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THE MATERNAL HEALTH CHALLENGE

Report



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1 Problem Definition

Women living in the poorest areas in Brazil have limited access to proper healthcare services and adopt an unhealthy and risky lifestyle given their physical and social environment. This affects the health and well-being of the mother, increasing the risk of

"[...] I returned two more times and then I gave up. I am not going to continue to leave at 5 [o'clock] in the morning, walk a lot, fast and then not get it [the appointment]."

Local research participant about maternal healthcare

maternal mortality and complications during delivery, but also the life, the development and health of the unborn child.

According to literature, Brazil has almost universal coverage of prenatal care. However, among adolescents and women of black race/skin color the proportion of women with an early start of prenatal care and the number of prenatal check-ups is the lowest.

Viellas et al. (2014)¹ investigated the prenatal care utilization in Brazil in the period February 2011 to October 2012. A total of 23.940 participants were interviewed. The results support the gravity of the issue and provide insight in the reasons why women do not go to a



prenatal check-up in time or do not enroll for the check-ups at all. It should be noted that more than half of the women interviewed did not want to get pregnant at that time. Moreover, an important reason why women fail to book

¹ Viellas, Elaine Fernandes, et al. "Prenatal care in Brazil." *Cadernos de Saúde Pública* 30 (2014): S85–S100.

their first prenatal check-up in time is because they did not know they were pregnant (46.6%). Other important reasons are personal problems (30.1%) and barriers to access prenatal services (23.2%). For not attending the prenatal care check-ups at all, women reported access barriers and personal problems (43.2% and 40.6% respectively). Especially in the Northeast region and for women with less education, the access barriers are predominant.

The problem statement is that pregnant women in the favelas of Salvador do not know they are pregnant, that the pregnancy is unplanned and that do not have

timely access to prenatal check-ups. It is doubtful whether educational and health campaigns run by local organizations targeting adolescents are effective. The rise of the Zika-virus has increased the importance of timely maternal health checks.

Local organizations in health promotion seem to fail to create awareness about family planning and maternal health risks, as women cope with unwanted pregnancy, experience access barriers to healthcare and do not get the maternal health check-ups in time. How to overcome these challenges requires bottom-up solutions.



2 About the Maternal Health Challenge

For twelve consecutive weeks, from 6 March until 21 May 2017, the research team of the Maternal Health Challenge investigated the factors that affect the access to prenatal care. Our main PAR-question was:

What kind of intervention can we co-create with the inhabitants of Salvador in Brazil to improve access to maternal health care?

In Brazil, women have the right to at least six prenatal consults. Yet, this is not always attained by women from a low-income community.

The methodology of the project is Participatory Action Research. The project took place in a low-income community in Salvador da Bahia in Brazil. Data collection includes nine semi-structured interviews and four focus groups, using creative and enhancing methods such as drawing and games.

The research team consisted of a Challenge Coordinator, four Dutch (student-) researchers with a background in i.a. global health and two local team members who were familiar with the context and the community.

One of the main findings was inadequate information to plan and to enrol in the prenatal care scheme.



Subsequently, we focused on how to increase the chances of a pregnant individual to get a prenatal consult booked.

After mapping the health posts and interviews with health professionals we created an infographic, flyer and poster with up-to-date information. We also introduced the manager of the health post to the community and its leaders for relationship building.



overnight and an increase in resources is a political act. Yet, we aim that our efforts will lead to an increase of prenatal care up to universal coverage and consequently, to good maternal and infant health.

We aimed to cultivate the importance for prenatal care and community support. We realize that behavioral change doesn't happen

3 The community

3.1 Baixa-Fria

During the first weeks of the Maternal Health Challenge, we collected information to build an idea of the area and to get to know the community of Baixa-fria, and other relevant actors). We observed that this community faces a lot of challenges such as: lack of a sewage system, drug-violence, gender inequality within the household and limited access to health care services.



The community of interest is situated in the district São Marcos in Salvador and was introduced by the Institute of Collective Health of the Federal University of Bahia. The

inaccessibility of prenatal care in this area was said to be profound.

Located in the outskirts of the capital Salvador da Bahia, the community of Baixa-Fria is famous for its drug traffic and drug violence. According to the residents the first settlers came in the early 1970s. As with other communities (favelas), this area has not been legally recognized by the state government.

After visiting several neighbouring maternity wards and health posts it became clear that this community did not fall under the coverage area of any of the health posts.

3.2 Leadership and communal spaces

Baixa-Fria, also known as Bonfim, is divided into two camps: the 'lower part' and the 'church side'. The main entrance of Baixa-Fria can be entered through an alley that continues into a long, steep staircase. At the bottom you'll reach the central space where there's a rundown stage and a bar/market with a covered terrace.

