Koudougou District, with six years of service in the Central West Region.

**HOST:** What is the current state of maternal and child mortality in the region?

**Dr. Soubeiga:** Thank God! We are pleased with the current situation because there has been a significant decline in maternal and infant mortality. We have targeted populations in central-west Burkina Faso to explain that maternal deaths are preventable with material and training support. And we have succeeded in raising awareness so that maternal and infant mortality has significantly declined.

**HOST:** What are the causes of maternal and infant mortality?

**Dr. Soubeiga:** These are three main causes. First, delays or absence of prenatal visits, which often explain some of the complications of pregnancy, which may be due to late decision-making. This is linked to the fact that the wife must wait for the husband's authorization before starting these prenatal visits. Other significant factors include the inaccessibility of certain health centres, problems with equipment, and problems of workers’ skills.

**HOST:** What is the rate of visits to health centres by pregnant women in the region?

**Dr. Soubeiga:** Fortunately, with free medical care for pregnant women, health centres are becoming more and more popular, and some women go to these centres in time for prenatal visits.

**HOST:** What solutions do you recommend to further reduce the mortality rate?

**Dr. Soubeiga:** It requires the commitment of all—politicians, health workers, technical and financial partners, communities, women who are affected by maternal mortality, and their male spouses. Also, men being involved in supporting pregnant women morally, materially, and physically is very important. This battle must be fought with the support of the entire society to overturn some cultural stereotypes about the roles of men and women in Africa.

**HOST:** Thanks to you, dear mothers and future mothers, who agreed to give us some of your precious time to produce this story.

 Thanks to the experts on maternal and child health. Thanks to your words, we know how important it is for men to get involved in the process from pregnancy to delivery.

 The male and female midwives we interviewed mentioned issues such as the lack of equipment. Also, there are delays in prenatal visits, men do not attend with their pregnant wives, pregnant women sometimes do hard physical work—these factors can sometimes complicate deliveries.

 Yet it should be noted that with free services, women visit health centres more and more often, even if there are still delays. The pregnant women we met would like more privacy and better hygiene during prenatal visits. They also asked for a reduction in the cost of check-ups such as the ultrasound scan.

 Thanks a lot for tuning in. Goodbye and talk to you soon.

**Acknowledgements**

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**Sources of information:**

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Bintou Ouédraogo, 28, July 2, 2019

Mrs. Yaméogo Isabelle, September 25, 2019

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Bationo Fernand, August 30, 2019

Dr. Sylvain Soubeiga, August 30, 2019

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