The local leader of the lower part of the area welcomed the team and the project and was very cooperative. The importance of the research was underlined. Apparently, there are a lot of young mothers and pregnant women residing here and not all women received prenatal care.

From the central space heading southwest, the unpaved path leads to the other side of Baixa-Fria. This path runs parallel to an open sewage, which is severely littered. In case of heavy rainfall, the floods make it impossible to enter the community.

At the end of the path a small church can be found. On this side of the community the pastor was a key actor. He offered to use the church for our research activities. Also, he mobilized mothers and pregnant women to participate in the focus group.

"I was critical at first but when I saw everyone drawing I didn't feel embarrassed anymore, I liked it very much"

Local research participant about the drawing method

Besides the bar in the lower part and the church there were no other communal spaces available on neutral ground. Most women expressed not to participate in the focus group if this would be held on the other side or outside the community.

Furthermore, the individual and dual interviews took place in the houses of the respondents.

3.3 Focus groups

We conducted four focus groups in the community. To lower the barriers for the women to participate, we introduced creative tools that allowed them to make their experiences and ideas explicit.



Some women couldn't write or read, so we asked them to draw. Subsequently, they showed their drawing to their neighbours after which they explained it to the entire group.

Group dynamics were enhanced to create a safe environment through interactive games in the form of a pub quiz – a familiar activity in the neighborhood. We received very positive feedback from the participants on these sessions.



Results

4.1 Barriers in access to prenatal care

In the focus groups we explored what the participants find important regarding good maternal health. It became clear that prenatal care wasn't accessible due to the long waiting lines and the lack of spots to plan it. In order to gain more insight in the barriers to proper prenatal care we interviewed the women who recently had or should have had prenatal care using a semi-structured approach. Two of the nine women we conversed with weren't able to get prenatal consults during their pregnancy after multiple attempts.

According to the women from Baixa-Fria a significant barrier was getting up in the morning to go queue up at the health post to plan a consult for the following month. Yet, there's only one day per month available to plan it. If there are no spots available, patients would have to come back next month or try another health post.

Furthermore, a card of the healthcare system – Sistema Único de Saúde (SUS) is needed to be able

to plan a consult. To obtain this card some form of identification of residency is required. However, as the community is not recognized by the local government, a lot of people remain unregistered and therefore can't enter the SUS and use basic healthcare services.

From interviews with healthcare workers at the health post, we can conclude that alternative ways to prove residency do exist. Nonetheless, for a lot of people living in communities it's still a major impediment.

Other issues reported by community members were e.g. on the way patients were treated by the health professionals, in particular at the maternity ward. Respondents claimed that if you didn't make use of prenatal care prior to delivery, women were prejudiced as being lazy and irresponsible. It could even lead to disfavoursing in being assisted. Even in the community, some women who were able to get prenatal care had this prejudice against those who didn't get it.

"Medical professionals don't attend to you, they make you wait longer. They humiliate you if you did not do prenatal. You have to scam [lie], act like you don't hear them asking about prenatal."

Local research participant about maternal healthcare

Moreover, the bureaucracy in the healthcare system as the local political situation was perceived as a huge barrier as well. There are less resources available and not given priority by the local government.

4.2 Success factors in access to prenatal care

The interviewees who were able to get prenatal care were also asked about the factors that facilitate the successful attainment of prenatal care.

Several women found that social support is very important: to be in company of family members. The aid from parents is of great value for the younger moms.

Another success factor that was mentioned was women in this community talk a lot to each other.

In this way they can share knowledge with others. Sometimes after church, women gather to inform each other about which health post to go to.

The individual mental state was considered to be decisive as well. In case of a safe and stable situation, you'll have more tranquility and perseverance, which is required to try to get prenatal care until you get it.

It was mentioned that having contacts at the health posts allowed them to skip the waiting list. However, this was seen as unfavourable by others.

Furthermore, to identify factors that could promote community support concerning this subject, we asked what the women were proud of in this community.

In the lower part, several women expressed praise of the community leader and his actions. Especially in mobilizing community members to work together. The action of putting car tires along the open sewage to prevent children from falling in the gutter was an example frequently given. Also, the community festivities organized for all children, would bring members from both sides together. On the other side of the community

women were proud of the presence of the church. For more information on our outcomes, see annex 1.

5 The intervention

Given the scarcity and limited resources at the health posts and the available time period, we



focused on 1) increasing the chances for an individual to be able to get a prenatal consult planned and 2) to have access to the right information on the requirements and availability, so she will be well prepared and does not have to queue up in vain.



"Impact cannot happen in isolation, it requires collective action"

In this light, the team created an infographic (Annex 1) which was handed out as a flyer to inhabitants of the community. Furthermore, the infographic was printed as a poster and distributed on different places in the community, such as the church. The flyer emphasized the importance of prenatal care and pointed out the various health posts' availability and the required documents.

We invited the manager of the health post to answer the questions of the community and to introduce him to the local leader. In this culture it is important to have a strong network and relationship-building is a step forward.

"When there's a will, there's a way"

Research participant

We reported our results to the Brazilian Ministry of Health and officially formulated a complaint on the fact that at the local health post, for two months there were not admitted any new patients (pregnant women). Our call was heard and we received a response (translated Portuguese- English):

“We are aware of the difficulty faced in scheduling pre - natal consultations for residents of Baixa - Fria and understanding the importance of follow - up of the pregnant woman in basic care and in order to ensure women 's right to reproductive planning and humanized attention to pregnancy, childbirth and puerperium, as well as the child's right to safe birth and healthy growth and development, called the Stork Net. We saw through this to get more information about the need for prenatal consultations of pregnant women in the community of Baixa Fria, so that together we can solve this question.”

Our local team member Susana was willing to uptake further actions on this after our return to the Netherlands. She stated:

“She [the coordinator of VISAU, Sanitary District of Pau da Lima] called me. She asked for a list of the names of the pregnant women, gestation time and contact. She will be responsible to make appointments for them. I go to the community to talk to the leaders and to the church because they also found most of the pregnant women for the focus group.”

Susana is by the time of writing this report in the process of talking to the leaders and church and creating a list of pregnant women to make appointments for them.



Through this first action, enabling local pregnant women in the Sanitary District of Pau da Lima to make use of prenatal care, local stakeholders can set up a strategy to open up access for future pregnant women as well. We will stay in contact in order to follow updates upon this process.

Note: a research report has been written by Lisanne Bosveld and published on the 7Senses website. For the ease, you can also download it [here](#).

6 Limitations

There were a few limitations challenging our project. First, safety was a major issue in the community. We did not foresee that around public celebration days such as Mothers day and Easter, prisoners were set free to visit their families. Therefore, going into the community for our PAR-fieldwork was not always possible and we collected less data than we hoped for. Second, the language barrier

turned out to be an issue. It took longer than expected to find translators in the community who could speak appropriate English. Not all team members spoke enough Portuguese to cover up for the entire team. In future projects, we aim to start our search for local translators earlier and/or take on more Portuguese speaking team members.

Acknowledgements

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Annex 1. Infographic of outcomes

O Pré-natal

Por que, onde, quando e como?

"É importante para fazer o pré-natal por que..."

Saúde da mamãe

- Medir a pressão e peso
- Conselhar sobre medicação e vitaminas
- Verificar inchaço nas pernas e pés



Saúde do bebê

- Detectar doenças e infecções
- Detectar anormalidades
- Avaliação de gravidez de risco
- Exames preventivos para evitar a transmissão de doenças, como HIV, Sífilis and Hepatite (A, B e C)

Nota: A partir da 12ª semana de gestação, já é possível ouvir o coração do seu neném.

Posto de Saúde - Pau da Lima

Marcação acontece toda semana, de segunda a quintas-feiras, períodos manhãs e tardes.
Ligue para 3611-7831

Nota: Não haverá atendimento para pré-natais até o início de julho 2017. Ligue entre os dias 28 a 30 de junho, para saber o dia de agendamento e o melhor horário para chegar.

Mansão do Caminho

Para verificar o dia de agendamento - ligue para 3409-8830 nos dois últimos dias do mês.

O agendamento para os pré-natais inicia às 6:00 de manhã, sugerimos chegar antes deste horário para pegar a senha. Total de 80 novos atendimentos mensais.

Nota: A primeira consulta é a mais difícil, as demais serão agendadas pelo profissional de saúde. Não é necessário esperar na fila para marcar as demais consultas.

Posto de Saúde Sete de Abril

Para verificar o dia de agendamento - ligue para 3611-7832 nos dois últimos dias do mês, perguntar qual o melhor horário para comparecer ao posto e marcar o pré natal.

O agendamento para os pré-natais inicia às 1:00 da tarde, mas chegue sempre antes para não perder a viagem.

Nota importante: Antes de ir ao posto ligue para confirmar o dia e horário que é possível agendar o seu pré natal e qual os documentos necessários. Não dê viagem perdida :-)

O que eu preciso para fazer a primeira consulta do pré-natal?

- ✓ Cartão do SUS
- ✓ Teste de gravidez positivo

OU para solicitar um cartão do SUS:

- ✓ Comprovante de residência, por exemplo uma prova de:
 - Bolsa Família
 - TV à cabo
 - Minha Casa Minha Vida
- ✓ RG
- ✓ CPF
- ✓ Certidão de nascimento ou casamento

Nota: é importante fazer um cartão do SUS para seu bebê também!

Quer uma cópia digital? Contacte Susana Ribeiro Moreira para zap: 071-8684-1727



UNIDOS PELA SAÚDE DAS MÃES



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